

National Action Plan Against Coronavirus (COVID-19)

A REFERENCE MANUAL FOR SETTING UP AND MANAGING A QUARANTINE CENTER

The Role of Governorates, Districts, Unions of Municipalities, Municipalities, and *Mukhtars*

COVID-19



This manual has been developed by the Disaster Risk Management Unit at the Presidency of the Council of Ministers, in coordination with the Ministry of Interior and Municipalities and the Ministry of Public Health, in collaboration with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Order of Nurses, the Social Workers' Syndicate, the United Nations Development Programme (UNDP) in Lebanon, and the Lebanese Red Cross.



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Introduction

The Lebanese government has taken several measures since January 2020 to prevent, prepare for, and respond to the Coronavirus (COVID-19) pandemic. The government has adopted a holistic governmental approach that involves both governmental agencies and society as a whole. This approach is based on a comprehensive strategy to prevent infection, save lives, reduce risks, and ensure an effective response. Governorates and municipalities have developed action plans to prevent and avoid the spread of the virus and to respond to it in the event of an outbreak. These plans included promoting awareness, as well as establishing and training municipal task force teams to intervene, set up hotline number within municipalities, determine local needs, work on tracing suspected and positive cases between people, ensure coordination between all concerned parties, track those who don't reinforce/ implement government circulars and measures, and take necessary steps to significantly contribute to reducing the negative impacts of the health emergency. In a proactive step to avoid the likelihood of increase in Coronavirus (COVID-19) cases, to care for persons with limited resources who are in close contact with infected persons, and to avoid additional burdens on designated hospitals, the Ministry of Interior and Municipalities issued Circular No. 8/2020 requesting that governors and municipalities provide appropriate places suitable for quarantining to isolate suspect and virus-infected persons who are not in need of medical attention.

Based on the above and in line with the measures adopted at the national level, this manual was prepared with the aim of providing all the procedures needed in order to identify, prepare, and manage quarantine centers. The purpose of the manual is to help municipalities and *Mukhtars* (in the absence of municipal councils) in tasks related to monitoring and following up on quarantined cases (both at homes and within centers), ensuring local security, observing hygiene measures, and protecting the local environment through an appropriate management of solid waste generated from tools and medical supplies used to protect against the virus. The municipalities and *Mukhtars* are expected to ensure that measures are taken to protect the most vulnerable populations, including refugees, foreigners, women, children, and people with special needs and disabilities.

The medical and social teams designated at the district or governorate level are responsible of the reinforcement and implementation of medical and psychological procedures.



PART 1: Operational Procedures for Setting up and Managing Quarantine Centers

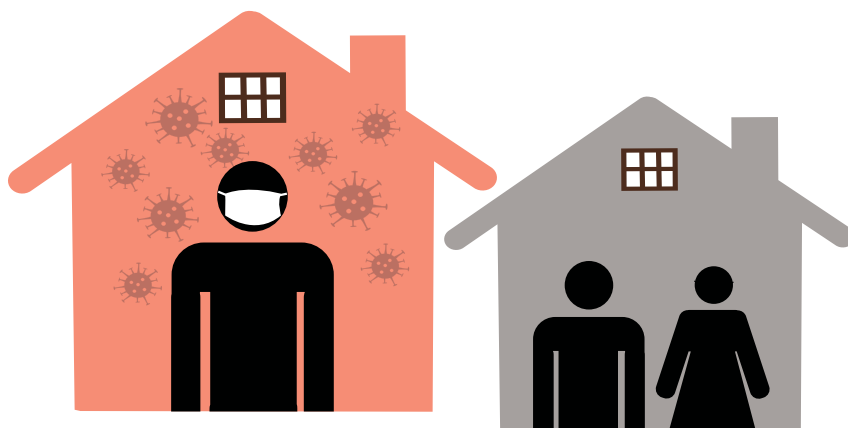
I- Quarantine: Definition

Quarantining is considered a societal responsibility whereby each person is held responsible first and foremost towards his/her family, then towards his/her community, to take all measures to reduce the spread of the disease. This measure has proven effective in many countries that have suffered from health emergencies. The success of China in this context is a great example.

Quarantine: Its purpose is to separate healthy persons who may have been exposed to the virus from the rest of the population in order to observe symptoms and identify cases at an early stage. Quarantine is considered one of the most effective measures to control the spread of Coronavirus (COVID-19), since till this date, there are no vaccines and no medications to treat the pandemic. Therefore, quarantining is the best available measure to protect people at risk of being infected. Quarantine is usually adopted in cases of an infectious disease outbreak. Persons at risk of infection are required either to stay home or move to another location where the quarantine requirements are met. This measure is intended to prevent the disease from spreading to a wider community. Persons in quarantine are subject to monitoring of symptoms that might appear, such as high fever, and to inform health authorities in case they develop any symptoms. The duration of the quarantine is usually determined based on the incubation period of the disease.

Quarantine also needs to be applied to patients who have been diagnosed with the infectious disease (confirmed positive cases). These patients are isolated from other healthy people in order to prevent any contamination or the spread of the disease. The WHO recommends isolating laboratory-confirmed cases showing clear symptoms in private medical centers or at home, long as the requirements are met (the isolated person must have his/her own room, caregivers must take certain precautions to deal with the case, such as wearing protective clothing, etc.). Isolation lasts for at least 14 days until the results of two PCR tests performed within 48 hours are negative. Quarantine procedures must also be applied to persons who have been in contact with the infected person, and measures apply starting the last time the concerned person was in contact with an infected patient until two separate tests performed within 24 hours show negative results.

! Additional measures must be adopted in quarantine for children and adults who, in normal circumstances, need special attention from caregivers. These groups include the elderly, persons with extreme cases of disability, persons with serious medical conditions, and persons who are at a higher risk of severe illness.



II - Case Definition:

Suspected Case:

a) A patient with acute respiratory problems (fever and at least one symptom of respiratory disease) and with a history of travel or residence in a country/area reporting local or community transmission during the 14 days prior to symptom onset.

OR

b) A patient with acute respiratory infection (fever and at least one symptom of respiratory disease) and has been in close contact with a confirmed or probable Coronavirus (COVID-19) case in the last 14 days prior to symptom onset.

OR

c) A patient with acute respiratory infection (fever and at least one of the symptoms of respiratory disease), requiring hospitalization and with no other causes that fully explain the health conditions

Probable case:

A suspected case for whom testing for Coronavirus (COVID-19) is inconclusive or for whom the test could not be performed regardless the reason.

Confirmed case:

A person with laboratory confirmation of Coronavirus (COVID-19), irrespective of clinical signs and symptoms.

Close Contact:

A close contact is a person who has been in contact with an infected person in any of the situations mentioned below during the incubation period of the disease, a period that ranges between two days before and 14 days after the onset of symptoms:

- Direct face-to-face contact with a Coronavirus (COVID-19) patient within a distance of one meter or less for a period of more than 15 minutes.
- Providing care to patients suffering from Coronavirus (COVID-19) without using Personal Protective Equipment.
- Staying in a close proximity environment with a Coronavirus (COVID-19) patient (including sharing a workplace, classroom, or home, or being in the same gathering place) for any period of time.
- Traveling in close proximity to a Coronavirus (COVID-19) patient (i.e. within one meter) in any type of transport vehicle.
- In addition to other cases, as explained in the local risk assessments.

