University of Eldoret
flame of knowledge and innovation

UoE COVID-19 MANAGEMENT MANUAL

(An Institutional guide for Prevention, Control, Compliance, Monitoring and Evaluation of COVID-19)

February 2021

ACKNOWLEDGEMENTS

The University Management Board appreciates the dedication and concerted effort of the members of the University of Eldoret COVID-19 Prevention, Control, Compliance, Monitoring and Evaluation Committee (PCMEC) in formulating this Manual,

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EXECUTIVE SUMMARY

Corona Virus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus, which spreads between people, mainly when an infected person is in close contact with another person. The University of Eldoret is committed to the reduction of the risk of exposure to the virus and transmission of COVID-19 at the workplace and learning environments within the University. The University has developed a preparedness and response plan for COVID-19 prevention considering all work areas and tasks performed by workers and potential sources of exposure to ensure a safe working environment in line with the Ministry of Health safety protocols. This manual provides compliance guidelines and establishes program that will enable the University consistently and accurately govern the compliance of the COVID-19 protocols at all times. The manual also offers guidance on how the institutuin and individuals might modify study protocols during the current COVID-19 circumstances in order to limit transmission of the coronavirus and reduce risk for the lecturer, researcher and the research participants.

Established programs will entail identified compliance indicators, monitoring and evaluation to identify gaps in the efforts of overseeing implementation and effects of COVID-19 response activities. The monitoring and evaluation framework presents indicators for a variety of key pillars of COVID-19 preparedness, prevention and control activities and provides guidance to the University on how to collect and analyse data for the suggested indicators. The University recognizes that collecting and analyzing response indicators against planned actions or processes is essential to ensure accountability and transparency in implementation of COVID-19 prevention and control protocols. The success of IPC is everyone's responsibility and all students and staff have an important role to play in terms of compliance with the laid down protocols and therefore this calls for education, sensitization and awareness creation, which the University is committed to implement from time to time.

DEFINITION OF TERMS

Comorbidity - In medicine, it means the presence of one or more additional conditions often co-occurring with a primary condition. It describes the effect of all other conditions an individual patient might have other than the primary condition of interest, and can be physiological or psychological.

Feedback is a return of information about a result or the returned portion of a process. The return of information about the result of a process or activity, or it is an evaluative respons

Food handler: refers to anyone who may handle food or surfaces that are likely to be in contact with food such as cutlery, plates and bowls.

Health Protocols: Guidelines to mitigate the spread of the diseases and to manage COVID-19 such as handwashing, social distancing, wearing of masks.

Isolation: The act of separating sick people with a contagious disease from people who are not sick.

Psychosocial: refers to the dynamic relationship between a person's mental health and his or her social and cultural environment. The mental health component includes internal, emotional and thought processes, feelings and reactions, while the social and cultural environment includes relationships, family and community network, social values and cultural practices.

Psychosocial support: refers to preventive and curative actions that address both psychological and social needs of individuals, families and communities.

Quarantine: This is used to keep someone *who might have been exposed to COVID-19* away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms.

Respiratory Hygiene: refers to infection prevention measures designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.

Sensitization refers to making someone familiar with something such as a problem or bad situation.

Social Distancing: Refers to measures being taken to restrict where and when people can gather in order to stop or slow the spread of infectious disease.

Thermal gun: A non-contact thermometer for measuring human temperature for purposes of screening.

CHAPTER 1
INTRODUCTION

1.1 Historical Background of the University

The University of Eldoret (UoE) is located 10 km from Eldoret town along Eldoret-Ziwa-Kitale road. The large track of agricultural land makes it ideal for the realization of its mandate as a University of Science, Agriculture and Technological Innovations.

UoE was founded in 1946 by the white settlers as a Large-Scale Farmers Training Centre. In 1984, it was converted to a teachers' training college and renamed Moi Teachers' Training College to offer Diploma in Education. Due to the double intake crisis, the College was taken over by Moi University in 1990 as a Campus and renamed it Chepkoilel Campus offering natural, basic and applied science programmes. In August 2010, through Legal Notice No. 125 of 13 August 2010 the Campus was upgraded into a University College with the name Chepkoilel University College, a Constituent College of Moi University. Upon the award of a Charter by the President on 11th February, 2013, the University College was renamed University of Eldoret.

The University has expanded from the initial seven (7) schools at inception to the current nine (9) schools, namely, Agriculture and Biotechnology, Business and Management Sciences, Economics, Education, Engineering, Environmental Studies, Human Resource Development, Natural Resource Management and Science. The University has established a Town Campus in Eldoret Town, housed in MUSCO building and has a Liaison Office in Nairobi housed on the 12th Floor of Pension Towers. Since acquiring its Charter, the University has graduated 17,627 students. The University has developed and continues to develop market driven courses as it strives to be the University of Choice.

The University is endowed with modern facilities that support quality learning, research and outreach programs. These include a well-equipped library, lecture halls and theatres, laboratories, workshops and fully mechanized dairy and agricultural land.

1.2 University Vision

A premier University that nurtures global Leaders and Innovators

1.3 University Mission

To provide quality education, training, research and consultancy in Science, Agriculture and Technology to meet the needs and aspirations of a dynamic society.

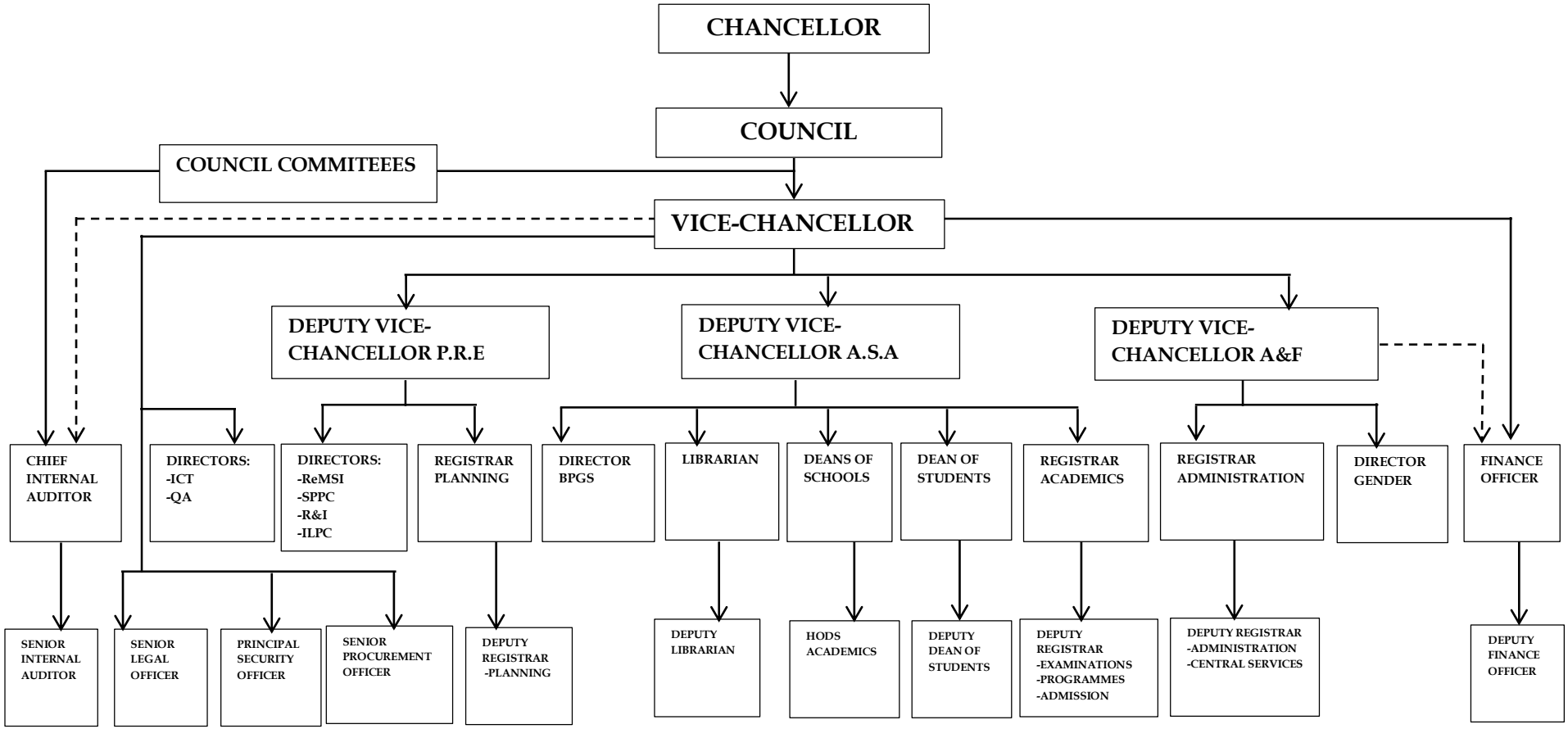
1.4 University Core Values

- Integrity
- Innovativeness
- Customer Satisfaction
- Competitiveness
- Equity
- Responsiveness
- Inclusivity

