



# FRONTLINE RESPONDERS' SAFETY GUIDELINES

29 August 2020

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## Section I. INTRODUCTION

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### A. Background

National lockdown was announced on 11<sup>th</sup> August 2020 following the detection 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 on 13<sup>th</sup> August 2020 after a 25-year old man working in the mini dry port tested positive, following which a community transmission was confirmed.

Frontline Responders (frontliners) play an important role in attending to emergencies and ensuring seamless provision/facilitation of essential goods and services to the general public during a lockdown period. While providing these services and carrying out such operations, it is of utmost importance to ensure the safety and welfare of all frontliners.

### B. Objective

The Frontline Responders' Safety Guidelines outlines the *common, minimum protocols and safety measures* to be implemented by all agencies on duty during a national lockdown to ensure the safety and welfare of their frontliners.

The objectives of this Guideline are to:

- i. Reduce health risks faced by frontliners in terms of being exposed to potential COVID-19 positive cases.
- ii. Minimize the risks of frontliners becoming infected and transmitting the disease to others.
- iii. Ensure that frontliners work in a safe environment with adequate access to basic amenities such as food, accommodation and transportation while carrying out their duties.
- iv. Provide risk-based COVID-19 testing in a planned manner in line with the protocols of the Ministry of Health.

### C. Scope

This Guideline shall be applicable to all frontliners including personnel from the armed forces, government/public agencies, private/corporate sector and NGOs who are either authorized to ensure the implementation of lockdown and/or facilitate the provision of essential goods and services.

Frontliners include medical and health professionals, personnel from the Armed Forces, Office of the Gyalpoi Zimpon and Office of the De-suung, Regional COVID-19 Taskforces (Central, Southern and Eastern) as well as members of the Dzongkhag and Thromde Taskforces. All other agencies shall be endorsed as frontliners by their respective regional COVID-19 Taskforce. The

National COVID-19 Taskforce may also identify frontliners as and when required. All vehicles deployed on frontline duty should have movement permits issued by the Royal Bhutan Police.

The Regional COVID-19 Taskforces shall consolidate the list of all agencies currently operating as frontliners and reassess the scope.

*A suggestive list of emergency and essential goods and services is provided below:*

- Health services
- Security services
- Druk Gyalpo's Relief Kidu
- Telecommunication and internet services
- Essential public utility services (water, electricity, TV cable, sewerage, waste)
- Financial services (domestic and cross-border payments and remittances, credit services and cash services for people and areas without digital financial service options)
- Supply and distribution of essential goods and services by government agencies and authorized private sector players (food items, LPG, helpdesks)
- Critical life events facilitators (birth and death)
- Disaster management
- Media and news services
- Social services addressing issues such as domestic violence, drugs, child abuse, alcohol dependency, disabilities, etc
- Religious/spiritual service

#### **D. Implementation**

***This Guideline is issued for implementation with effect from 29 August 2020.***

While agencies are expected to ensure the implementation of the Guidelines, an Inspection Team shall be formed to monitor compliance and provide guidance for corrective actions.

The safety protocols and measures outlined in this Guideline shall serve as the *common, minimum standards and protocols* to be implemented. However, agencies may devise and implement additional measures based on self-assessment of risks.

## Section II. IMPLEMENTATION MODALITY

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### A. Self-Containment

- i. The main modality for the implementation of the Guidelines shall be through “*self-containment*” defined along two parameters:
  - a) Containment through *individual responsibility* whereby frontline responders are to be adequately trained/briefed on the safety measures and provided relevant personal protective equipment (PPE)<sup>1</sup> by their parent or coordinating agencies; and thereafter, all frontliners must exercise personal responsibility in following the health and safety measures, as outlined in Section III.
  - b) *Segregation of work and living arrangements* between frontline responders and the general public and between different groups of frontline responders depending on the nature of work, level of interaction with the general public and associated risks. Authorized agencies shall be responsible for implementing the measures in this area as outlined in Section II C and Section III.
- ii. An *Inspection Team* will monitor compliance and provide guidance to correct gaps in implementation.
- iii. While all authorized agencies and their frontliners shall follow the basic health and safety measures outlined in this Guideline, adoption and implementation of additional safety measures may be guided by the frontliners category and risk matrix presented in the next section.