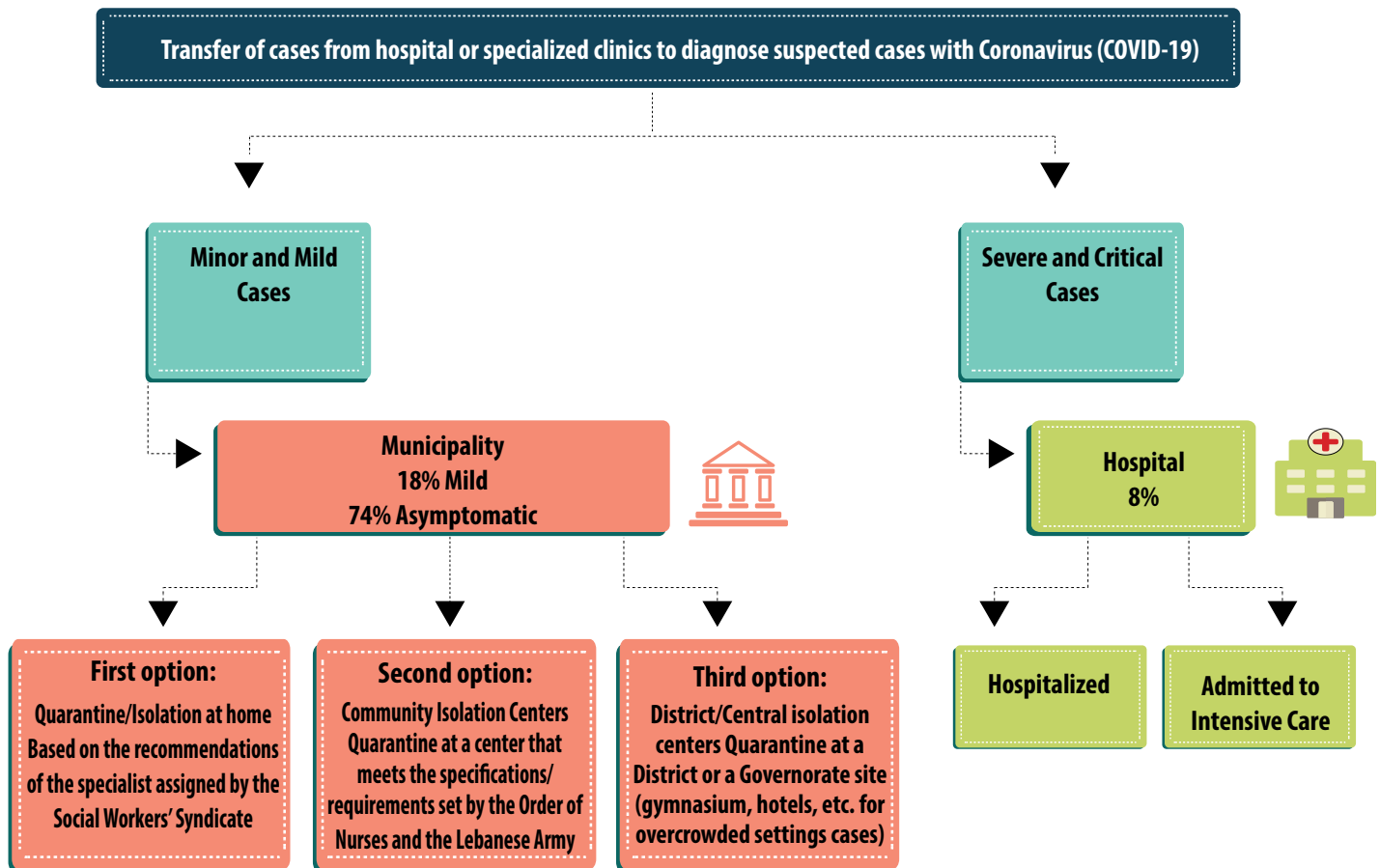


Unity of family

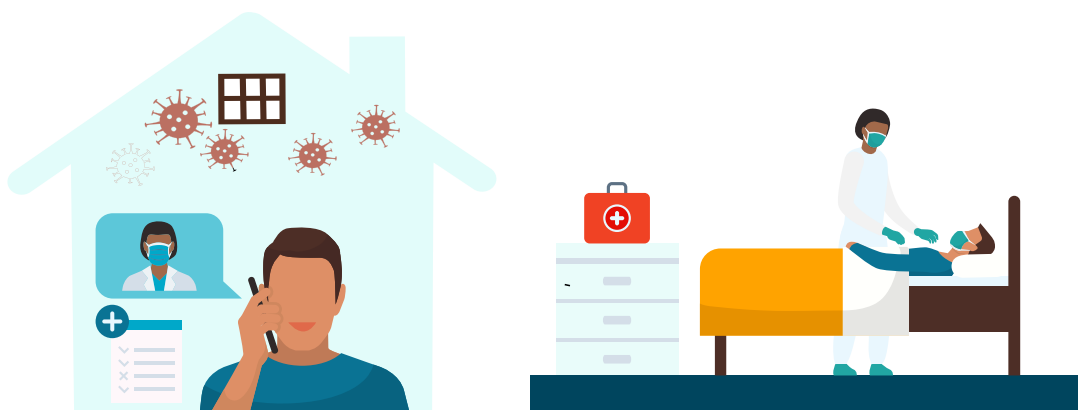
Keeping the family together during quarantine is of absolute importance, as children under the age of 18 should not be separated from their parents/caregivers at any time during quarantine or hospitalization unless healthcare professionals decide otherwise for critical health considerations. This decision must be based on principles of the best interest for children. It is important to respect the continuity of care and for the child who needs care to be quarantined with his/her caregiver during the whole quarantine period whenever possible. This step is especially important to reduce the risk of abuse during quarantine or hospitalization. The same applies to adults who, in normal circumstances, need special care (see detailed instructions in section 8)

III - Municipal Process for Isolation Referral and Case Management within Local Communities

To inquire about cases within the community, the municipality should exclusively seek the advice of the caza physician designated by the Ministry of Public Health, whether this involves a Lebanese or a non-Lebanese resident.



Based on the Ministry of Public Health data – Lebanon (April 2020)



IV- Type of Options for the Implementation of Quarantine Isolation

There are three types of quarantine that can be adopted by the governors, municipalities, and *Mukhtars* who have a large role to play in any option to be adopted. In each municipality or town, a small task force, entitled “crisis cell” was established, pursuant to the circular issued by the Minister of Interior and Municipalities. The cell includes members representing the municipal council, the *Mukhtars*, civil society and scouting associations, medical associations, and other locally active civil society representatives. The purpose of the crisis cell is to assess the available human resources and volunteers, in addition to the available technical, logistical, and material resources that can contribute to effectively accomplishing the desired tasks (review the Minister of Interior Circular No. 8/2020 addressed to the governors). The crisis cell must also ensure health safety and security of workers, volunteers, and all human resources, including the cleaning personnel.



It is worth noting that cases subject to quarantine at home, or at community centers or central level are all minor and mild cases that do not require treatment /referral to a hospital. The severity of each case and the type of quarantine are determined exclusively by the competent health authorities and according to the World Health Organization and the Ministry of Public Health guidelines.

First Option: Home Quarantine

WHO and UNICEF encourage quarantine at home when the following logistical and material requirements are available: water and sanitation, and the possibility of social distancing at home. Moreover, the psychological and physical readiness of the patient and his/her family are taken into consideration for the following reasons:

- (1) importance of receiving care by a close person
- (2) tighter restriction regarding capacity to not get into contact with others
- (3) family and community support
- (4) staying close to children or parents
- (5) better personal hygiene
- (6) reduced pressure on hospitals, medical staff, etc. Which allows for , extra attention to be given to hospitalized people suffering from severe or extreme cases
- (7) limited possibility of being abused or neglected.

Second Option: Community Centers

Community quarantine centers are open to a limited number of persons whose home specifications do not meet the health standards set by the World Health Organization. Staying at home for those persons may worsen their health condition and expose the rest of their family to the risk of being infected. There are many types of community isolation centers that can be used in such situations, including health centers, sea and mountain chalets, sports clubs, and other facilities. Schools remain a last resort option if all available alternatives are exhausted within the municipal community since the continuity of educational services must not be affected or delayed once this pandemic comes to an end. Once municipalities and governors identify potential community isolation / quarantine centers, these centers are inspected and designated/approved based on the recommendations of the National Committee to Follow up on the Preventive Measures and Procedures to Counter the Novel Coronavirus (COVID-19) , The inspection includes a representative of: the order of nurses, a Lebanese army medical doctor Lebanese Army engineer and an officer from the office of Secretary-General of the Supreme Council of Defense.

Third Option: Collective Isolation Sites

The third option is intended for overcrowded settings and big cities, where sites are prepared to admit large numbers of patients, whether at the district or the governorate level. These sites could be sports complexes, hotels, district or governorate centers, or large institutions. Municipalities follow the same specific steps that apply to identifying, operating, and managing community centers. Field inspection of these centers and their selection are done based on recommendations of the National Committee to Follow up on the Preventive Measures and Procedures to Counter the Novel Coronavirus (COVID-19), which includes a representative of the order of nurses, a Lebanese army medical doctor, a Lebanese Army engineer and an officer from the office Secretary-General of the Supreme Council of Defense.

Whenever a case is identified among a non-Lebanese residing in camps or collective shelters, reference should be made to the UNHCR's standard operating procedures for quarantine in overcrowded settings. <https://data2.unhcr.org/en/documents/details/75198>

V- The Role of Governors, Qaimmaqams, Unions of Municipalities, Municipalities, and Mukhtars

During the preparation and logistics stage:

- The governors, the Qaimmaqams, the Unions of Municipalities, the municipalities, and the *Mukhtars*: must follow-up on the procedures and measures stipulated by the Ministry of Public Health.
- Municipalities, Unions of Municipalities, *Mukhtars*: must identify one center or several community centers that can be used as community quarantine centers/sites, provided they are located on public properties, and must fill out the form pursuant to Annex 1: Questionnaire to identify the adequacy of places to be considered as "Quarantine centers" to quarantine people who were in contact and/or have mild symptoms of Coronavirus (COVID-19). They must also fill out Annex 2: Criteria for Selection of a Community/collective Quarantine Center. In the event that no public property is available for this purpose, and the municipality decides to use a private property (for example, uninhabited homes), the municipality must obtain the written consent of the owner of the property, otherwise, the municipality would be liable to prosecution.
- The governors, the Qaimmaqams, the Unions of Municipalities, the municipalities, and the *Mukhtars*: besides identifying potential community quarantine centers/sites, prepare a list that includes all the community centers/sites suggested by civil society associations, sports and social clubs, and people. The centers or sites must be located within the municipality geographical scope. Prepare a detailed list of these centers and their type (hotels, houses, etc.), their capacity (number of rooms), and the name and the phone number of the contact person. Send all these data to the governorate, pursuant to Circular No. 8 of the Ministry of Interior and Municipalities.
- The Qaimmaqams, Unions of Municipalities, the municipalities, and the *Mukhtars*: keep the governorate up to date and send all data and forms to the governor.
- The governor: Send the list of potential centers to the Ministry of Interior and Municipalities and to the National Committee.
- The Qaimmaqams, the Unions of Municipalities, the municipalities, and the *Mukhtars*: facilitate the tasks of the assigned field team to inspect the identified centers and assess their readiness and compliance with the specifications of the Ministry of Public Health.
- The Qaimmaqams, the Unions of Municipalities, the municipalities, and the *Mukhtars*: if the specifications are met, oversee upgrading and equipping the center and its operations. In case of existing additional requirements, measures should be taken to meet the requirements, so the isolation centers becomes functional for operation and usage .
- The Unions of Municipalities, the municipalities, and the *Mukhtars*: set up a follow-up committee for the management of the center that oversees the following: the medical condition of the patients, necessary supplies (water, electricity, etc.), security, food, and hygiene.
- The Unions of Municipalities: in case there are no centers that meet the required specifications in some municipalities or villages then the Unions of Municipalities or the District centers must provide central sites capable of separately hosting infected patients and the people in immediate contact with them coming from several villages, provided that approval from the Order of Nurses to establish such sites is received beforehand.
- The municipality will maintain continuous contact with the Ministry of Public Health (the National Mental Health Programme) as a link between the center and the national system put in place to provide mental health support for people in quarantine centers.
- The Unions of Municipalities, the municipalities, and the *Mukhtars*: the municipality or town can decide to contract a local doctor, or doctors, who would coordinate with the caza physician in following up on cases, whether of infected patients or suspected cases those who have been on contact with positive cases. In this case, the doctor/doctors (general practitioner or pulmonologist) will provide follow up care for quarantined patients on a daily basis and collect data pursuant to Annex 8: Form for the Profile of Persons in Quarantine and the Follow-up Procedures as per the Ministry of Public Health database requirements (COVID-19 PHENICS).
- The Unions of Municipalities, the municipalities, and the *Mukhtars*: in case there are no local doctors, the municipalities and the *Mukhtars* should inform the governor immediately so alternative measures can be taken to ensure on-site follow-ups. The District or the authorized centers will assign a doctor to follow up on Coronavirus (COVID-19) cases. If no doctors from outside the town or the Unions of Municipalities can be assigned, then the quarantine center will be closed as it would be very risky to keep it open in the absence of medical providers.
- The governors, the Qaimmaqams, the Unions of Municipalities, the municipalities, and the *Mukhtars*: in the event a quarantine center cannot be equipped and managed in each municipality, an arrangement should be made to equip a center within the Unions of Municipalities or the District. Municipalities and the Unions of Municipalities benefiting from this arrangement must contribute to the expenses. They can also ask civil society organizations, international organizations, and local dignitaries in the area to contribute so they can keep on providing services (operation teams, medical supplies, meals, operational requirements, and other necessities). Coordination with the governorate is required in order to ensure the proper distribution of resources and ensure that all municipalities receive equal assistance and have their needs met.

Containment Phase

Once a suspected or confirmed Coronavirus (COVID-19) case is reported within a municipality

Steps	Instruments
Administrative Procedures	
- The municipality should call the Social Workers' Syndicate so they can evaluate, over the phone, the patient's home condition.	- List of specialists in social work. Annex 3: Residential Environment Assessment Form
- The patient's family is instructed about the settings for home isolation quarantine	- Annex 2: Criteria for Selection of a Community/collective Quarantine Center
- If quarantine requirements are not met, the infected person will be referred to a community isolation center /site.	- Review the definition of Options 2 and 3
- Make sure the patient fills out the form in which s/he pledges to stay in isolation throughout the period specified by the competent health authorities. The municipality keeps a copy of the commitment pledge throughout the quarantine period.	- Annex 6: Guidelines for Completing the Patient Pledge Form Regarding the Quarantine
- Instruct the patient's family and the municipal action team about the importance of adhering to the procedures for dealing with a patient placed in quarantine.	- Annex 9: Guidelines for Dealing with Persons Quarantined at Home, or in Community or Central/collective Centers
	- Submit weekly reports to the governor through the Qaimmaqams.
Medical Follow-up Procedures	
- Coordinate with the medical staff at the quarantine center and in town to follow up on the patients' health status.	
- Make sure home quarantine is implemented according to requirements.	
- In the event that the municipality assigns a local doctor or a registered nurse to follow up on infected people and contacts, a regular follow up in the isolation quarantine is required, as well as data collection of status of patient. An on-call physician must be available at all times to respond to emergency cases.	- Annex 8: Form for the Profile of Persons in Quarantine and the Follow-up Procedures
- In case there are no local doctors, the municipalities, and the <i>Mukhtars</i> should inform the governor immediately so alternative measures can be taken to insure on-site follow-ups. The District or the authorized centers will assign a doctor to follow up on Coronavirus (COVID-19) cases.	
- Ensure that the medical staff at the quarantine centers coordinates with the Ministry of Public Health, the caza physician, and other centers designated by the Ministry to follow up on Coronavirus (COVID-19) cases.	
- Ensure coordination with the National Mental Health Programme at the Ministry of Public Health to ensure psychological support for people in quarantine.	
Psychological and social follow-up procedures	
- Coordination with the National Mental Health Programme at the Ministry of Public Health to provide psychological support through the programme and its partners. The support is based on the national system available for psychological support to people in quarantine.	- The regulations established by the Ministry of Public Health and the World Health Organization to follow up on people in quarantine in terms of mental health. - A list of specialized associations by Lebanese regions
- Commitment to respect the patient's privacy and to prevent any kind of bullying, stigma or abuse that may affect him/her or his/her family. Respecting the patient's rights regarding the publication and exchange of information about him/her or his/her family members.	- Governor and municipality circulars - Annex 10: Prevention from Exploitation and Abuse to Coronavirus (COVID-19) Patients and their Families; and Annex 11: Guidance on Limiting Bullying

Steps	Instruments
- The social worker will fill out a form that assesses the family needs and another form to assess the needs of the elderly.	- Annex 4: Assessment of the Household's Socioeconomic and Financial Needs
- The social worker will call the family in isolation and ensure they are following the instructions.	- Annex 5: Guidelines for Home Quarantine
- Periodic monitoring to ensure the patient adheres to the requirements of home quarantine. In the event s/he does not comply with the requirements and is not respecting the signed pledge, s/he is subject to the legal provisions in force.	- Annex 6: Guidelines for Completing the Patient Pledge Form Regarding the Quarantine
Special Measures	
- In case the patient is the head of the household or provides for the needs of his/her family, the socio-economic status of the family must therefore be assessed, and the concerned governorate, as well as the Ministry of Social Affairs, must be informed of the results of the assessment.	- Annex 3: Residential Environment Assessment Form; and Annex 4: Assessment of the Household's Socioeconomic and Financial Needs
- Children and persons with disabilities, whose infection was confirmed by laboratory tests: it is important that they continue to receive care. Pursuant to national guidelines, they must be quarantined with their caregivers/parents throughout the quarantine period.	
- If the person in quarantine is someone who has recently arrived from abroad (following repatriation), s/he is subject to the same assessment applied to residents.	
- If the patient is not Lebanese, and residing in the town, and not in camps/informal settlements, s/he must be referred to the nearest quarantine center, designated by international organizations and available in several Lebanese regions.	
Procedures for the management of waste generated from tools and supplies used to protect against the virus.	
- Follow the instructions and directives of the Ministry of Environment	<div>- Follow the Ministry of Environment instructions.</div> <div>A list of the associations and institutions that deal with the collection and treatment of waste generated from infected persons and waste generated from items used in the protection against the virus.</div>
- Do not mix medical waste (masks, gloves, or contaminated items) with other waste	
- Municipalities to gather medical waste in one place, away from water sources. Municipalities must coordinate with the governorate and the Ministry of Environment so that medical waste can be adequately treated.	
- Follow the waste management procedures developed specifically for quarantine centers and instruct heads of households about these waste disposal procedures.	
- Dumping waste contaminated with Coronavirus (COVID-19) into random dumpsites is forbidden. Designate one place for collecting this type of waste.	
- Allocating a unified color for waste bags designated to collect waste generated from personal protective equipment and other tools used for the protection against the virus at the community level.	
- Set a specific time to collect waste generated from items used in the protection against the virus at the community level.	
Procedures to be followed at quarantine community centers/sites	
- Provide surveillance/security for the centers in order to ensure the safety and security of the patients and prevent them from leaving the center or receiving visitors throughout the quarantine period.	- Review the second part of the guide related to the isolation center management and staff.

VI- Patient Referral Procedure Based on Case Severity and Type of Quarantine

In order to benefit as much as possible from available resources; ensure the poorest segments of the population receive appropriate healthcare services, and to avoid any form of discrimination on the basis of social class: the type and place of quarantine is determined according to set a methodologies and standards.