1.5 Motto

"Flame of Knowledge and Innovation"

1.6 Organization Structure of UoE



1.7 Purpose of this Manual

The purpose of this manual is to provide information and facts about COVID-19 which will help diminish University community fears and anxieties around the disease and support their ability to cope with any secondary impacts in their lives. The guidance herein will provide key measures for promoting a safe and healthy environment for the UoE internal and external community. Besides, this manual is aimed to provide clear and actionable guidance for safe operations through the prevention, early detection and control of COVID-19 in the University. Sensitization and education of the University community through information provided in this manual will encourage students and staff to become advocates for disease prevention and control by talking to others about how to prevent the spread of disease. Maintaining safe institutional operations and personal habits will promote public health and provide an enabling environment for quality learning and training as envisaged in the University mission and vision.

1.8 Policy Statement on COVID-19

The UoE is committed to the reduction of the risk of exposure to the virus and transmission of COVID-19 at the workplace and learning environments within the University. It is the desire of the University to develop a preparedness and response plan for COVID-19 prevention at the workplace, considering all work areas and tasks performed by workers and potential sources of exposure to ensure a safe working environment in line with the University Service Charter. This will be achieved through partnerships and collaboration and regular consultation with occupational health service providers, local public health authority and the Ministry of Education that have developed information materials to promote workplace prevention of risk of exposure to the virus and other technical advice. A workplace system for providing up-to-date reliable information to staff and students on the emerging situation on COVID-19, with reference to information released by national or local health authorities is developed in this manual in accordance with the University Communication Policy or with variations, as the new normal COVID-19 pandemic circumstances may demand. The University will integrate safety and health into the operational plan and take into account labour related requirements with regard to operations that must be done with reduced workforce. The ICT and ODeL policy will guide and promote teleworking for non-critical workers to minimize spreading of COVID-19 in the University workplace and learning environments. In the event that teleworking is not feasible, work shift policy guidelines will be developed in consultation with stakeholders to avoid large concentrations of workers in the University facilities.

CHAPTER 2
BASICS OF COVID-19

2.1 Background

COVID-19 is a respiratory disease caused by a virus that is transmitted via droplets through close contact with an infected individual. These droplets (e.g. from coughs, sneezes and body fluids) may land on objects and surfaces around the person. Other people may become infected by touching these contaminated objects or surfaces and then touching their eyes, nose or mouth. Understanding how infections occur and how different micro-organisms spread is crucial to preventing infection.

COVID-19 has been spreading within Kenyan communities at an alarming rate based on the national statistics. Therefore, we need to master different ways to keep it on hold or having minimal spread particularly in the University and our immediate community. The only way that we can defeat this spread is by complying with the Ministry of Health protocols. With this in mind, The Vice-Chancellor formed the PCMEC Committee, which is a requirement for every institution within Kenya.

2.2 What is COVID-19?

Coronaviruses (CoV) are a large family of viruses that are common and are typically associated with mild illnesses, similar to the common cold. COVID-19 is a disease caused by a new strain of corona virus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel corona virus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.
On 31 December, 2019, a new coronavirus was identified in China (Wuhan City), which has formally been named COVID-19.

COVID-19 was unknown prior to the outbreak in Wuhan, China, in December 2019. The disease has spread rapidly across the globe. On 30 January 2020, WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern (PHEIC) and on 11 March 2020 characterized it as a pandemic.

2.3 How is COVID-19 spread?

The virus spreads mainly from person-to-person through close contact with infected persons. When an infected person coughs, sneezes or talks, respiratory droplets are produced, other people can get infected if they breathe in these droplets. In addition, people may be infected if they touch surfaces, such as doorknobs or tables on which infected droplets have landed, and then touch their mouth, nose or eyes.

Infected people can be contagious and the virus can spread from them to other people, whether or not they have symptoms. Laboratory data suggests that infected people appear to be most infectious just before they develop symptoms (namely 2 days before they develop symptoms) and early in their illness. People who develop severe disease can be infectious for longer. While someone who never develops symptoms can pass the virus to others, it is still not clear how frequently this occurs and more research is needed in this area.

2.4 What are the symptoms of COVID-19?

While many people may have asymptomatic infection, those who develop symptoms report a range of symptoms which include:-

- Common and main symptoms include;
  - Fever
  - Continuous cough
  - Shortness of breath
  - Fatigue
  - Loss of appetite
  - Anosmia (loss of smell)
  - Ageusia (loss of taste)

- Other symptoms include;
  - Sore throat
  - Nasal congestion
  - Myalgia (muscle pain)
  - Body ache
  - Headache
  - Gastrointestinal disorders
  - Diarrhoea
  - Nausea
  - Chills
  - Fatigue

Around 40% of people who develop symptoms report mild symptoms. A further 40% present with moderate symptoms which may include non-severe pneumonia and 15% present with severe pneumonia and significant disease. Critical disease can lead to life threatening complications and is reported in around 5% of cases. Patients with critical disease may experience acute respiratory distress syndrome (ARDS), sepsis, septic shock, cardiac disease, thromboembolic events such as pulmonary embolism and multi-organ failure

2.5 Who is at risk of COVID-19?

The virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are older people (that is people over 60 years old); and those with underlying medical

conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer). The risk of severe disease gradually increases with age starting from around 40 years. It's important that adults in this age range protect themselves and in turn protect others that may be more vulnerable.

The World Health Organization (WHO) has issued advice for these two groups and for community support to ensure that they are protected from COVID-19 without being isolated, stigmatized, left in a position of increased vulnerability or unable to access basic provisions and social care.

CHAPTER 3
PREVENTION AND CONTROL OF COVID-19

3.1 Background

Scientists predict that without an effective vaccine or treatment for COVID-19, the disease could be with us for years. This has implications for all activities and persons involved, as they will not be able to continue with "business as usual" in the core mandates of the University that include teaching, research /data collection using human subjects, community service and extension.

Infection Prevention and Control (IPC) in an institution is a practical solution to prevent harm caused by infection. IPC is everyone's responsibility and all students and staff at UoE have an important role to play. The infections can spread fast, however, controlling the risk is relatively straightforward and simple measures can be effective. Early identification of those with severe manifestations allows for immediate response according to institutional or national protocols. To minimize the risk of onward transmission, individual and institutional practices should at all times adhere to optimal IPC practices.

3.2 How do we prevent COVID-19?

The best way to prevent infection from COVID-19 is to avoid exposure to the virus. Preventive measures include simple public health measures, to reduce the risk of infection with COVID-19 and now Vaccination. They include:

- Physical distancing
- Use of Mask – wearing a mask properly.
- Ensuring proper Hand Hygiene
- Ensuring Respiratory Hygiene- to contain respiratory secretions and prevent the transmission of the infection to other persons.
- Prompt Self Isolation of COVID-19 Infected persons
- Prompt testing of symptomatic individuals and contacts

There are standard protocols that have been formulated at National and Institutional levels that are meant to curb the spread of COVID-19.