### B. Frontliners Category and Risk Matrix

- i. Frontliners are classified under two broad categories as follows:
  - a) *Active Frontliners* – frontline responders who either work with positive and suspected COVID-19 cases or who are required to be actively out in the field and have varying degrees of physical interactions with the general public (coming in close proximity but maintaining physical distance of at least one meter).
  - b) *Passive Frontliners* – frontline responders who work in contained spaces and do not have physical interactions with the general public, but may come in contact with active frontliners.

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<sup>1</sup> See Annexure I for PPE requirements.

- ii. The following risk matrix provides an indicative risk assessment of the two categories of frontliners to guide the degree of self-containment to be adopted:

<b>Indicative Risk Profiling of Frontliners during lockdown</b>				
SN	Frontline Responder Category	Frequency of public interactions	Lockdown with NO Community Transmission	Lockdown with Community Transmission
			Risk	Risk
<b>Active Frontliners</b>				
1	Laboratory and Active Surveillance Team	high	HIGH	HIGH
2	Hospital: COVID-19 Isolation wards	Low	HIGH	HIGH
3	Hospitals: other clinical setting	high	MODERATE	HIGH
4	Quarantine facilities	low	MODERATE	MODERATE
5	Border Patrolling and Check Posts	low	MODERATE	MODERATE (HIGH if involved in physical interaction with people crossing the borders)
6	Delivery of essential goods & services to households (including by retailers & distributors)	Moderate	LOW	MODERATE
7	Crowd/Queue control	high	LOW	MODERATE
8	Sourcing of supplies for frontliners & public	high	LOW	MODERATE
9	Control/coordinating centers of active frontliners	low	LOW	MODERATE
10	Delivery of essentials to other frontliners	low	LOW	MODERATE
11	Outdoor patrolling of cities and communities	low	LOW	MODERATE
<b>Passive Frontliners</b>				
12	COVID-19 Task Force Offices	low	LOW	LOW
13	Officials working in respective offices	low	LOW	LOW
14	Officials manning help desks / call centers	low	LOW	LOW
15	Officials providing backup support (technical, logistics, monitoring etc.)	low	LOW	MODERATE
16	Packing & processing of essentials for delivery	low	LOW	MODERATE
17	Food preparation for frontliners	low	LOW	MODERATE

**Note:** Risk categorized assuming that everyone is wearing required PPEs (face mask and/or face shield, hand gloves), maintaining physical distance and practicing hand-hygiene; and also considering that cohorted self-containment protocols are strictly followed.

## C. Containment Centers

### 1. Definition and Set-up

- 1.1. Containment centers refer to the physical spaces from where the activities of frontline responders are coordinated. Containment centers can be of three types:
  - i. **Incident Command Centers/ Emergency Operation Centers** - physical location or virtual space in which designated emergency management personnel assemble for centralized monitoring, control, and command in the event of an emergency.
  - ii. **Frontliners Accommodation & Service Centers** - Facilities where accommodation and meals for the frontline responders are provided. Accommodation can be arranged either inside or in the vicinity of the emergency operation center ensuring appropriate segregation from the general public. Meals can be provided through kitchens set up in the center or from the nearest common kitchen. *Active frontline responders operating under high risk levels should be housed in such self-contained centers.*
  - iii. **General Service Centers** - Centers that provide only work spaces and meals during the day, including shops and retail outlets. *Passive frontline responders operating under low risk levels can operate from such centers.*
- 1.2. Containment centers that house both active and passive frontliners should have well segregated facilities and safety protocols to minimize interaction between the two categories of frontliners. Interaction, where required, should be guided by protocols to manage the interactions in a safe and regulated manner.
- 1.3. Containment centers should be spatially planned and oriented so to achieve adequate required physical distancing amongst the personnel in the centers. The ***National COVID-19 Task Force*** shall provide guidance on the zoning and spatial planning of the centers.
- 1.4. Containment centers shall be set up by the respective ***parent or coordinating agencies*** and managed by designated Management Teams. The agencies shall ensure that the centers are provided with basic amenities (see Section III A).
- 1.5. Interactions between frontliners from different centers should be limited only to designated personnel regulated through clear protocols.