Home Quarantine Measures	Standards for Center/Site Quarantine instead of Home Quarantine apply in the following cases
<ul style="list-style-type: none"> - The infected person can remain autonomous while taking care of himself/herself. <p>Children and persons with special needs may not have sufficient autonomy to quarantine alone at home. In this case, special protection measures, mentioned in section 8, should be implemented.</p> <ul style="list-style-type: none"> - Patient feels more comfortable at home and therefore more committed to observing the quarantine - Patient must not suffer from any chronic disease - Patient pledge in writing to comply with the requirements of voluntary quarantine - Patient understands very well the meaning of voluntary quarantine and the applicable requirements - Presence of an adult at home who is able to take care of him/her and provide necessary care - Patient is physically capable of cleaning, organizing, and disinfecting his/her room on his/her own - Patient lives in a house that allows him/her to respect the requirements of quarantine is specific: has his/her own room, a well-ventilated and well-lit room, in addition to his/her own bathroom and being able to disinfect the toilet after each use - The family is able to provide protection standards 	<ul style="list-style-type: none"> - If an elderly person, a pregnant woman, a patient suffering from a chronic disease, or an immune-deficient patient live in the same household - The household does not meet conditions for quarantine - The patient lives with a family of five members or more - Children live in homes unfit for quarantine; In this case, children must be quarantined at the center with a parent/caregiver. - Pledges in writing to comply with the requirements of voluntary quarantine must be signed - If protection standards are not met at home
<p>- Aggravation of symptoms require immediate transfer to the hospital, upon recommendation of the attending physician at home or at the quarantine center</p> <p>- People 60-years-old and older may suffer from chronic diseases, such as heart diseases, respiratory diseases, immune deficiency, etc. Therefore, they need special care and should be quarantined at a hospital and not in a center.</p>	
<p>When the center acknowledges the death of a patient who was referred to a hospital following a deterioration of his/her condition, the center will be in charge of following up with the family of the deceased regarding the measures that must be adopted in accordance with Memorandum No. 61 issued by the Ministry of Public Health - Annex 16: Ministry of Public Health Guidelines for Wrapping and Transporting Dead Bodies, Suspected or Confirmed to be Infected with the Novel Coronavirus (COVID-19).</p>	
<p>Persons with disabilities must receive special care from the municipalities and the management of the quarantine center. A special annex will be issued to explain in detail how to deal with and handle people with disabilities (whether the disability is a physical condition, vision impairment, hearing impairment, etc.). Until the instructions become available, municipalities are requested to respect the following basic conditions:</p> <ul style="list-style-type: none"> - At least 2% of the centers must be well equipped, or at least one center if the total number of centers does not exceed 100 to accommodate people with disabilities. - At least one room should be equipped, in terms of spatial environment, to receive physically disabled people (using a wheelchair, crutches, prostheses, etc.) - Persons with disabilities are quarantined with a caregiver, (provided that the room is spacious enough to comfortably accommodate two people: two beds one for each of the patient and the caregiver). - Internet must be provided for patients with hearing impairment, so they can communicate with people/institutions in charge of their needs. - Staff should be trained on how to provide support to people with disabilities (mobility problems or problems related to vision, hearing, or mental problems). Staff should also be trained on how to protect those people from any bullying, or emotional and physical abuse (the concept of diversity, integration, etc.) 	

VII- Patient and Family Protection from Bullying

The municipality, in coordination with the associations/NGO's operating within its community and the Social Worker's Syndicate, must take concrete steps to reduce bullying and discrimination against families of patients at quarantine centers, including: overseeing the initiatives of groups of volunteers active within the community, preparing and/or distributing various awareness-raising leaflets from reliable sources, and sending messages to the residents of the town, whether through WhatsApp groups once a week or through local TVs available in some towns. Initiatives also include spreading awareness and emphasizing the need to respect the privacy of people and families by sending messages to the residents and monitoring any problem that may arise by enhancing cooperation with municipalities and reporting bullying cases for adequate action.

VIII- Children and Women Protection from Gender-Based Violence throughout the Quarantine Period

The community centers and sites designated as quarantine facilities should implement the following measures to ensure children and women are protected against the risks of violence and gender-based violence. Special protection should be given to infants, nursing mothers, children, and women with special needs:

Inside the center: rooms and bathrooms	<ul style="list-style-type: none"> - Provide separate rooms with a private bathroom for each patient, specifically separate rooms for women, men, and children - Unless there is no other option but to use shared bathrooms, women's and men's bathrooms should be separated. - Provide rooms for families to ensure children are not separated from their parents during the quarantine period. - Provide a room with an air conditioner for people with physical disabilities, an unobstructed entrance, a wide enough entrance (85 cm), a bathroom with a door that opens outwards, a bathroom equipped with handles, a shower equipped with a seat as well as handles, a shower handle, and a lever. - Strengthen preventive measures for children and ensure that the rooms are free from hazards such as low windows, sharp objects, broken electrical wires. Make sure all cleaning and disinfection products must be out of the reach of children.
Center Staff	<ul style="list-style-type: none"> - Women workers performing the following tasks - healthcare, cleaning, food distribution, and other services - must serve only women, children, and people with special needs - In case children are not accompanied by a caregiver/parent, a sufficient number of child wards must be available to support them (two per 10 children). - Male and female workers must receive training pertaining to child protection children from violence and the protection of women from gender-based violence, including ways to protect all patients from sexual exploitation. In case the municipality cannot provide such training, it is recommended to contact the Ministry of Social Affairs and the organizations active in this field.
Psychological and social support	<ul style="list-style-type: none"> - Ensure compliance with actions listed as national regulations and requirements developed by the Ministry of Public Health and the World Health Organization regarding following up on people in quarantine and guarantee that they receive adequate mental health services. If needed, contact specialized support through the national system put in place offering psychological support for people in quarantine. - Maintain regular activities for children in quarantine in cooperation with the family member, the social worker, or the psychotherapist (if available). - Ensure that women and children receive psychological and social support services when needed. - Children must stay in touch with their families and friends through secured means of communication. - Children must have access to toys in the room or in the center (Washable toys that can be disinfected are recommended). - Clean and disinfect any item or toy before it is used again by another patient. - Restrict the sharing of personal items (mobility aids, books, and electronic gadgets) with other patients.
Reporting Violence	<ul style="list-style-type: none"> - Make sure children and women have access to the phone numbers of the authorities that monitor cases of violence against children and gender-based violence. - Refer children or women vulnerable to gender-based violence to the adequate entities.

Special measures if children need to be separated from parents and for nursing mothers

Preserving the family unity is very important, and children under the age of 18 should not be separated from their parents/caregivers at any time during quarantine or hospitalization unless healthcare providers decide otherwise due to critical health considerations. This decision takes into account, first and foremost, the best interest of the child. If one family member becomes sick, and the child or the parents' health condition requires separation, then separation cannot be avoided during this period. The following cases also apply to persons with disabilities.

Case 1: If the child cannot be quarantined with the parents (the parents are in a critical condition at the hospital, the child tested positive for the novel Coronavirus (COVID-19), while the parents tested negative but they are vulnerable to complications if they get infected) or if the parents are not with their child in Lebanon.

- Parents should appoint a caregiver that the child can trust, preferably a member of the extended family willing to care for him/her during the quarantine period.
- In case the parents are unable to appoint a caregiver, the municipality should contact the Social Workers' Syndicate to request support in the appointment of a caregiver for the child during this period.

Case 2: If the parents need to be quarantined or hospitalized and have other children who are not infected

- Parents should choose another caregiver from their extended family, or a trusted person close to the child. The chosen caregiver must realize that s/he will not be able to see his/her other children for the whole duration of the quarantine.
- In case parents are unable to appoint another caregiver from their extended family to look after the children, an alternative choice would be a person trusted by the child. This person could be a relative or a neighbor. However, the municipality must monitor the basic child protection standards and gender differences (violence, harassment).
- In case these solutions are not available, the municipality will contact the Social Workers' Syndicate to request support in the appointment of a caregiver for the child during this period.

Case 3: Breastfeeding mothers

- To this date, the WHO recommends that Coronavirus (COVID-19)-positive mothers keep on breastfeeding their infants, but these procedures may change, so please refer to the latest WHO and UNICEF guidelines in this regard.
- The mother must: wear a mask when coming close to the infant (including during breastfeeding), wash her hands before and after touching the infant (including before and after breastfeeding), clean/disinfect touched surfaces and take all the preventive measures that an infected person must follow while interacting with others.
- If the mother is very ill but is not taking medication that might harm the infant, then she is encouraged to pump milk, whenever possible, and give it to the infant in a clean cup/or spoon, while following the same precautionary measures against infection.
- If the mother is very ill and taking medication that may harm the infant, she is encouraged to pump the milk and dispose of it, then resume breastfeeding after completing the course of the medication and only if instructed by the doctor.

The extended family consists of family members outside the nuclear family including grandparents, aunts, and uncles who live near each other or in the same house.