3.3 COVID-19 Protocols in Kenya

According to the Ministry of Health, the main aim of IPC is to enhance infection prevention and control measures at all levels of the health care systems and other sectors in the country. The key pillars of infection prevention are social distancing (one & half meters apart), adherence to hand hygiene by washing with soap and water or using alcohol-based sanitizer and wearing masks. Medical health personnel including employees, students (on

attachment), contractors, personnel attending to clinicians and volunteers should be provided with PPE's according to their risk categories. For example doctors and nurses in the isolation unit require surgical masks, gloves, gowns, particulate respirators (such as N95 masks) and eye protection (e.g goggles/ face shield).

3.4 Ministry of Education COVID-19 protocols

The Constitution of Kenya (2010), Article 43 (1)(f), provides the right to education for all persons and hence the Government of Kenya is committed to provision of quality and equitable education and training to its citizens. As such, the Ministry of Education is committed to continue to provide quality education amidst the COVID-19 pandemic while at the same time safeguarding every student's right to health and safety as set out in Article 53(2) of the Kenya Constitution 2010. Re-opening of educational institutions in order to ensure continued learning has been embarked on in phases. However, students and staff are expected to implement public health measures in order to prevent and control COVID-19 spread. Details are available in the Ministry of Education website.

3.5 COVID-19 Protocols at University of Eldoret

3.5.1 General COVID-19 Protocols

It is a requirement that whenever one is within the University, the following must be observed:-

- *Wearing Face Mask*
  Every person MUST wear a clean face mask properly at all times and everywhere in the University compound. The Mask must be worn covering both nose and mouth. The types of masks recommended are described elsewhere in this manual. Failure to put on a face mask within the University compound is against the University regulations and liable to disciplinary action. Make wearing a mask a normal part of being around other people and a respiratory etiquette.

- *Social distancing*
  Maintain at least a **1.5 metres (6 feet) distance** between yourself and others to reduce your risk of infection. Maintain an even greater distance between yourself and others when indoors and ensure your workspace is well **aerated**. This is expected in all University facilities that include offices, boardrooms, lecture halls, hostels, washrooms e.t.c. The further away you are from the next person, the better.

- *Hand washing, Cleaning and Sanitation*
  Regularly and thoroughly **clean your hands** with **soap and flowing water** or **sanitize** regularly with an alcohol-based hand rub when entering the University or any building and office in the University. This eliminates germs including viruses that

may be on your hands. Hand washings points have been strategically placed outside buildings and sanitizers have been provided in all offices as a standard hygiene practice. **Cleaning and sanitation** of surfaces and facilities, waste management, temperature measuring and record keeping.

- *Avoiding Physical Contact*
  Everyone is advised to avoid physical contact with colleagues, surfaces and staircase rails where possible. Similarly we are advised to avoid directly touching Mouth, Eyes and Nose with our hands because it has been proved that these openings are possible avenues for the spread of COVID-19.

- *Working from Home*
  Staff in the below-listed categories are encouraged to work from home unless it is necessary:
    - Staff above 58 years
    - Staff with underlying health issues

  Staying home when unwell as a good practice but if signs of illness increase, always sort medical attention from the nearest health facility

The **Figure 3.1** below illustrates the COVID-19 protocols

Figure 3.1: COVID-19 Protocols
(*Source*: UoN website)

3.5.2 Academic Research/ Data Collection Protocols

Researchers are advised to follow national regulations, guidelines and protocols in the collection of data during this time, taking into consideration particular regulations related to lockdown levels at the time of data collection.

Researchers are not prohibited from doing face to face activities nor are they to be denied ethics clearance if they want, but they should consider other ways of collecting your data in the circumstances and carefully weigh up the risks to researcher and participants during the pandemic.

Consider whether proposed methodology can be adapted in light of national restrictions around COVID-19. Studies that involve a door to door survey in a community, focus groups, or ethnography in a restaurant, for example, may not be possible during the COVID-19 pandemic depending on particular pandemic waves and lockdown levels. Studies that involve handing out a hard copy questionnaire or doing face to face interviews, for example, could be adapted towards online modes of data collection. Consult your supervisor in this regard if you are a student.

Some studies may not lend themselves to electronic/online data collection and some populations may not be reachable via such means. If your methodology cannot be adapted, then you may need to reconsider your research methodology. If a decision to proceed with face to face data collection has been reached, then the ethics application (and by extension your research proposal) must outline the steps you will take to prevent transmission, adhere to social distancing rules, and promote safety of the researcher and participants.

Any paper-based research carries the risk of contagion, since the novel coronavirus can reside on paper for 2-3 days (some estimates indicate up to 5 days). Avoid the exchange of paper between participants and researchers, unless there is a strongly justified need to use paper in the research and very carefully outlined plans are put in place to ensure sanitization. Also consider the risk of contagion when the use and exchange of pens, digital devices, smartphones, tablets are required for consent and/or research purposes.

Wherever possible, use electronic means to facilitate the consent process and data collection. For example, make use of email, online mechanisms such as Google Forms, SurveyMonkey, WhatsApp, Skype, or Zoom to collect data wherever possible.

It is the duty and responsibility of the Principal Investigator (PI) of the project to ensure that the research is conducted in a safe manner without compromise of the COVID-19 protocols.

3.5.3 Academic Researcher toolkit during COVID-19 pandemic

If one undertaking research activities in close proximity to participants or to other people such as members of the public, each researcher should ensure that they have a "COVID-19 researcher toolkit" when interacting with others.

This should include:

- Own mask (might even need several if spending the whole day and having to touch your mask or remove it in between data collection with participants).
- A visor for the researcher and the participant might be essential when observation of facial expressions during research is essential.
- Masks for participants (even for others in the participants' homes if research is community based).
- Thermometer/ Thermal gun.
- Alcohol based hand sanitizer.
- Sanitizer for surfaces, e.g. chairs, table.
- A4 size plastic bag to put informed consent documents or paper questionnaires in (this will be left in the plastic bag for a minimum of three days).
- Availability of basic materials on COVID-19 (proper use of masks, proper hand washing, grounds for social distancing, reason for cough etiquette) to distribute to participants.
- Box of tissues.
- Bag for disposal of used masks and tissues.

Any person in the University premises that does not implement these guidelines on social distancing and hygiene protocols as outlined to ensure safety and health of students, staff and visitors, will be excluded from the institution. In all aspects, the Public Health Act and other existing legal frameworks shall apply.

3.6 COVID-19 Vaccine

Kenya has been part of the global efforts to develop safe and effective COVID-19 vaccines. Vaccines aim to expose the body to an antigen that will provoke an immune response by the human body that can, block or kill the virus if a person becomes subsequently infected, without causing the disease.

3.6.1 Types of COVID-19 Vaccines

Various existing and new scientific techniques have been used to develop COVID-19 Vaccines. These revolve around the use of different viruses or virus parts to develop the vaccines. These include:

- *Inactivated Virus vaccines*- These vaccines use the virus itself in a weakened or inactivated form. Examples of similar vaccines are Measles, Rabies and Oral Polio vaccines.
- *Viral-vector vaccines*- Known viruses are genetically engineered to produce coronavirus proteins in the body, but the virus is weakened and cannot cause disease. Examples of similar vaccines are Ebola
- *Nucleic-acid vaccines*- Nucleic acids (DNA or RNA) is utilized to produce copies of the virus protein in human cells which then produces an immune response.
- *Protein-based vaccines*- These vaccines use virus protein fragments or protein shells which are injected directly into the body. Examples of similar vaccines include Hepatitis B

Most vaccines require two doses for optimal protection. The currently available vaccines include:

- Pfizer/BioNTech vaccine
- Moderna
- AstraZeneca/University of Oxford
- Johnson and Johnsons
- Sinopharm
- Sinovac

3.6.2 Characteristics of COVID-19 Vaccines

The Common characteristics of the currently available COVID-19 vaccines are:

- Mostly liquid products (few are freeze-dried);
- Majority are intramuscular injections;
- Majority are 2-dose courses, except Johnson and Johnsons.
- Most vaccines would be provided in a multi-dose vial; and
- Most have a targeted temperature range of 2°C to 8°C, except Pfizer/BioNTech vaccine and Moderna with storage temperature requirements of-60°C and -20° C respectively. Both have a shorter life.