## 2. Key Personnel in Containment Centers

- 2.1 Agencies shall identify and constitute the following key personnel in each containment center:
- i. **Management Team** to look after the daily operations of the center. Management Team shall also be involved in the provision of frontline services.
  - ii. **Health Focal Officer(s)** who will be trained by the Ministry of Health (MoH) on basic precautionary measures and use of personal protective equipment (PPEs). The Health Focal Officer(s) will coordinate with the Ministry of Health and its relevant teams. The Management Team must ensure that all frontliners in their center are aware of who the Health Focal officer(s) is/are and provide his/her contact details. The Health Focal(s) will also be responsible for maintaining a list of the deployment and organize risk-based testing for COVID-19 for those required to be tested, in line with MoH protocols.
  - iii. **Data Focal Officer(s)** responsible for maintaining updated information on the personnel in the center. The Data Focal will also be responsible for compiling management reports, including test data, to be submitted to the Management Team.
  - iv. Centers shall also identify designated personnel responsible for interacting with frontliners from other centers and/or zones, where relevant.

## 3. Contingency Plan for Containment Centers

- 3.1 Agencies shall institute a clear contingency plan in case frontline responders in their centers contract COVID-19. The plan must include details of backup manpower and logistic arrangements to ensure uninterrupted provision of essential goods and services to the public.
- 3.2 Backups for the Management Team shall be specifically identified. Agencies should assess whether other critical personnel need to have specific backups or if they can be drawn from a general reserve pool of backup personnel and prepare accordingly.
- 3.3 Backup teams shall remain on standby in their respective homes. Key backups such as Management Teams and other critical personnel shall be adequately briefed about the tasks and processes that they are expected to take over.
- 3.4 Containment centers should be either converted into quarantine centers to hold their respective frontliners or vacated and disinfected in line with the Ministry of Health's protocols, depending on the nature of the center. Indicative guidance is provided as follows:



- i. Centers that function as main command centers will have to identify an interim center while the main center is vacated and disinfected.
  - ii. All other centers can be converted into quarantine centers to hold their respective frontliners in line with MoH protocols. However, backup centers must be identified while backup personnel can be drawn from the general reserve. Depending on the extent of infection, availability of facilities, and density of population within a zone, other centers could provide the services with extended manpower
- 3.5 Agencies/Centers shall develop a plan outlining strategies to scale back and/or phase out when the lockdown is lifted, in line with the guideline issued by the Ministry of Health or the National COVID-19 Taskforce.

#### **4. Data and Reporting for Containment Centers**

- 4.1 The Data Focal Officer(s) of each center must maintain and update the following data in a safe, online format:
- i. Information on all personnel in the center including name, CID number, contact number, emergency contact, duration of active duty, place of duty, location of accommodation;
  - ii. Name list and contact details of Management Team and other key personnel, including details of all specifically identified backup personnel;
  - iii. Movement logs of personnel (name, CID, phone number and place being visited, and date and time);
  - iv. The testing and report status of all individuals who are deployed in different centers
- 4.2 The Druk Gyalpo's Relief Kidu center will provide interim secretarial support to coordinate the collection and consolidation of baseline data on containment centers and their personnel. The baseline data shall be handed over to the Department of Information Technology and Telecom (DITT) and integrated into the Security, Economy and Preparedness (SEP) system and overall dashboard. DITT shall maintain and update the data regularly in coordination with relevant agencies.
- 4.3 While the Management Team shall institute a clear *reporting channel* within the center, the external reporting channel shall be as follows:

- i. The Management Team of a Containment Center shall report to its *parent agency* who will in turn report to the National COVID-19 Taskforce, the Office of the Gyalpoi Zimpon and the respective central, southern and eastern taskforces.
- ii. The Management Team shall report directly to their respective regional taskforce and/or the OGZ only critical situations where an imminent threat has been identified that requires the immediate attention and interventions of the respective authorities. In such cases, the parent agency shall be informed immediately thereafter.
- iii. The Management Team will coordinate with Management Teams of other centers.
- iv. Cases requiring the attention and intervention of the Ministry of Health shall be reported by the Health Focal Officer, who shall also keep the Management Team informed.
- v. The Data Focal Officer(s) shall report to the Management Team of the Center.

### **Section III. HEALTH AND SAFETY MEASURES**

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This Section outlines the common, minimum health and safety measures that shall be implemented by all authorized agencies and their frontline responders (which includes the Management Team).