PART 2: Municipality Guide for the Management of Isolation Quarantine Centers – Staff or Human Resources Management (Terms of Reference – TORs)

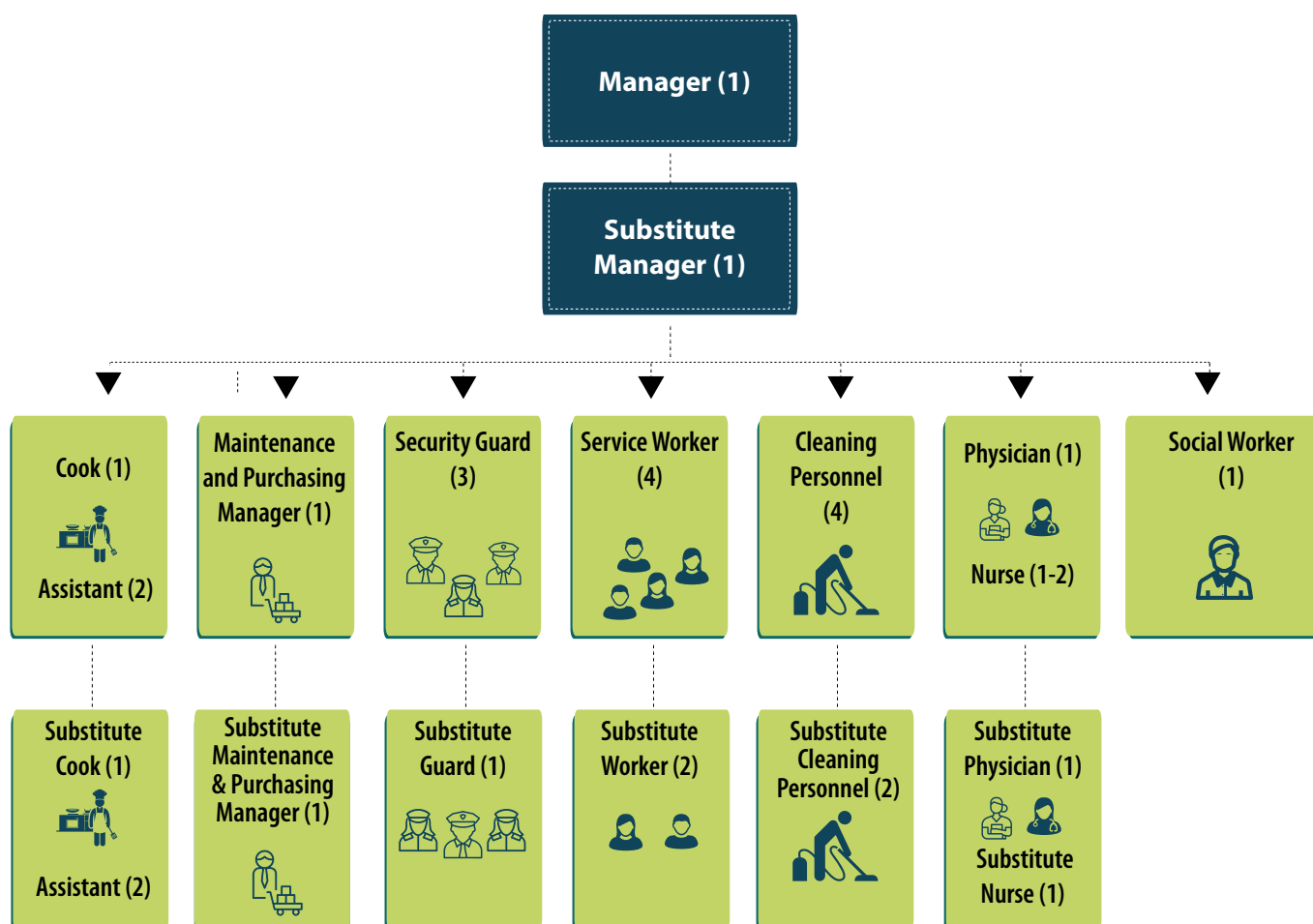
The staff:

The purpose of this section is to help municipalities and Unions of Municipalities in selecting the staff responsible for the management of the quarantine centers. The content of the guide is intended for the management of centers that include 20 to 50 single rooms that can accommodate 20 to 50 patients. The staff may increase or decrease depending on the number of floors and rooms available in each quarantine center.

The task of the municipality is mainly to supervise the quarantine center, whether it is directly managed by the municipality itself or via partnerships between the municipality and civil society organizations or local and international partners.

The Staff Managing the Center

20 to 50 rooms



I- Director of the Center

The criteria for selecting the manager and the quarantine center staff are based on the standards set by the municipality or on the partnership agreements between the municipality or the Union of Municipality referred to above.

In case the center is managed in full by a local or international association or a private company, these entities should respect the following:

- All centers are subject to the control and surveillance of the municipality. The requirements are set by the ministerial committee in charge of the Coronavirus (COVID-19) response, the committee in charge of following up on the implementation of these procedures, the Ministry of Interior and Municipalities, the Ministry of Public Health, in addition to the decisions of the governors all of which should not be violated. Any violation will be subject to prosecution under the general penal laws, particularly those related to neglecting or risking the spread of the virus.
- The municipality or Union of Municipalities should be provided with the names and addresses of the manager and the staff.
- A weekly progress report should be submitted to the mayor that includes any issues and challenges the center is facing. The municipality or the Union of Municipalities are expected to submit these reports to the Governor within 24 hours from the date of receiving it.

The Disaster Risk Management Committee in each governorate, in coordination with the Lebanese Red Cross, international organizations, and civil society associations, must put in place and implement relative training related to the implementations of the procedures set within this guidebook.

Number of Managers:

- One main manager
- One substitute manager
- If the main manager becomes infected with Coronavirus (COVID-19), the substitute manager takes over and is in charge of all duties. Hence, it is important to keep the substitute manager up-to-date with the overall situation at the center and the difficulties facing the team as a whole, and the manager specifically.



Qualifications:

The main and substitute managers must have the following qualifications:

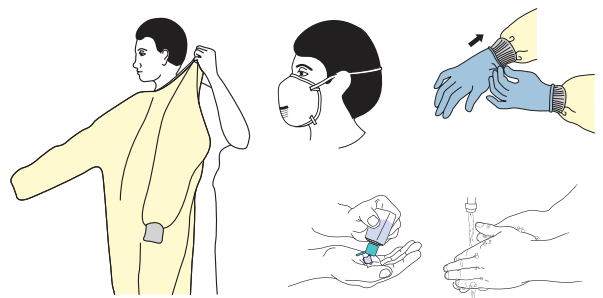
- Must be in good health and not suffering from any chronic diseases that make him/her vulnerable to infection with Coronavirus (COVID-19) (must provide the municipality with a medical certificate from a general practitioner).
- Must be between 30 and 50-years-old.
- Must be qualified to manage a team with multiple tasks.
- Must be able to handle the stress of managing the center for long hours
- Must be able to communicate with the patients, their families, the work team, the municipality, the local community, and other parties either at the local or the governorate level.
- Must have the ability to solve disputes, whether involving patients and their families or the work team, given the fact that the type of work related to the quarantine center and Coronavirus (COVID-19) puts huge psychological pressure on persons.
- Must have received a training on the rules of social service behavior through one of the civil society organizations active in the social field. In case s/he has not received any such training before, s/he should be trained before taking up his/her duties.
- The concerned municipality should ensure that the potential manager has never been found guilty of a felony or moral misdemeanor.

Manager duties:

- Sign a commitment to respect the general policy of the quarantine center designated by the Ministry of Public Health.
- Ensure that patients referred to the center meet the referral conditions.
- Prepare a file for each patient that includes data about his/her health condition upon entering the quarantine and a daily follow-up sheet prepared by the medical team (doctor, nurses, psychologist).
- Ensure that medical and food supplies and psychological follow-up care are available on a daily basis to all patients without discrimination.
- Ensure the safety of the patients in terms of securing all medical and non-medical services on a daily basis and ensure the staff is accomplishing assigned tasks.
- Supervise periodic maintenance of the center, with particular attention to disinfection. Make sure good ventilation is provided for the rooms, corridors, and other shared areas. Make sure all waste generated by patients is disposed of properly.
- Submit periodic reports to the municipality, the governorate, and the Ministry of Public Health. The reports must include the updated health status of the patients in quarantine, recovery assessments, and health deterioration (if applicable).
- Submit reports to the municipality regarding food supply and non-medical supplies needs that must be procured.
- Monitor the performance of the staff in terms of working hours, quality of services provided, behavior towards patients, adherence to prevention and protection measures, and compliance with the center policies.