3.7 Risk Assessment

Because COVID-19 is a new disease, more work is needed to better understand the risk factors for severe illness or complications. Potential risk factors that have been identified to-date include:

- Age
- Gender
- Some medical conditions
- Use of certain medications

- Crowding
- Certain occupations
- Pregnancy
- Incorrect use of PPEs
- Substandard and/or poor quality PPEs

Adverse COVID-19 risk factors include the following:

- *Alcohol* - Alcohol impairs the body's ability to fight infections such as COVID-19. Even a single heavy drinking session can measurably reduce immune function. Intoxication can also interfere with taking precautions against infection.
- *Obesity* - Obesity increases the risk for becoming severely ill from COVID-19. In a study in France, the odds of developing severe COVID-19 were seven times higher in patients with obesity. Promoting healthy diets to maintain nutritional well-being is more important than ever in the fight against COVID-19.
- *Smoking* - Smokers are 1.5 times more likely to have severe complications from COVID-19 and had a higher mortality rate.
- *Physical Inactivity* - Physical activity improves the immune system, stress and anxiety and it is associated with prevention of heart disease, hypertension, diabetes, overweight and obesity, which are risk factors for severe COVID-19 disease.
- *Pollution* - Air pollution compromises lung function, which increases the risk for vulnerability to respiratory infection, including COVID-19.
- *Diabetes* - A systematic review indicated that people with diabetes were up to three times more likely to have severe symptoms or die from COVID-19, and the situation is likely to be worse for people with uncontrolled diabetes.
- *Cardiovascular Disease* - Hypertension, cardiovascular and cerebrovascular disease are reported to increase the odds for severe COVID-19 by 2.3, 2.9 and 3.9 times, respectively.
- *Respiratory Disease* - Patients with chronic obstructive pulmonary disease (COPD) were at increased risk of severe complications or death from COVID-19. The presence of respiratory disease, including asthma, increased patients' risk of mortality from COVID-19.
- *Cancer* - Cancer patients are more likely to experience severe COVID-19. A study in Wuhan, China, showed that the mortality rate from COVID-19 significantly increased in patients with cancer and was particularly high among those with blood cancers.
- Adults of any age with certain underlying medical conditions are at increased risk for severe illness from the virus that causes COVID-19.

3.8 Environment and Infrastructure Management

Work environment and management of infrastructure such as entry points to an institution is critical in the prevention and control of spread of COVID-19 among students and staff.

- The University compound is fenced with three manned gates clearly indicating the entry and the exit points
- The University has developed student/staff movement protocol including designating entrances and exits; floor markings to direct foot-traffic flows to ensure learners/trainee maintain social distances
- It is expected that the University compound shall be kept clean and well maintained at all times
- Enhanced signage in all areas of the University compound is necessary to guide movement and social distancing especially in the lecture halls Avoid the 3Cs: spaces that are closed, crowded or involve close contact
- Meet people outside. Outdoor gatherings are safer than indoor ones, particularly if indoor spaces are small and without outdoor air coming in
- Open a window. Increase the amount of 'natural ventilation' when indoors.

3.9 Personal Protection Management

3.9.1 How to wear a mask

- Clean your hands before you put your mask on, as well as before and after you take it off.
- Make sure it covers both your nose, mouth and chin.

Figure 3.2: Wearing a Mask correctly
(*Source*: African Union ; Africa CDC)

3.9.2 Type of masks to be worn

- Wear a fabric mask unless you're in a particular risk group. This is especially important when you can't stay physically distanced, particularly in crowded and poorly ventilated indoor settings.
- Wear a medical/surgical mask if you:
  - Are over 58,

- Have underlying medical conditions,
- Are feeling unwell, and/or
- Are looking after an ill family member.

- For health workers, medical masks are essential personal protective equipment when engaging with patients with suspected, probable or confirmed COVID-19. Respirator masks (such as FFP2, FFP3, N-95, N-99) should be used in settings where procedures generating aerosols are performed and must be fitted to ensure the right size is worn.

3.9.3 Good Practices in Self-Protection against COVID-19

- Avoid touching your eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately into a closed bin and wash your hands. By following good 'respiratory hygiene', you protect the people around you from viruses, which cause colds, flu and COVID-19**.**
- Clean and disinfect surfaces frequently especially those which are regularly touched**,** such as door handles, faucets and phone screens.

3.10 Cleaning and Disinfection procedures

Cleaning and disinfecting public facilities requires:

- Development of a cleaning and disinfecting plan
- Implementation of the plan
- Maintain and revise the plan

3.10.1 Cleaning and disinfection plan.

Target points and facilities for planned cleaning and disinfection include and are not limited to: Entrance gates, high traffic points (public toilets, lecture halls, offices), frequently touched surfaces (light switches and doorknobs).

- *Procedure for cleaning and disinfection:*
  - First, clean the surface or object with soap and water or wet cloth as appropriate.
  - Then, disinfect using KEBS approved disinfectant.
  - If KEBS-approved disinfectant is unavailable, use 1/3 cup of bleach added to 3.8 litres of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together.
  - Remove soft and porous materials, such as area rugs and seating to reduce the challenges with cleaning and disinfecting them.

- *Criteria for determining what needs to be cleaned*

  Liaise with Public Health Department to determine which areas will need normal routine cleaning and or disinfection. However, as a guide;
  - Outdoor areas such building entrance pavements generally require normal routine cleaning and do not require disinfection. Maintain existing cleaning and hygiene practices for outdoor areas.
  - Areas such as lecture halls, laboratories or workplaces that have been unoccupied for 7 days or more, will only need normal routine cleaning.
  - Frequently touched surfaces and objects that will need routine disinfection are:

    ✓ Tables & Desks
    ✓ Doorknobs
    ✓ Keyboards
    ✓ Toilets
    ✓ Light switches
    ✓ Faucets and sinks
    ✓ Countertops
    ✓ Handles
    ✓ ATM machine

3.10.2 Implementation of the Plan

The cleaning and disinfection plan should be implemented cautiously following the manufacturer's instructions for the cleaning and disinfection products that will be used.

- *Procedure for implementation of cleaning and disinfection plan*:
  - Put on gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.
  - Clean Visibly Dirty Surfaces with Soap and Water
  - Clean surfaces and objects using soap and water prior to disinfection (Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water).
  - Use the Appropriate Cleaning or Disinfectant Product
    Approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.
  - Always Follow the Directions on the Label
    Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product.

3.10.3 Maintain and Revise the Plan

Take steps to reduce the risk of exposure to the virus that causes COVID-19 during daily activities. Continue to update the plan based on updated guidelines and current University circumstances.

- *Continue Routine Cleaning and Disinfecting*

  Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. Consider choosing a different disinfectant if the first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product that will be needed and the size of the surfaces being treated.

- *Maintain Safe Behavioral Practices*

  The whole University community has to make significant behavioral changes so as to reduce the spread of COVID-19. There is need to continue these practices:
  - Social distancing (specifically, staying 1.5 meters away from others when in a shared space)
  - Frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
  - Wearing face masks
  - Avoiding touching eyes, nose, and mouth
  - Staying home when sick
  - Cleaning and disinfecting frequently touched objects and surfaces

- *Consider Practices that Reduce the Potential for Exposure*

  It is essential to change the ways public spaces are used and need to continually think about personal safety and the safety of others. Avoid touching certain surfaces or materials while in the University to reduce exposure to or risk of spreading COVID-19. Consider wiping public surfaces.