#### **A. Responsibilities of Parent Agency**

1. The parent agency shall identify and set up the containment centers ensuring the following amenities:
  - i. Functional water supply
  - ii. Druk Trace QR code at the point of entry
  - iii. Hand washing station at the point of entry and at strategic locations within the center, depending on the size of the center
  - iv. Work stations with internet connectivity
  - v. Accommodation facilities as follows:
    - a. Accommodation within the containment center or in the vicinity of the main center for active frontliners operating under high risk levels. Frontliners will not return home while on active duty.
    - b. Separate accommodation for passive frontliners who self-assess the need to stay away from home during duty. The template in Annexure II can be used to guide the self-assessment. The Inspection Team will also assess whether passive frontliners need to be accommodated away from their family based on observed risks.
  - vi. Supplies for daily meals to all frontline workers through kitchens set up in the centers or catered through common kitchens. A standard meal menu shall be provided taking into consideration basic nutritional needs and to ensure that some uniformity is maintained across the centers.
  - vii. Transportation arrangements with designated vehicles and drivers to facilitate the movement of the frontliners.
2. The parent agency shall put in place the Contingency Plan (see Section II C) in consultation with the Management Teams of all its centers.
3. The parent agency shall ensure coordination with other agencies as well as coordination among its centers.

4. The parent agency shall submit periodic reports to the National COVID-19 Taskforce and other taskforces, and the Office of the Gyalpoi Zimpon on the activities of its centers.

## **B. Responsibilities of Management Team**

The Management Team shall put in place systems and personnel to ensure the following protocols and measures:

### **1. COVID-19 safety measures**

- i. Provision of awareness and training on COVID-19 safety protocols
- ii. Provision of hand washing facilities or hand sanitizers
- iii. Provision of basic PPEs required for the tasks
- iv. Provision of routine risk-based testing in line with MoH protocols
- v. Monitoring of the adherence to COVID-19 safety measures

### **2. Personnel, Data and Infrastructure Management**

- i. Ensure that individuals with pre-existing medical conditions, senior citizens and minors are not enlisted as responders.
- ii. Identify key personnel such as the Health Focal Officer and Data Focal(s) and other critical personnel; and ensure that they have access to relevant equipment and amenities (such as designated office space and computer with internet connectivity).
- iii. Ensure maintenance of updated personnel information and movement logs of all frontliners through the Data Focal(s). Updated personnel information shall be submitted on a regular basis to the DITT for the SEP system.
- iv. Limit interactions with frontliners from different containment centers. Identify designated personnel who will be authorized to interact with frontliners from different centers and establish the safety protocols for such interactions.
- v. Ensure that all frontliners in their center are trained/familiarized on the basic health and safety protocols.

- vi. Ensure that facilities within the containment center provide room to maintain adequate physical distancing and segregation between active and passive frontliners where relevant.
- vii. Put in place the Contingency Plan (see Section II C) in coordination with the parent agency.

### **3. Food Safety**

- i. Ensure that kitchen and catering service staff wear all the necessary PPEs and practice frequent hand washing.
- ii. Ensure that there is no direct contact between kitchen staff and suppliers. One or more spots for drop and pick up of the vegetables and food items shall be clearly identified. Designated personnel shall also be identified for the drop and pickups.
- iii. For centers with large numbers of frontliners, the meals shall be served by designated servers wearing necessary PPEs (gloves, facemask, apron and head cover) to prevent individuals from handling the ladles.
- iv. Utensils and crockeries shall be kept clean at all times. Where possible, frontline responders should carry and take care of their own plates, mugs and spoons.

### **4. Cleanliness and Hygiene**

- i. Ensure cleanliness and sanitation of the center
- ii. Maintain hand washing station(s) and washrooms with soap at all times
- iii. Ensure that handrails, door knobs and other frequently touched surfaces in common areas are disinfected daily

### **5. Visitor Management**

- i. Ensure that visitors use the hand washing stations and Druk Trace and/or visitor log books. Visitor log books must record the name, CID, phone no, agency, last place visited, and date and time of visitor
- ii. Allow entry into the center only for authorized officials and those carrying authorized identification cards
- iii. Screen visitors for fever

- iv. Ensure maintenance of adequate physical distancing and ventilation, if hosting closed door meetings.

### **C. Responsibilities of Frontliners**

The following precautionary measures must be strictly adopted by all frontliners including the Management Team:

- i. Wear face mask at all times<sup>2</sup>
- ii. Wash hands with soap and water frequently
- iii. Use alcohol hand rub frequently where access to hand washing facilities are not available
- iv. Maintain physical distance of a minimum of 1 meter
- v. Follow cough etiquette (cover mouth with bent elbow or tissue while sneezing or coughing)
- vi. Regularly clean tables, door knobs and other frequently touched surfaces
- vii. Discard used, disposable face masks properly in the dustbin and keep reusable face masks clean
- viii. Do not share face masks and personal items
- ix. Frontliners shall not deliver parcels for or provide rides to the general public or their family and friends
- x. Individuals who have pre-existing medical conditions, senior citizens and minors should not volunteer to be a frontline responder