Personal protective equipment to be provided for the manager and his/her substitute:

- Washable protective gowns
- Surgical face masks
- Gloves
- N95 or FFP2 respirators
- 60% alcohol disinfectant
- Soaps, disinfectant supplies



The municipality's responsibility towards the manager:

- Conduct a medical check-up by a specialist for the security guard and his/her substitute to make sure they do not have any symptoms and have tested negative in the PCR test for Coronavirus (COVID-19).
- Train managers on the use of personal protective equipment and protective measures.
- Provide an office for the operations department at the quarantine center. The office must be equipped with a lockable cabinet to safeguard the privacy and confidentiality of the medical records.
- Provide a room where the manager can stay if needed.
- Provide a phone to maintain communication and follow up of cases with the municipality and the medical team.
- Provide three meals a day.
- Follow up on reports submitted by the manager and refer them to the competent authorities once received.
- Provide a hotline service.
- Provide a hotline inside the center and at the entrance so any patient or family member can call and file a complaint against any manager violating the rules of the center, or the code of conduct (actual abuse or attempted abuse of a vulnerable person)



II- Security Guards

Number of Guards:

- Two teams of guards should be appointed, provided that each team has at least one municipal policeman, in charge of informing the mayor of any violation, and responsible for ensuring the required procedures are implemented according to the decisions of the Municipal Council.
- Three main guards (if possible).
- Three substitute guards (stand-by team). In case one main guard is infected with the virus, the entire team will be quarantined and replaced with a substitute team.

Qualifications of Security Guards:

- In good health and free from any chronic disease, to reduce the likelihood of getting infected (the municipality must be provided with a medical certificate from a general medical practitioner).
- Between 18 and 45 years old.
- The guard can be a member of the municipal police, a local volunteer, or a current or former employee at a security company (hotel, company, or other kinds of institutions).
- In case the potential guard is a member of the municipal police, s/he must have received training on the rules of conduct as defined in the "Code for Municipal Police Members" issued by the Ministry of Interior and Municipalities in 2019. If this is not the case, then s/he must receive a training.
- If s/he is a volunteer from the town, s/he must undergo training by the municipal police on the conditions, tasks, and behaviors of the guard and must then sign the code of conduct.
- At least one female member must be included in the guarding team to deal with female patients.
- The municipality must make sure the potential guard has not previously been found guilty of any felony or moral misdemeanor.

Duties of Security Guards:

- Sign a commitment to respect the general policy of the community isolation center designated by the Ministry of Public Health.
- Provide security guard services 24 hours a day.
- Work 8 hours according to a rotating shift schedule. The rotating shift schedule consists of three shifts: 5:00 AM to 1:00 PM - 1:00 PM to 9:00 PM - and 9:00 PM to 5:00 AM.
- Verify the entrances and exits every day, including entrances designated for supplies and workers (make sure they have locks and no doors are broken).
- Make sure that positive tested patients are entering and exiting from only one entrance
- Maintain a registration logbook for people coming in or leaving the center. Include their name, their relationship to the patients, the purpose of the visit, the date, and the time.
- Check the temperature of everyone entering the center and note it on the register.
- Allow entry only to those who have written permission or were asked by the manager to perform a specific job.
- Refuse the discharge of any patient who recovered from the virus, unless provided by a written permission signed by the manager.

- Refrain from, under any circumstances, entering the center, especially to the floors and/or to patient rooms; otherwise, the guard will be subject to legal prosecution.
- Do not authorize families, relatives, and friends to visit the patient under any circumstances and throughout the quarantine period unless determined by the competent health authorities.
- Inform the center immediately of any possible symptoms suggestive of Coronavirus (COVID-19)
- At the end of every shift, disinfect all surfaces (table, chairs, etc.) and tools used before next shifts assume their shift.

Supplies that must be provided for the protection of guards:

- Washable protective gowns
- Medical face masks, gloves
- Thermometer
- Disinfectants for tables, chairs, doorknobs, etc.
- Logbook to register ins and outs of people entering and leaving the center

The municipality's responsibility towards the security guard:

- Conduct a medical check-up by a specialist for the security guard and his/her substitute to make sure they do not have any symptoms and have tested negative in the PCR test for Coronavirus (COVID-19).
- Train the guard on adequate usage of personal protection equipment and protective measures. Training to include dealing with the quarantined persons and educating the guard on the importance of respecting the code of conduct in the event a patient insists on leaving the center.
- Provide a room with a bathroom, which allows each team member to rest and sleep.
- Provide two meals and drinking water for each guard during his/her shift.
- Check the logbook every day, verify the content, and sign the page related to the date of the tasks.
- Provide a hotline within reach, so guards can call to ask for help if needed.
- Provide a hotline inside the center and at the entrance so any patient or family member can call and file a complaint against any guard violating the rules of the center, or the code of conduct (actual abuse or attempted abuse of a vulnerable person).
- Respond immediately to any call for assistance from any guard.
- The municipality must follow up on the performance of the guard and take measures against any violation of the codes of conduct.



III- Room Service staff

Number of workers:

- Ensure two room service teams each composed of two workers (a male and a female).
- Four main male/female workers.
- Two substitute workers in case a main worker of a room service team is infected with the virus, the entire team will be quarantined and replaced with a substitute team.

Qualifications of workers:

- In good health and free from any chronic disease, to reduce the likelihood of getting infected (the municipality must be provided with a medical certificate from a general medical practitioner).
- Between 18 and 45 years old.
- Room Service workers can be independent contractors with the municipality, local volunteers, current or former workers in a services institution (such as hotels).
- Each team must include a man and a woman to deal with patients according to gender needs.
- Workers must have received training on the rules of social service behavior through one of the civil society organizations active in the social field. In case s/he has never received such training, s/he should be trained before taking up his/her duties.
- The concerned municipality should ensure that the potential worker has never been found guilty of a felony or moral misdemeanor.

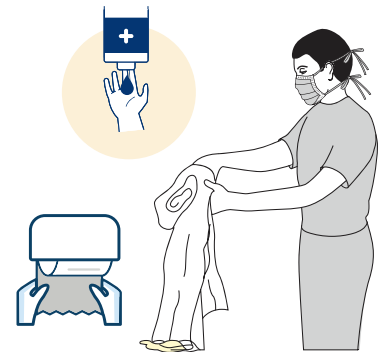
Duties of Workers:

- Sign a commitment to respect the general policy of the quarantine center designated by the Ministry of Public Health.
- Work eight hours according to a rotating shift schedule for every team (a man and a woman). The rotating shifts schedule consists of two shifts: 6:00 AM to 2:00 PM - 2:00 PM to 10:00 PM
- A day before admitting a patient into his/her room, make sure the following items are in the room:
 - Necessary eating utensils (two glass plates, two glass cups, two spoons, two forks, and two knives) to reduce waste generated at the center in case an automatic dishwasher is available.
 - Cleaning tools and supplies (for dishwashing, cleaning the bathroom/toilet and other surfaces, tissue paper, etc.).
 - Linens, sheets, and other bedding in addition to towels.
- Deliver meals three times a day and place them by the door of the room:
 - Receive meals from the cook's assistant in a designated area (in case the cooking is done at the center) or from the delivery person if meals are being delivered from outside.
 - Place the meal on a small table near the door of the patient's room.
 - Knock at the door of the patient's room to inform him/her that the meal is ready by the door.
 - Leave immediately and do not wait for the patient to open the door of his/her room.
- On a daily basis, place new and sterile towels on a small table near the door of the room.
- It is strictly forbidden to collect food waste or any other waste from the rooms.

- If a patient needs a specific service (water, extra food, tissue, towel, etc.), communication between the patient and the room service worker is done by phone. The required service is delivered exactly following the food delivery procedures.
- Deliver personal items and supplies, food, drinks, and other items that the family might bring. Follow the steps of food delivery.
- Disinfect the floor on a daily basis.
- Maintain a logbook/record of every service provided to each and every patient (type of service, time of service, etc.)
- Maintain a logbook/record of the time cleaning staff performed their duties (collecting sheets, bed linen, towels, etc.) and the time waste bags placed by the doors of the patients' room were collected.
- Make sure no one is walking around by the rooms, except for medical staff. Inform the management immediately of any violation.
- Make sure the hallways between rooms are adequately ventilated and lit.
- Maintain personal hygiene at all times. Wear clean clothes every day.
- Inform the center immediately of any possible symptoms associated with the virus that any room service worker may feel.
- Disinfect all surfaces (table, chair, etc.) and tools that the team will use on the next shift.
- Maintain spatial distance at all times between the room service team members.

Supplies that must be provided for the protection of room service workers:

- Washable protective gowns
- Medical face masks, disposable gloves (wear new gloves for the cleaning of every room)
- Disinfecting supplies for tables, chairs, doorknobs, etc.
- Logbook to register services provided to patients
- Logbook to register services performed on the floor (regarding cleaning and waste collection)



The municipality's responsibility towards room service workers:

- Conduct a medical check-up by a specialist for the security guard and his/her substitute to make sure they do not have any symptoms and have tested negative in the PCR test for Coronavirus (COVID-19).
- Room service workers must have received training on the rules of social service behavior through one of the civil society associations active in the social field. In case s/he has never received such training, s/he should be trained before taking up his/her duties.
- Provide a room with a bathroom/toilet and an internal phone, which will allow the worker to rest, fill in data on the logbook, and communicate with patients.
- Provide two meals and drinking water for each worker during his/her shift.
- Check the logbook every day, verify the content, and sign the page related to the date of the tasks.