  Changes to practices and procedures that reduce exposure include:
  - Reducing the use of porous materials used for seating,
  - Leaving some doors open to reduce touching by multiple people,
  - Opening windows to improve ventilation,
  - Removing objects in the common areas, like drinking water dispensers.

3.11 Cleaning and Disinfection of Isolation Rooms and Waste Management

3.11.1 Cleaning and Disinfection

This information provides guidance on how to safely clean used rooms and non-health accommodation where persons have been in isolation following infection with COVID-19 or in quarantine because they have had a potential exposure to an infected person.

- *Guidance for Cleaning Used Rooms*
  - Cleaners should not enter a room for cleaning while the person in isolation or quarantine is in the room.
  - Before entering the room for cleaning, cleaners should wait at least 30 minutes after the person in isolation or quarantine has left the room. This will ensure that any droplets have settled.
  - Where possible, windows, curtains and doors to balconies should be opened during cleaning.
  - All areas that are normally cleaned should continue to be cleaned.
  - Ensure frequently handled items, such as light switches, door handles and drawer/cupboard handles, are thoroughly cleaned.
  - The room should be allowed to air dry before being used again.
  - Linen should be bagged before being removed from the room but does not require special laundering.

- *Personal Protection for Cleaning Staff*

  Cleaning staff should wear the following Personal Protective Equipment (PPE):
  - Disposable face mask (surgical mask)
  - Single use latex or vinyl gloves
  - Eye protection (goggles or face shield)
  - A disposable plastic apron should be used to avoid any contamination of clothes.

  Tips for Using PPE Safely and Effectively;
  - Once you have entered the isolation room, don't adjust your face mask or eye protection and avoid touching your face.
  - If you are immediately going to clean another room of a person who is in isolation or quarantine, you may leave your eye protection and face mask on until the rooms are cleaned.
  - You should remove and replace your gloves and apron between each room clean.
  - Your mask should be either on or off completely and not dangle from your neck. Ensure your mask always covers both your nose and mouth.

- Ensure disposable PPE is immediately disposed of after use in a single use bag, tied securely and placed in the general waste.
- Care should be taken when removing PPE as the outside may be contaminated:
- Peel back your gloves first and ensure the outside of the gloves does not touch anything.
- Remove your apron next, ensuring you do not touch the front of your apron with your hands.
- Wash your hands immediately after removing gloves and apron.
- Before you remove your mask or eye wear always wash your hands and do this again once you have removed and disposed of the mask/eyewear as all PPE should be considered contaminated.
- When you remove your mask, do not touch the outside of the mask.
- Hands should be washed with both soap and water for a minimum of 20 seconds or use alcohol-based hand sanitizer.

- *Cleaning of hard surfaces*

  Cleaning of hard surfaces should be done either:
  - A cleaning and disinfection procedure in two steps:
    First, clean with a detergent, then follow with a disinfectant with specific claims against COVID-19 or a 1:1,000 ppm sodium hypochlorite solution or
  - A 2-in-1 step process:
    Use a product that cleans and disinfects at the same time. Any disinfectant that has specific claims against COVID-19 is suitable if used according to manufacturer's instructions.

    Disinfectant solutions should be made fresh daily and gloves should be worn when handling and preparing solutions. Prepare bleach or cleaning solutions by following the information on the product label. Cleaning equipment, including mop heads and cloths, should be laundered in hot water and completely dried before reuse. Cleaning equipment, such as buckets, should be emptied and cleaned with a new batch of cleaning and/or disinfectant solution and allowed to dry completely before reuse.

- *Waste Handling*

  Waste from accommodation where someone with confirmed, probable or suspected case of COVID-19 infection is living or staying, is not regulated as medical waste under the Ministry of Health (Waste Management). However, it is still important that waste from these places are handled with caution before throwing away.

Personal waste, such as used tissues, packaging, masks and disposable cleaning supplies should be put securely inside disposable rubbish bags in the same room as the person with confirmed, probable to suspected COVID-19 infection.

When dealing with waste, avoid touching the inside of the bag. Make sure the rubbish bag is not completely full, so the contents don't overflow and use two bags if the contents are wet in case it leaks. This waste can be put with other general rubbish (not recycling or green bins) for your normal rubbish pick-up.

Rubbish bins inside the house should be kept clean and disinfected regularly. If a pedal bin or plastic bucket is used, it is a good idea to use a bin liner. Bin liners stop the bin from getting dirty, help with taking the rubbish out and also help with cleaning and sanitizing the bin.

It is important to always wash your hands well and dispose of any PPE after handling waste.

3.11.2 Waste Management for Health Facility

The information below provides recommendations for University Health Services Department and waste contractors with regard to management of waste generated in the care of people with confirmed, probable or suspected COVID-19 infection.

- *Recommended Waste Management Processes*
  - Waste generated during the clinical care of confirmed, probable or suspected cases of COVID-19 should be managed and disposed of as clinical waste in the usual manner—this includes following any usual labeling requirements.
  - There are no additional controls required for disposing of COVID-19 waste. The usual controls in place for the management of clinical waste are sufficient.
  - Staff should be trained in the correct procedures for waste handling.
  - Segregation of waste as clinical and non-clinical waste should occur at the point of waste generation in accordance with the laid down regulations.
  - Appropriate hand hygiene is one of the most effective measures to protect oneself against infections, including COVID-19.

3.12 Management of Suspected or Confirmed Case(s)

3.12.1 How to Implement Infection, Prevention and Control (IPC) Measures for Suspected or Confirmed COVID-19 cases

Immediate implementation of appropriate IPC measures is a critical.

- *Instructions for Patients*

  Ask the suspected patient to wear a medical mask and direct the patient to a separate area, ideally an isolation room/area if available. Keep at least 1.5 metres distance

between patients. Instruct all patients to cover nose and mouth during coughing or sneezing with tissue or flexed elbow, dispose of tissues safely immediately after use in a closed bin and perform hand hygiene after contact with respiratory secretions.

- *Apply Standard Precautions*
  Standard precautions include hand hygiene and the use of personal protective equipment (PPE) when risk of splashes or in contact with patients' blood, body fluids, secretions (including respiratory secretions) and non-intact skin. Ensure appropriate patient placement; prevention of needle-stick or sharps injury; safe waste management; cleaning and disinfection of equipment; and cleaning of the environment.

- *Apply Contact and Droplet Precautions*
  Contact precautions include gloves and disposable gown. Droplet precautions include wearing medical mask and eye protection. When providing care in close contact with a suspect or confirmed COVID19 patient use eye protection (face mask or goggles). In particular, use a combination of PPE for contact and droplet precautions (medical mask, eye protection, gloves and gown) when entering room and remove PPE when leaving. Practice hand hygiene using an alcohol-based hand rub if hands are not visibly dirty or soap and water and disposable towels, before PPE use and after PPE removal. If possible, use either disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs, pulse oximeters and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use. Ensure that health care workers avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door handles and light switches) and refrain from touching their eyes, nose and mouth with potentially contaminated gloved or ungloved hands.

  Place all cases in single rooms, or separately group together those with same etiologic diagnosis, such as suspect cases with suspects; probable cases with probable; and confirmed cases with confirmed. Keep at least 1 m spatial separation between cases. Suspected or probable cases should not be cohorted together with confirmed cases. Limit patient movement within the health clinic and ensure that patients wear medical masks when outside their rooms.

3.12.2 Diagnosis & Treatment

If you develop symptoms of COVID-19 or you've been exposed to the COVID-19 virus, contact the health clinic. Let the doctor know if you've had close contact with anyone who has been diagnosed with COVID-19. The doctor will determine whether to conduct tests for the virus that causes COVID-19 based on the signs, symptoms, and on whether there has been close contact with someone diagnosed with COVID-19. The

doctor will consider testing if there is a higher risk of serious illness or an upcoming medical procedure.