### **D. Duration of Duty, Discharge and Insurance**

1. The duration of duty for all non Armed Forces frontliners and protocols for subsequent discharge from duty shall be determined based on the nature of work, level of physical exertion and the level of outbreak as follows:
  - i. Active frontliners shall be engaged for a maximum period of 21 days after which they shall be relieved from duty in line with MoH protocols. However, active

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<sup>2</sup> Medical and health professionals and frontliners working in high risk areas shall follow the guidelines on use of PPEs issued by the Ministry of Health.

frontliners involved in physically strenuous work such as loading/unloading may be engaged for a maximum period of 14 days.

- ii. Passive frontliners may be engaged for as long as the service is required.
2. Management team shall assess and set the maximum numbers of frontliners required. The need to have adequate numbers to enable shift systems especially for physically strenuous activities shall be rationalized while ensuring that the overall numbers are well managed.
3. Agencies shall provide compensation in case of permanent disability or death while on duty. A uniform compensation shall be determined by the National COVID-19 Taskforce. Compensation in case of death shall be facilitated through the Royal Insurance Corporation of Bhutan's free life insurance coverage of Nu. 100,000 for loss of life because of COVID-19 while on duty; agencies shall facilitate the registration of their frontliners for this scheme.
4. Health safety protocols to facilitate frontliners who are relieved from duty shall include protocols to isolate, test and quarantine in line with associated risks and MoH protocols.

#### **E. Measures in Case of Suspected Infection**

The following measures must be taken in case a frontliner displays COVID-19 related signs and symptoms (fever, cough, unexplained fatigue, etc.):

- i. The frontliner shall refrain from going to work and immediately inform the designated Health Focal Officer of his/her center. The Health Focal in turn will immediately inform the COVID19 Surveillance and Outbreak Investigation Team of the Ministry of Health (contact number 77441220/77441163) and the Management Team of the containment center.
- ii. In line with the protocols of the MoH, the frontliner shall be tested and shifted to isolation or facility quarantine if required.
- iii. The Management Team shall immediately recall all their frontliners to the containment center, if required by the MoH.

## **Section IV. MONITORING AND INSPECTION**

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### **A. Objective and Process**

1. Compliance to the standards and measures outlined in this Guidelines shall be monitored by an Inspection Team.
2. The first inspection visit will be conducted within 7 days of the implementation of the Guideline. Thereafter, monitoring visits will be conducted once every two weeks.
3. The checklist endorsed by the COVID-19 Technical Advisory Group will be used to monitor compliance (Annexure III).
4. The Health Focal Officer of the containment center will be assigned to conduct internal assessments using the same checklist on a regular basis.
5. Opportunities will be provided to correct any shortfalls or non-compliance.
6. All agencies and their respective containment centers must abide by the standards and measures outlined in this Guideline. Agencies may devise and implement additional measures based on self-assessment of risks.
7. The following exceptions will be provided to private sector suppliers of essential goods and services:
  - a. Only large businesses (as authorized by the Ministry of Economic Affairs in consultation with regional or thromde taskforces) shall identify their Management Teams and Health Focals. However, all businesses must maintain information on their personnel and movement logs.
  - b. Contingency plans are not required.
  - c. Monitoring may be carried out either by the Inspection Team or by the respective licensing agency.

### **B. Non-compliance**

Repeated non-compliance shall be addressed as follows:

1. Volunteer frontliners – the frontliner shall be immediately relieved from duty and not considered for any further activities.



2. Officials working for their respective agencies – the frontliner shall be immediately relieved from duty. The agency may consider imposing additional administrative action depending on the severity of the risk resulting from the non-compliance.
3. Private goods and services providers – authorization to allow the business owner to provide the goods and services shall be immediately revoked.
4. All safety protocols of the Ministry of Health shall be followed while relieving the frontliner.

### **C. Inspection Team**

The respective Dzongkhag and Thromde Task Forces shall determine and appoint the Inspection Team members. It is recommended that representatives from the Health sector and Royal Bhutan Police be part of the team. To the extent possible, wherever applicable, members of regulatory agencies like Bhutan Narcotics Control Agency, Drug Regulatory Authority, Bhutan Health and Medical Council etc shall also be identified as team members. A backup team will also be identified.

