

Process Name:	INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE GUIDE		
Created On:	16th March 2020	Revised:	16 th March 2020
Created By:			
Reviewed By:		Approved By:	

SCOPE

The spread of the coronavirus leads us to adapt regularly the measures taken to guarantee the health and safety of our employees. This guide serves as a process to follow in case of a confirmed case within our premises.

First and foremost: everyone has to apply strictly all requested instructions defined by the authorities of Kenya.

ASSUMPTIONS

The guide assumes that individuals occupying leadership positions have achieved a high level of emergency management training to effectively take up the roles that will be allocated to them in this guide.

The confirmation of a patient with COVID-19 will be communicated to the emergency response team members soon after the diagnosis is done.

HAZARD ANALYSIS

The first step is to identify the highest risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in the workplace. Current information about COVID-19 indicates the following scenarios that could lead to transmission:

1. Between people who are in close contact with one another (within about 6 feet).
2. Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
3. It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.
4. People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.
5. At-risk groups such as the elderly, pregnant, children and sick are more susceptible to transmission.

The level of risk for a worker to be exposed to SARS-CoV-2 depends on the following factors:

1. Role in which they work
2. Need for contact within 6 feet of people known to be or suspected of being infected
3. Requirement for repeated or extended contact with persons known to be or suspected of being infected

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The Medium Exposure Risk staff are those that may have :

1. Frequent contact with travelers who may return from international locations with COVID-19 transmission.
2. Roles that are customer-facing such as Sales, Receptionists, Security Guards, Marketing, Logistics Reception and Dispatch.
3. Frequent contact with family members working in Very High, High and Medium Exposure Risk roles.

The Lower Exposure Risk staff are those that do not require contact with people known to be or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e. within 6 feet of) the general public.

PREVENTION PLAN

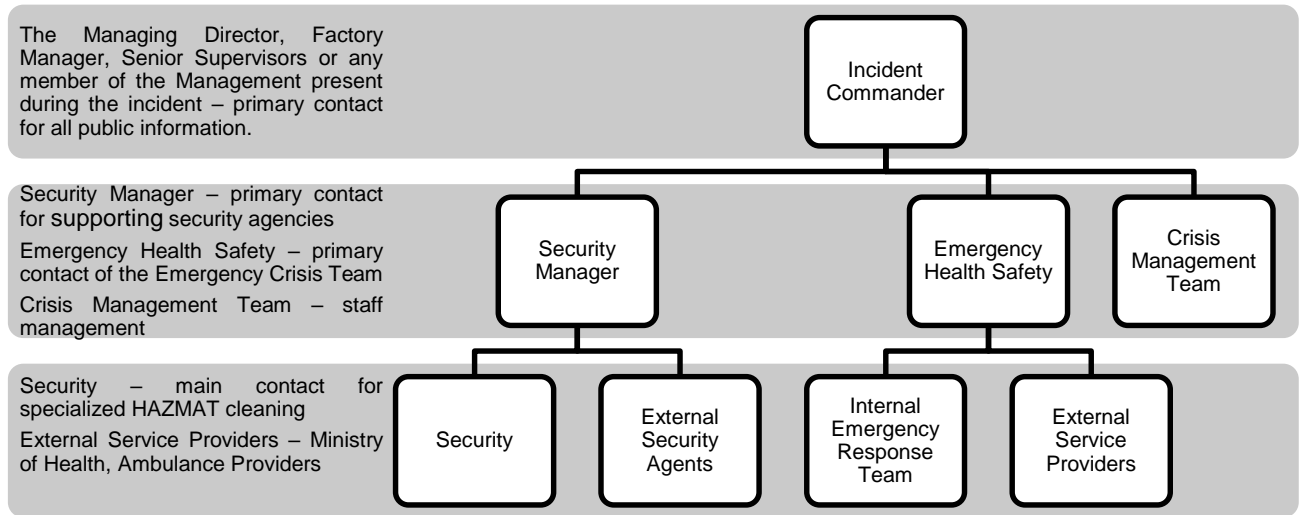
The prevention plan details the actions to be taken to mitigate each risk thus reducing the likelihood of transmission.

N o.	Risk description	Prescribed Action	Action Owner	Completion Status and Date
1.	At risk groups are more likely to contract the virus if exposed	At risk groups should be requested to work from home where possible		
2.	Individuals who have travelled to areas with widespread cases may carry the virus and transmit it across borders	All staff must respect the bans on international travel. Those already in transit must self-quarantine for a minimum of 14 days.		
3.	Staff may transmit the virus through touch, sneezing and coughing	<ol style="list-style-type: none"> a) A broadcast to be sent sensitizing all staff on hygiene. b) Images showing hygiene instructions to be posted at all wash hand basins c) All staff to be provided with pocket hand sanitizer d) Hydro-alcoholic sanitizer to be placed in public areas 		
4.	Public areas within the workplace may have traces of the virus which could lead to transmission	<ol style="list-style-type: none"> a) Staff public areas such as canteen, meeting rooms and washrooms to be wiped clean with hydro-alcoholic solution after each use. b) Staff are encouraged to use alternative meeting solutions such as teams. 		

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CONFIRMED-CASE RESPONSE PLAN

When there is a confirmed case of COVID-19 amongst a staff member the following Emergency Response Team will be initiated by the Emergency Response Team Commander.



ROLES AND RESPONSIBILITIES MATRIX

Role clarification for the response to a confirmed case is done below using the RACI chart with the following description:

1. R – Responsible = person who performs the work or activity
2. A – Accountable = person ultimately accountable for the work or decision being made
3. C – Consulted = anyone who must be consulted prior to a decision being made and/or the task being completed.
4. I – Informed = anyone who must be informed when a decision is made or work completed.

Description	Incident Commander	Emergency Health Safety	Security Manager	HR/ Administration Manager	Crisis Management Team
Information received about a confirmed case of COVID-19 amongst a staff member					
If the patient is on site, they are taken to the isolation room					
An ambulance is called and a description is given of the incident					
All personal belongings of the patient are taken to the isolation room					
The general work area of the patient is sanitized using hydro-alcoholic solution					

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CONFIRMED-CASE RESPONSE PLAN contd.

Description	Incident Commander	Emergency Health Safety	Security Manager	HR Director	Crisis Management Team
All staff working in the general work area of the patient are requested to sanitize using hydro-alcoholic solution					
If the patient is off-site, an evaluation is done of the persons on site who might have been in contact with					
Upon verification of contact, the staff are requested to self-quarantine at home for 14 days					
The general work areas of the staff in self quarantine are sanitized using hydro-alcoholic solution					