- *Diagnosis*

  To test for the COVID-19 virus, a health care provider will take a sample from the nose (nasopharyngeal swab) or throat (throat swab) or any other new methods. The samples are then sent to a lab for testing. If you're coughing up sputum, that may be sent for testing. These are available only with a doctor's prescription.

- *Treatment*

  Currently, there is no cure is available for COVID-19. Antibiotics aren't effective against viral infections such as COVID-19. Researchers are testing a variety of possible treatments. The antiviral drug remdesivir (Veklury) is recommended to treat COVID-19 in hospitalized adults and children who are age 12 and older in the hospital. Supportive care is aimed at relieving symptoms and may include:

  - Pain relievers (ibuprofen)
  - Cough syrup or medication
  - Rest
  - Fluid intake

  In the case of mild symptoms, the doctor may recommend that you recover at home. They will give special instructions to monitor your symptoms and to avoid spreading the illness to others. Patient will be asked to isolate themselves as much as possible from family, wear a mask when around people, and use a separate bedroom and bathroom. There will be regular follow-up by the healthcare workers. Prior to resuming daily activity, the health care staff will brief on the return policy and self-care. If very ill, hospital treatment will be advised.

3.13 Surveillance and Controls Management

3.13.1 Surveillance

Surveillance is the monitoring of behavior, activities, or information for the purpose of information gathering, influencing, managing or directing. Public health surveillance is, according to the World Health Organization, "*the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.*" The data is used to know where the health burdens are, to signal anomalies and health risks, and to inform actions and interventions that can keep people

safer and healthier. The understanding of the public's health is only as good as the data collected.

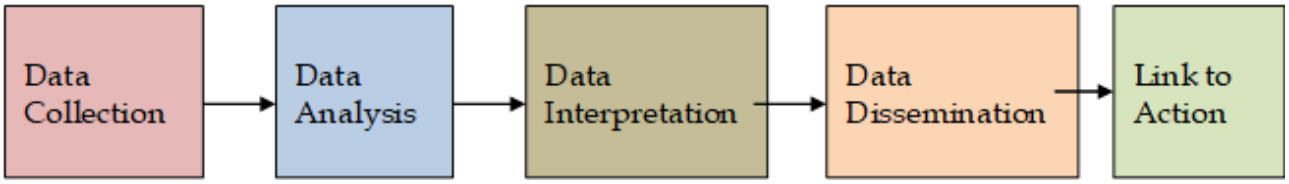
The aim of surveillance for COVID-19 is to enable the University to reduce transmission of SARS-CoV-2, thereby limiting the spread and associated morbidity and mortality.

The objectives of COVID-19 surveillance in the University are to:

- Enable rapid detection, isolation, testing, and management of cases
- Detect and contain clusters and outbreaks, especially among vulnerable populations
- Identify, follow-up and quarantine contacts
- Guide the implementation and adjustment of targeted control measures, while enabling safe resumption of academic and social activities
- Evaluate the level of preparedness of the University
- Monitor longer term trends

The University shall periodically conduct surveillance using the relevant tools

Surveillance Process:



3.13.2 Controls Management

- *Use of Digital Platforms to manage COVID-19*

  Innovative approaches using digital platforms allow better communication and health systems to better manage the COVID-19 response.

  Digital modalities can be used to rapidly share and exchange targeted information, whether for training and supporting the health workforce, enabling peer-to-peer communication or implementing surveys to monitor service provision and supply.

  The key actions outlined below shall guide the strategies, policies, priorities and practices to help create a more resilient and prepared systems for future emergencies.

  <u>Key Actions</u>

  - Delivery of health services through digital health technologies, taking into account accessibility, liability, safety and privacy;

- Timely and secure storage and exchange of data among various units of the University;
- Governance and management of data for surveillance of disease, tracking and reporting adverse events, and clinical concerns across the institution;
- Create a central, up-to-date and reliable website or digital messaging portal for disseminating information to the staff and students and providing guidance about safe care-seeking behaviour.
- Implement tools and information systems to support e-learning.
- Utilize existing digital health information systems module of the Enterprise Resource Planning at the institution to monitor the provision and utilization of essential health services and health workforce capacity.
- Initiate rapid in-service training in key areas through online or digital learning platforms, including ongoing supervisory components.

- *Implementing Administrative Controls*

  Administrative controls and policies for the prevention and control of transmission of COVID-19 within the University shall include, but may not be limited to the key actions below:

  <u>Key Actions</u>
  - Establishing basic sustainable infrastructures and activities in the University Clinic;
  - Preventing overcrowding;
  - Ensuring everyone puts on a mask
  - Providing dedicated waiting areas for symptomatic patients;
  - Ensuring adequate supplies of PPE to those in the frontline;
  - Facilitation of adequate and specialized training for health clinic staff;
  - Ensuring that the staff and students understand the importance of promptly seeking medical care; monitoring health clinic staff compliance with standard;
  - Precautions and providing mechanisms for improvement as needed.
  - Posters.
  - Website information.
  - Sick students and staff prohibited from coming to the University.
  - Enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution in offices, lecture halls and all facilities and buildings.
  - Regular disinfection and cleaning of walls and floor surfaces in lecture halls and common areas.

- Enhance waste management, environmental cleaning and decontamination procedures.

- *Governance and Coordination Mechanisms*

  UoE COVID-19 responses shall involve establishing an Incident Management Team (IMT). A designated focal point for essential health services should be a member of this IMT and act as a liaison with essential health service programmes.

  Key Actions

  - Designate a focal point for essential health services as a member of the University COVID-19 PCMEC.
  - Establish channels of coordination and communication among the COVID-19 PCMEC, Post COVID-19 Committee and the IMT
  - Establish mechanisms for surveillance and incorporate data into decision-making.

- *Strengthen Communication Strategies*

  Effective communication and community engagement are essential to maintaining trust in public health and ensuring appropriate care-seeking behaviours. Clear messages should be mainstreamed as part of the outbreak response communication strategy. This strategy should include guidance on safe care-seeking behaviour and up-to-date information for people with and without symptoms of COVID-19 or when suspended services will be available again. Helplines can support individual decision-making about whether and when to seek care.

  Key Actions

  - Disseminate information to guide safe care-seeking behaviour and to prepare the staff and students for changes in service delivery platforms, including outreach activities within the University community.
  - Use multiple communication approaches, including social media channels, to build public confidence and encourage continued utilization of essential services during the pandemic.
  - Identify information sources trusted by the University community and ensure these sources are kept up to date about changes in essential service delivery and about available resources.
  - Provide practical and emotional support through informal networks and health professionals.
  - Strengthen local associations to generate and disseminate community-based support initiatives for health promotion and to provide support to isolated and vulnerable people while maintaining physical distancing and IPC measures.

- Ensure that messages are accessible to people with vision, hearing or cognitive impairment.

3.13.3 Contact Tracing

For confirmed cases of COVID-19, it is important to trace the contacts with whom the staff or students was with in the institution prior to being confirmed.

For contact tracing to be effective, there is need to have adequate capacity to test suspect cases in a timely manner.

Since individuals may transmit COVID-19 while pre-symptomatic or asymptomatic, the importance of quarantining contacts to further reduce the potential for secondary transmission should be emphasized.

A contact is defined as anyone with the following exposures to a COVID-19 case, from 2 days before to 14 days after the case's onset of illness:

- Being within 1.5 metres of a COVID-19 case for >15 minutes;
- Direct physical contact with a COVID-19 case;
- Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE);

If confirmed cases are asymptomatic, contacts should be managed in the same way as for a symptomatic case with an exposure period from 2 days before the case was sampled, to 14 days after.

Ethical issues surrounding privacy, security, transparency and accountability need to be considered throughout contact tracing.