- Establish a clear mechanism and provide a hotline that allows the worker to report any patient who does not respect the requirements of the quarantine and ask for help when necessary.
- Provide a hotline inside the center and at the entrances so any patient or family member can call and file a complaint against any worker violating the rules of the center, or the rules of conduct.
- Respond immediately to any call for assistance from any other worker.
- The municipality must follow up on the performance of the workers and take measures against any violation of the codes of conduct.



IV- Cleaning staff

Number of workers:

- Recruit two teams of cleaning workers, each composed of a male and a female.
 - Four main male/female workers (two main shifts).
 - Two substitute cleaning workers in case a main worker is infected with the virus, the entire team will be quarantined and replaced with the substitute team.

Qualifications for cleaning staff:

- In good health and free from any chronic disease, to reduce the likelihood of getting infected (the municipality must be provided with a medical certificate from a general medical practitioner).
- Between 18 and 45 years old.
- Cleaning worker can be a volunteer from the town, current or former worker in a services institution (such as hotels, households, etc.).
- Each team must include a man and a woman to deal with patients according to gender needs.
- Worker must have received training on the rules of social service behavior through one of the civil society associations active in the social field. In case s/he has never receive such training, s/he should be trained before taking up his/her duties.
- The concerned municipality should ensure that the potential worker has never been found guilty of a felony or moral misdemeanor.

Duties of Cleaning Staff:

- Sign a commitment to respect the general policy of the quarantine center designated by the Ministry of Public Health.
- Work 8 hours according to a rotating shift schedule for every team (a man and a woman). The rotating shifts schedule consists of the following shifts: 6:00 AM to 2:00 PM - 2:00 PM to 10:00 PM

Make sure the patients' rooms are clean at all times. The patient is responsible for cleaning his/her room. For this

purpose, the cleaning staff shall provide the following supplies and place them by the patient's room:

- Provide bed sheets, blankets, covers (to be replaced every 3 days or when needed).
- Provide cleaning tools and supplies upon request.
- Knock at the door of the patient's room to inform him/her that the supplies are ready by the door.
- Handle waste collected from rooms according to the following procedures:
 - Provide garbage bags for the patient to dispose of his/her waste (daily).
 - Ensure that room and bathroom waste is placed in double bags tightly tied.
 - Dump waste bags in disinfected movable waste containers with a lid that should be tightly closed when leaving the patient's room.
 - Once all waste is collected from all rooms, the closed container will be transferred to a place designated for waste collection. A worker in charge of waste collection will then transport the waste from the waste collection designated area at the center to a location outside the center determined by the municipality in accordance with the procedures and measures prescribed by the Ministry of Environment.
- In case the patient cannot clean his/her own room (and once this is confirmed by the attending physician), the cleaning worker must follow these steps:
 - Wear protective washable gowns and medical masks before entering the patient's room. Keep a safe distance (at least one meter if possible), and wash hands once s/he leaves the room.
 - Taking into consideration gender differences, male workers enter the rooms of male patients and female workers enter the rooms of female patients.
 - Gather all used bed sheets, blankets, linens, and used bedding in special bags for the handling of used clothes and linens.
 - Sanitize hands, then put clean bed sheets, blankets, bed covers.
 - Transfer the laundry bags to the laundry room. Empty bags from their content and immediately throw them into containers for the disposal of Coronavirus (COVID-19) waste. Sanitize hands.
 - Wash linens, sheets, clothes, etc. in an electronic washing machine at a temperature between 60 and 90 degrees.
 - Hang clean laundry in a sunny place for at least three hours.
- In case the patient cannot clean his/her own room, the cleaning worker, while observing personal protection measures, must sanitize the bathroom/toilet daily with a regular household bleach solution (one-part bleach to nine parts water).
- It is strictly forbidden to provide any service while inside the patient's room. The patient is asked to communicate directly with the room service worker.
- In compliance with the regulations of the competent health authorities, make sure to clean the center's hallways corridors with disinfecting detergents.
- Keep a logbook to note every service provided to each patient (type of service, time, etc.).
- Ensure that no other person is walking around on the floor while cleaning the corridors between the rooms.
- Ensure that the corridors between rooms are adequately ventilated and lit.
- Maintain personal hygiene at all times. Wear clean clothes every day.

- Inform the center immediately of any possible symptoms associated with the virus that any cleaning worker may feel.
- Disinfect all surfaces (table, chair, etc.) and tools that the team will use on the next shift.
- Maintain spatial distance at all times.

Supplies that must be provided for the protection of cleaning workers:

- Washable protective gowns
- Medical face masks, disposable gloves
- Disinfecting supplies for tables, chairs, doorknobs, etc.
- Logbook to register services performed in patients' rooms.

The municipality's responsibility towards workers:

- Conduct a medical check-up by a specialist for the security guard and his/her substitute to make sure they do not have any symptoms and have tested negative in the PCR test for Coronavirus (COVID-19).
- Train the workers on personal protection equipment and protective measures. Training to also include dealing with the quarantined persons, and reporting cases of non-compliance with hygiene requirements among patients.
- Provide special bags for the collection of laundry.
- Provide a Large bin with a lid tightly closed to collect room waste.
- Provide personal protective equipment.
- Provide a room with a bathroom/toilet which will allow the worker to rest and note the required data on the logbook.
- Provide two meals and drinking water for each worker during his/her shift.
- Check the logbook every day, verify the content, and sign the page related to the date of the tasks.
- Establish a clear mechanism and provide a hotline that allows the worker to report any patient who does not respect the requirements of room hygiene, and to ask for help when necessary.
- Provide a hotline inside the center and at the entrances so any patient or family member can call and file a complaint against any worker violating the rules of the center, or the codes of conduct.
- Respond immediately to any call for assistance from any other worker.
- The municipality must follow up on the performance of the workers and take measures against any violation of the codes of conduct.



V- Cook or Personnel Responsible for Food and Water Supply

Several options are available

First option: Cooking at the center and not relying on delivered ready-made meals. This option is adopted when there are no takeaway restaurants or community initiatives to prepare meals at home, or when there are doubts regarding the ability of community initiatives to respect safe food preparation, or when there are no financial resources to purchase ready-made meals.

Second option: Alternate between meal preparation and ready-made meals. This option is adopted when takeaway restaurants or community prepared meals are not available at all times. In this case, the center is required to cover the shortfall and provide meals cooked at the center's kitchen.

Third option: Relying entirely on delivered meals from outside the center; however, when the management must secure meals supply either through community initiatives or from restaurants, standards of health safety should be tightly respected.

Regardless of the option adopted, the cook or the person in charge of ready-made meals should take into account the following basic criteria:

- Meals should respect a balanced and varied nutritional composition that includes vegetables, fruits, grains, liquids, and meat throughout the week.
- All meals are subject to food safety and public health safety requirements, as specified by the Ministry of Public Health.
- Meal preparation takes into consideration the health condition of each patient. Some patients have diabetes, high blood pressure, or are allergic to a specific food. The patient must notify the management about his/her health condition once admitted to the center. The management informs the cook or the food supplier of any special diet to be taken into consideration.
- It is preferable to have a nutritionist check the food/meal menu and supervise food safety and public health measures every week.

Cooking at the Center without Relying on Delivered Fast Food

Number of Cooks

- Two teams of cook should be available and must include:

One main cook

Two assistants

One substitute cook

Two substitute assistants

In case a member of the main team is infected and tests positive , the entire team will be quarantined and replaced with the substitute team.

Qualifications of the Cook and the Assistant:

- In good health and not complaining of any chronic disease, therefore not susceptible to catch the virus (must provide the municipality with a medical certificate from a general practitioner).



- Between 18 and 55 years old.
- Can be a local volunteer or a current or a former cook at a services institution (hotel, restaurant, social service center, etc.) or a member of a production unit at a cooperative for food processing.
- Must have received appropriate training on the rules of food and health safety at a civil society organization or a cooperative in the field of food processing. In case s/he has never received such training, s/he should be trained before taking up his/her duties.
- The municipality must make sure the potential cook has not previously been found guilty of any felony or moral misdemeanor.