### **D. Reporting**

1. The findings of the Inspection Team shall be submitted to the *National COVID-19 Task Force Secretariat* with copies to:
  - i. Office of the Gyalpoi Zimpon
  - ii. Respective Regional, Dzongkhag and Thromde COVID-19 Task Forces
  - iii. Health Emergency Management Committee Secretariat, MoH
  - iv. Parent agency and Management Team of the Center
2. The inspection team shall follow all precautionary measures and utilize personal protective gear while carrying out the monitoring and evaluation should.

## Annexure I: Personal Protective Equipment (PPE) Guidance

Hygiene and PPE requirement	Contact with the public but with physical distancing possible	Close contact with the public and physical distancing not possible
<b>Basic hygiene</b>	<ul style="list-style-type: none"> <li>▪ Avoid touching eyes, nose and mouth</li> <li>▪ Wash hands with soap and water frequently OR use hand sanitizers</li> <li>▪ Follow cough etiquette</li> <li>▪ Do not go for work if sick and seek medical advice (2121/112)</li> </ul>	
<b>Face mask</b>	✓	✓
<b>Gloves (utility Gloves)</b>	✗	✓
<b>Apron</b>	✗	Assess Risk
<b>Face shield</b>	✗	✓
<b>Gown</b>	✗	✗

- Always maintain 2 meters' distance while delivering the items; drop items to the door step; encourage online payment
- Avoid going in to someone's home unless it is necessary for the help you are giving
- Do not accept drinks and food
- Wash your hands before and after each interaction; Use hand sanitizer if washing with soap and water is not possible

Note: Medical and health professionals shall abide by the relevant PPE Guidelines issued by Ministry of Health.

## Annexure II: Self Assessment for Passive Frontliners

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This self-assessment template is intended to provide suggestive guidance on whether or not you should stay away from home during active duty in the lockdown period, especially if there is **no** community transmission in your region.

1. **Do you or any of your team members have to go out into the field and engage in physical interactions with the general public?**

YES →	<i>Your team is <b>NOT</b> a Passive Frontliner. Your team is an <b>Active Frontliner</b> – separate accommodation is recommended. Follow the COVID-19 Safety protocols for containment centers and responders.</i>
NO →	Go to question 2

2. **Do you or any of your team members have interactions with frontliners from other agencies/centers?**

YES →	Go to question 3
NO →	You may return home after your daily duty. Please practice the precautionary health and safety measures outlined in the Guideline nonetheless!

3. **What category of frontliners do you interact with?**

Passive →	You may return home after your daily duty. Please practice the precautionary health and safety measures outlined in the Guideline nonetheless!
Active → Mix of Passive & Active →	You may consider staying away from home taking into consideration the following additional factors: <ol style="list-style-type: none"> <li>i. if you have people at home who may be vulnerable (elderly, small children, members with other health issues)</li> <li>ii. if the frequency of interaction is high</li> </ol>

### Annexure III: Checklist for Monitoring Compliance of COVID-19 safety and precautions

Dzongkhag:.....Name of the center:.....  
 Name/no of the zone:.....Date of visit:.....

Sl. no	Checklist of Questions	Yes (v), No (x)
<b>Center</b>		
1	Is the Druk Trace QR code / logbook being maintained for visitors?	
2	Is there a functional hand washing facility (water & soap) at the point of entry?	
3	Does the center have functional water supply and soap in its washrooms?	
4	Are there waste bins to properly dispose off used facemasks and other waste?	
5	Are work spaces and accommodation adequately spaced to ensure the required physical distancing?	
6	Does the center have designated health focal(s)?	
7	Has the center maintained updated records of all frontliners enlisted at their centers, including their movement logs?	
8	Does the cook and helpers wear all the necessary PPEs (aprons, facemask, head cover and gloves)?	
9	Are frontliners in the center aware of who the Management Team and Health Focal are? (Ascertain through random questioning of at least 3 frontliners)	
10	Has the center drawn up its Contingency Plan?	

<b>Individuals</b>		
10	Are the following precautionary measures strictly followed?	
	1. Wearing face mask	
	2. Practice frequent hand washing (are frontliners aware of hand washing etiquette)	
	3. Follow cough etiquette (are frontliners aware of what the cough etiquette is)	
	4. Maintaining physical distance of at least 1 meter	
	5. Avoid overcrowding while attending to the case / providing services in the field.	
11	Are frontliners aware of what to do in case they or someone develops display COVID-19 signs and symptoms? (Ascertain through random sampling)	

**Observations/Improvements Required**

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**Interventions:**

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Evaluated by (signature): .....

Name & Designation.....