CHAPTER 4
COMPLIANCE WITH COVID-19 PROTOCOLS

4.1 Background

Compliance means following a rule or order. It may also be the fact of obeying a particular law or rule or of acting according to agreement. In terms of this policy, compliance would refer to obeying the various COVID-19 protocols that have been established by the Ministry of Health and UoE by extension.

Enforcing compliance helps the organization to prevent and detect violations of COVID-19 rules, which in turn prevents and controls further spread of infection.

The compliance process should be continuous. The University recognizes need to establish a program to consistently and accurately govern the compliance of the COVID-19 protocols at all times.

4.2 Enquiring /Experiencing symptoms

It is important to be conversant with the basics of what COVID-19 entails in terms of symptoms before enquiries.

- **Know the full range of symptoms of COVID-19.** The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include loss of taste or smell, aches and pains, headache, sore throat, nasal congestion, red eyes, diarrhoea, or a skin rash.
- **Stay home and self-isolate even if you have minor symptoms such as cough, headache, mild fever**, until you recover. Call your health care provider or the provided hotline for advice. Have someone bring you supplies. If you need to leave your house or have someone near you, wear a medical mask to avoid infecting others.
- **If you have a fever, cough and difficulty breathing, seek medical attention immediately. Call by telephone first, if you can** and follow the directions of your local health authority wherever you are.
- **Keep up to date on the latest information from trusted sources, such as WHO or your local and national health authorities.** Local and national authorities and public health units are best placed to advise on what people in your area should be doing to protect themselves.

4.3 Guidelines for Compliance

The numerous compliance risks and increased government oversight to address the COVID-19 crisis can be best addressed through the normal existing institutional compliance program.

From the development of necessary policies and procedures to risk assessment, monitoring and auditing, and implementation of corrective actions, the Seven Elements of compliance programs can be used to effectively evaluate COVID-19 risks and direct appropriate resources and activities to mitigate those risks. The following provides examples of how COVID-19 risks can be incorporated into a healthcare organization's existing compliance program under the Seven Elements framework:

4.3.1 Standards, policies and procedures

As new provisions and requirements brought about by COVID-19 are introduced, it is important to review and revise existing, and/or develop new standards, written policies and procedures designed to address these changes. Policies and procedures should be considered to address COVID-19 risk areas.

The policies and procedures related to COVID-19 provisions shall clearly outline the steps for complying and will be disseminated throughout the organization to applicable staff, students and visitors

4.3.2 Compliance program administration and oversight

The UoE-COVID-19 PCMEC shall lead, or be directly involved in, the analysis of and planning for the added risks and requirements presented as a result of the COVID-19 crisis. The University Management Board (UMB) shall be kept informed and approve of the resources and activities that will be deployed to address COVID-19 risks. They should be informed of key findings from compliance risk assessments of COVID-19 risks and recommended actions to be incorporated in the institution's compliance workplan, including additional monitoring and auditing activities. Workplans may have to be adjusted to prioritize activities related to COVID-19 risks.

Compliance committees should be kept apprised of the results of auditing and monitoring activities as well as the related recommended corrective actions. Compliance dashboards and metrics designed to support effective compliance program administration should integrate COVID-19-related risks and the associated mitigation activities (e.g., and update on COVID-19 should be a standing agenda of every meeting in the University, number of hotline calls related to COVID-19 compliance concerns, COVID-19 training completion records, compliance percentage rates of COVID-19 monitoring and auditing, etc.).

4.3.3 Effective lines of communication / Reporting compliance and ethical concerns

Communication is essential during a public health emergency. Open lines of communication through the use of internal reporting mechanisms and anonymous hotlines are an important and critical feature in an organization's compliance program.

The institution shall communicate it's commitment to non-retaliation for reporting concerns and ensuring that Compliance is actively monitoring and investigating hotline reports related to COVID-19 concerns and responding timely are important. Information obtained shall be used to not only identify potential compliance issues, but also to track and trend areas of confusion and misinformation that are in the work environment..

4.3.4 Communication, education and training on compliance issues

In the midst of the public health emergency, training and education programs are important to keep the organization informed of changing requirements. Educating staff on what can and cannot occur will be a key challenge to Compliance. Staff members will most likely be on information overload during this extremely stressful time, so being able to effectively communicate the do's and don'ts is essential.

The University shall from time to time filter information, communicate and conduct trainings on COVID-19 to enhance compliance. UoE shall consider instituting a "Compliance FAQ" process so that staff may submit questions and receive written responses. This will also allow for a better understanding of where confusion may lie within the organization.

4.3.5 Risk assessment, monitoring and auditing

The compliance risk assessment process developed by UoE COVID-19 PCMEC should be utilized to assess COVID-19 risks and to determine and prioritize actions. The organization's compliance workplan should be adjusted, as necessary, to prioritize activities related to COVID-19 risk areas. Additional monitoring and auditing activities may be needed to appropriately mitigate the organization's risk.

The University shall institutionalize the compliance monitoring and auditing activities related to COVID-19 risk

4.3.6 Investigations and corrective action

The compliance program should have a process in place for investigating reports of suspected non- compliance related to COVID-19 requirements and for responding appropriately to identified problems. Ensuring that Compliance conducts a timely and

thorough investigation, including a root cause analysis, to determine appropriate corrective actions is a critical component of the organization's compliance program.

The University through the UoE COVID-19 PCMEC shall conduct audits in units of the University to gauge level of compliance.

4.3.7 Discipline for noncompliance by staff, students and visitors

The organization should clearly communicate that its policies and procedures addressing enforcement of compliance standards and discipline of individuals who violate them are applicable to COVID-19 requirements. Consistent application and appropriate documentation of disciplinary measures remains a critical component of the corrective action process. Compliance may want to review disciplinary actions taken as a result of COVID-19 infractions for consistency and fair administration.

Any staff/ student of the University who violates the COVID-19 protocols shall be deemed to have breached the rules and regulations of the University and will therefore be reprimanded and where applicable, liable to disciplinary action.

4.4 Submitting complaints

Members or staff and students alike are free to file complaints to UoE COVID-19 PCMEC on any matter to do with COVID-19. These include complaints about individuals, facilities and protocols. Form for submitting complaints is provided in the annexure.

4.5 Review and Response to complaints

This will be done by the UoE COVID-19 PCMEC and forwarded to Vice-Chancellor for further action

4.6 Penalties for Non-compliance with COVID-19 protocols

Any staff or student proven to violate the COVID-19 protocols shall with immediate effect be excluded from the precincts of the University and recommended to the Vice-Chancellor for disciplinary action as appropriate, for endangering and putting the lives of other people at risk.

CHAPTER 5
MONITORING AND EVALUATION

5.1 Background

Monitoring and evaluation supports the efforts of overseeing implementation and effects of COVID-19 response activities. The monitoring and evaluation framework presents indicators for a variety of key pillars of COVID-19 preparedness, prevention and control activities and provides guidance to the University on how to collect and analyse data for the suggested indicators. The Monitoring and Evaluation (M&E) process must be considered, planned and budgeted for from the onset of the communication response. In the initial phase, M&E focuses on development of simple, user-oriented and flexible systems/tools that can be adjusted to the changing circumstances.

Indicators are tools that measure any change and progress toward the behavioural communication objectives as a result of the intervention. They can be used both to monitor and to evaluate the intervention. There are four kinds of indicators: input, output, outcome and impact indicators. Input and output indicators are monitoring indicators that measure who the intervention is reaching and how, while outcome and impact indicators are evaluation indicators that provide information on the effects of the intervention. All four types of indicators should be included in the M&E plan.

5.1.1 Scope

The COVID-19 M&E Framework encompasses the major areas of public health preparedness and response as outlined in the COVID-19 Strategic Preparedness and Response Plan (SPRP). The COVID-19 M&E Framework, as outlined in the structure section of this document, encompasses three categories of planning and monitoring needs: preparedness, response, and situation. Indicators on Risk Communication and Community Engagement have been jointly defined by the UN Children's Fund (UNICEF), WHO, and the International Federation of Red Cross and Red Crescent Societies (IFRC) reflecting the joint leadership in pillar 2; and indicators on Points of Entry, International Travel, and Transport activities have been defined by the International Organization for Migration (IOM) and WHO.

5.1.2 Rationale

Collecting and analyzing University response indicators against planned actions or processes is essential to ensure accountability and transparency in monitoring progress and identifying gaps. The COVID-19 Strategic Preparedness and Response Plan (SPRP) Monitoring and Evaluation Framework (COVID-19 M&E Framework) lists key public health and essential health services and systems indicators to monitor preparedness, response, and situations during the COVID-19 pandemic.

5.1.3 Objectives

The COVID-19 M&E Framework aims to assess performance and to provide recorded information to support analysis of progress and the related SPRP Strategy Update. The main objective is to establish and maintain a set of indicators to support: strategic thinking, operational tracking, real-time evidence-based decision-making, and to ensure advocacy and transparency between University, the community and partners involved in the response. This will allow easy tracking progress against goals and to correct approaches and actions if necessary. The specific objectives are to:

- Monitor COVID-19 response activities by measuring key input, output, and outcome indicators at University level;
- Produce systematic assessments and analyses of response activities;
- Compare activity results against the epidemiological progression of the pandemic;
- Help the prioritization of response activities and inform decision-making amongst all partners;
- Support and accelerate transparency and information sharing;
- Support preparedness and response planning;
- Produce evidence for operational reviews and lessons learned.

5.1.4 Monitoring and Evaluation structure

The COVID-19 M&E Framework is organized around three dimensions: Geographical scope; Planning and monitoring needs; and Pillars areas

- *Geographical scope*

  For purposes of this manual, the geographic scope considers the pandemic impacts within UoE, bringing out institutional epidemiological profiles, resource availability, and data systems. The University has diversity in social contexts, including low capacity especially in relation to health services.

- *Planning and monitoring needs.*

  Indicators aim to inform decision-making for both planning and monitoring purposes and can be regrouped as follows:
  - Preparedness: Pre-conditions to respond;
  - Response: Short-term emergency phase, primarily focusing on activities;
  - Situation: Less reactive indicators that provide a situational snapshot at a certain point in time, including University requirements that are assessed on monthly basis, as well as indicators with delayed reporting (e.g., data from health systems). The focus is on situation analysis and impact of the COVID-19 pandemic on routine public health initiatives, processes, and activities.

- *Pillars/areas.*

  Indicators have been regrouped around nine pillars and one thematic area in line with WHO monitoring and evaluation framework as follows:

  Pillar 1: University-level coordination, planning, and monitoring
  Pillar 2: Risk communication and community engagement
  Pillar 3: Surveillance, rapid response teams, and case investigation
  Pillar 4: Points of entry, local travel, and transport
  Pillar 5: Local laboratories
  Pillar 6: Infection prevention and control
  Pillar 7: Case management
  Pillar 8: Operational support and logistics
  Pillar 9: Maintaining essential health services and systems

5.2 Methodologies

The COVID-19 M&E Framework is adopted from WHO and accordingly it is a collaborative initiative among multiple stakeholders. It is based on a logical framework aimed to identify inputs, outputs, outcomes, and impacts of the response. Framework indicators are also adapted to the WHO context. .

5.2.1 Frequency and analysis cycle

Indicators will be collected with differing frequency, though reporting will primarily follow the epidemiological week. Monthly indicators will be collected the second week of each month (fortnightly) with reference to the previous month. Indicators have different collection frequencies. Those referring to the existence of a certain capacity or plan are asked once (at baseline).

The analysis plan will be collectively defined to respond to University's needs for decision making. Final aggregation, analysis, and visualization will be provided at the beginning of each subsequent epidemiologic week, or monthly, according to previously established and agreed frequency of each indicator.

5.2.2 Dissemination plan, audience, and products

Products will reflect the needs of UoE and partners in the region. They will primarily consist of an activity report and a weekly update communication that will be established to facilitate data visualization. This will provide regional and functional data views tailored towards different audiences, including national government, decision makers and partners. The information will be available online and a link will be shared with key stakeholders on

a weekly basis following updates. A mid-term evaluation of the COVID-19 M&E Framework will be held three months after the launch of the COVID-19 M&E Framework.

5.3 Data Collection

Data collection will entail administration of questionnaire to identified section heads; review of records at entry point and health care unit with support of a sentinel staff and or a designated focal point; observations made during routine visits to various designated sites such as University entry points, hand washing points, lecture halls, offices, health unit and laboratories.

5.4 Data Analysis

Data analysis will be achieved through qualitative or quantitative analyses and results expressed in percentage, frequency or ratios as may be applicable. Analyzed results will also be illustrated in tables, bar charts or pie-charts.

5.5 Publication of Results

Monitoring and evaluation results shall be published in books, magazines, newspapers or document and reports form in which information is made available to stakeholders.

5.5.1 Material types

There is an enormous variety of material types of publication, some of which include book, bulletin, booklet, broadside, flyer or handbill, leaflet, journal, newsletter, newspaper, magazine and pamphlet as may be deemed necessary.

5.5.2 Electronic publishing

Electronic publishing (also referred to as e-publishing or digital publishing or online publishing) will be considered. This includes the digital publication of e-books, digital magazines, and the development of digital libraries and catalogues.

5.6 Sharing of Feedback and Sensitization

Feedback is important. It helps us to see ourselves from other people perspective, identify what skills to work on, receive recognition for what we did good and what we can improve. But when it comes to actually giving or receiving feedback—it's not that easy. Feedback given in the wrong way can demoralize or hurt other people. Even though it is done with the best intentions in mind. Feedback involves the following steps:

- **Prepare In Advance-** Do not rely on your memory and do not improvise. Be clear about what is to be said. When emotions raise high, preferable to stick to the to your script. Avoid saying anything unplanned that might hurt another person.

- **Time Matters-** Share feedback as soon as it has been received. The earlier its shared, the earlier a person can correct their behavior and improve. Timely feedback is usually understood and accepted very well.
- **Regular Reporting-** There's no point in waiting until the end of the week, month or even a year to tell your colleagues what you think about them. Develop the habit of doing it as often as possible.
- **Be Concrete-** Discuss specific characteristics or actions. Do not generalize. It helps remember the point and act on it if needed.
- **Always Start with Positive-** Positive start helps to get comfortable and gain some confidence, even when it's followed by the tough negative feedback Target to make the whole feedback sharing process positive.
- **Discuss Max 2–3 Issues-** Do not try to discuss everything at once. People don't remember too many points. Usually, after receiving feedback there are topics to think about, so give them this time before discussing other points.
- **Ask Questions-**Not all details may be known or another person might not agree with some remarks. Be willing to admit wrong if necessary. Feedback sharing is a two-way discussion, not a monolog.
- **Discuss an Improvement Plan- It involves gi**ving suggestions about how to help the person develop his strengths and fix the weaknesses. By giving suggestions you show that you do care about the other person. They will appreciate it.
- **Do Not Criticize a Person-** Discuss the actions instead. Mistakes are made from time to time. Do not generalize from the first one, better help them fix it.
- **Relationships Come First- S**hare feedback with some goal in mind. Objective may be to improve performance and communication, fix mistakes or deliver a project faster. Goal can be achieved only when relationships are built first. Do not try to push too hard. Seek first to understand and then help. If building the open and trustful relationship fails, thus there is a great chance of failing to achieve set goals.
- **Recognize Publicly, Criticize Privately-** Public recognition works great. However, public criticism is usually a shame. If done publicly, people will avoid delivering the truth, fearing they will be criticized publicly. Such team is not a psychologically safe environment and would fail most likely. Share negative feedback only privately. Public criticism is bad.

Plans will be made to sensitize the University community from time to time about the COVID -19 pandemic risks, prevention and control measures.

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