Duties of a Cook:

- Sign a commitment to respect the general policy of the quarantine center designated by the Ministry of Public Health.
- Before starting the cooking process, make sure that all cooking appliances are available at the center and are functioning properly (oven, gas, fridge, freezer, etc.). In case the kitchen has none of these appliances, ask the management to provide them. If the appliances are not working (oven, gas, refrigerator) ask the management to repair or replace the appliance in question.
- Make sure that the required number of pots (and other kitchen utensils) is sufficient enough to cook for the total number of patients and staff. For example, if the number of patients ranges between 30 and 50, and the staff (main and substitute) includes 15 members, then enough utensils must be provided to cook for at least 45 to 65 people. In case the utensils are old or have rust spots, ask the management to replace them immediately.
- Clean and sanitize according to WHO standards before and after meal preparation.
- Verify daily that there are enough disposable meal boxes to serve patients and staff. The patient is expected to use the cutlery already available in his/her room and is responsible to clean it himself/herself.
- Make sure that all cleaning supplies are provided (at least one sink, but a dishwasher is a better option). Ensure that the kitchen has water supply. Hot and cold water should be available. All cooking supplies are to be cleaned and sanitized on a daily basis, before leaving the kitchen.
- On a daily basis, check the food stocks for vegetables, grains and fruits, sugar, flour, water, and other items before starting the cooking process. Send a list of missing items to the center's management.
- Prepare a weekly menu consisting of three meals a day. Coordinate with the nutritionist (volunteer or contracted with the municipality - review the regulations of the Ministry of Public Health regarding the diet to be adopted for patients with Coronavirus (COVID-19).
- Put meals in dishes, then on trays, and place them in a room outside the kitchen to be transported to patients. Ask room service workers to pick up the meals from the designated area and to deliver them to patients. It is absolutely prohibited for room service and cleaning workers to enter the kitchen.
- Clean the kitchen floor and surfaces and disinfect them on a daily basis. Collect the kitchen waste and place it in a designated area as instructed by the center's management. Avoid putting food waste with patient contaminated trash.
- Cook and assistants share cooking tasks. The entire team is expected to maintain personal hygiene and observe food safety and hygiene practices during food preparation. Maintain the spatial distance between the members of the team during food preparation.
- Monitor the assistant. If you suspect a Coronavirus (COVID-19) infection symptom, inform the center immediately and leave the kitchen. The kitchen will be then disinfected before the substitute team takes over.

Supplies that must be provided for the protection of the cook and the assistant:

- Washable protective gowns
- Medical face masks, disposable gloves
- Disinfecting supplies for the floor, the surfaces, and the kitchen utensils and appliances
- A notebook to write down the weekly and daily menu as well as the shopping list.

The municipality's responsibility towards the cook and the assistant:

- Conduct a medical check-up by a specialist for the security guard and his/her substitute to make sure they do not have any symptoms and have tested negative in the PCR test for Coronavirus (COVID-19).
- Train them on personal protection equipment and protective measures.
- Provide bags for organic waste and designate an area for kitchen waste dumping close to the center.
- Provide a room with a bathroom/toilet which will allow the cook/assistant to rest and write down his/her cooking needs.
- Provide two meals and drinking water for the cook and the assistant.
- Hire a nutritionist or coordinate with a volunteer specialized in nutrition and food safety to oversee, on a weekly basis, the preparation of daily menus. The nutritionist will also make weekly, unannounced visits to the cooking team to inspect the kitchen and verify that the cooking operations comply with food safety and public health rules.
- The municipality must follow up on the performance of the cook and the assistant and take measures against any violation of the codes of conduct.

Alternating Between Meal Preparation and Food Delivery

The previously detailed conditions apply to the qualifications, duties, and expectations for both the cook and the assistant, regardless of whether the whole cooking process or part of it is done at the center. The only difference noted:

- Number of assistants: one
- Duties related to cooking: the cook should take note of the kitchen supplies needed to prepare just enough meals, given the fact that food will be delivered from outside the center. For example, if the number of patients is 45 to 65, and the delivered portions are enough for about 30 people, then the cook will have to cook the remaining quantity, at the center, following the same requirements mentioned in the first option.
- Supervising delivered food: the cook is not expected to take any action since the delivered food reaches the center in tightly closed compartments.

Relying Entirely on Delivered Meals:

In this case, there is no need for cooks, although it is advisable to have one cook to prepare additional meals when necessary. As for the delivered meals, they are subject to the conditions stipulated by the Ministry of Public Health regarding the balanced and varied food diet and the food and public safety requirements.

V- Maintenance and Procurement Manager

Number:

- One Maintenance and Procurement Manager
- One Substitute Maintenance and Procurement Manager

Qualifications:

The manager must have the following qualifications:

- Must be in good health and not complaining of any chronic disease that makes susceptible to infection (must provide the municipality with a medical certificate from a general practitioner).
- Must be between 18 and 45 years old.
- Could be employed by the municipality in the same position, a volunteer from the town, currently (or previously) working in a similar profession or employed by a civil society association or a social institution.
- It would be a plus if s/he has the tools needed to provide immediate maintenance (for the ventilation system, air conditioners, kitchen appliances, water, electricity, generator, bathrooms/toilets, etc.). If that was not the case, then it is the responsibility of the municipality to provide the required tools.
- Must have received training on the rules of social service behavior through one of the civil society associations active in the social field. In case s/he has never received such training, s/he should be trained before taking up his/her duties.
- The concerned municipality should ensure that the potential manager has never been found guilty of a felony or moral misdemeanor.

Duties of a Maintenance and Purchasing Manager:

- Sign a commitment letter to respect the general policy of the quarantine center designated by the Ministry of Public Health.
- Provide maintenance of all electrical, medical, and other appliances once notified of the malfunction. In the event that the malfunction cannot be repaired, inform the center manager of the need to purchase new equipment.
- Provide maintenance of all entrances and exits (locks, doors, broken glass, etc.) to maintain adequate functioning of the center and in order to prevent any person from leaving or entering without prior permission.
- Once informed about a malfunction inside a patient's room:
 - First and foremost, obtain the approval of the manager to enter the patients' section. Inform the room service worker of your arrival time.

- - Wear all protective clothing, including a gown, a mask, and gloves, before entering the room.
- - Inside the room, make sure to stay away from the patient as much as possible (in case the room has a balcony, the patient is asked to wait outside until the service is done).
- - It is strictly forbidden to stay in the patient's room after the service is done.
- - If the patient is a woman, and to avoid any possible problem (verbal or physical harassment), a female cleaning worker is required to accompany the maintenance manager inside the room until the service is done.
- - Wash hands thoroughly before leaving the room.
- - Removing the gown (in case there are no other services to be performed).
- Purchase all items needed from shops and establishments that are open (exempt from the general mobilization or functioning for authorized working hours daily)
 - Place a form to be filled out daily by the service and cleaning workers, and the cook. Go over the form with the Director of the center before purchasing the requested items.
 - Purchase items requested by the treating medical team from pharmacies
- If a Coronavirus (COVID-19) symptom is suspected, the management must be immediately informed, the service should be stopped, and the substitute manager should take over.

Supplies that must be provided for the protection of the maintenance and procurement manager:

- Washable protective gowns
- Medical face masks, disposable gloves
- Disinfecting supplies for the floor, the surfaces, and for the tools
- A notebook to write down the services performed daily in each room/section.

The municipality's responsibility towards the maintenance and procurement manager:

- Have a specialist perform a medical check-up on the manager and his/her substitute to make sure they are not susceptible to Coronavirus (COVID-19).
- Train managers on personal protective equipment and protective measures.
- Provide tools in case the service provider does not possess all the tools needed.
- Provide two meals and drinking water.
- The municipality must follow up on the performance of maintenance team and

VI-Medical Team

The selection of the medical team is subject to the conditions and qualifications specified by the Ministry of Public Health and the Order of Nurses in Lebanon. It should be noted that the competent health authorities have determined the necessity of having a medical team (nurses and doctors) that should include one registered nurse (holding a license to practice the profession) for every 30 people, and a doctor (family doctor, internist, pulmonologist, and other specialties), in addition to one volunteer at each center or an person authorized to perform certain services if the resources are available.

VIII- Social Worker based on the Social Workers' Syndicate's recommendations)

The choice of a social worker is subject to the conditions, qualifications, and procedures specified by the Social Workers' Syndicate.

It is highly recommended to have at least one social worker in each center, even on a part-time basis.

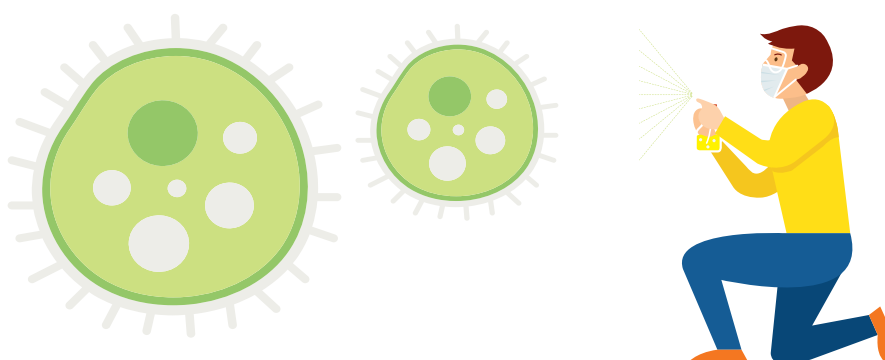
The municipality can also coordinate with NGOs active on the social level within the municipality's geographical area.

A list of social workers can be found on this website: <https://arcg.is/z5iLj>



ANNEXES

1	Questionnaire to identify the adequacy of places to be considered as "Quarantine centers" to quarantine people who were in contact and/or have mild symptoms of Coronavirus (COVID-19)
2	Criteria for Selection of a Community/collective Quarantine Center
3	Residential Environment Assessment Form
4	Assessment of the Household's Socioeconomic and Financial Needs
5	Guidelines for Home Quarantine
6	Guidelines for Completing the Patient Pledge Form Regarding the Quarantine
7	Standard Operation Procedure for Setting Up and Equipping Quarantine
8	Form for the Profile of Persons in Quarantine and the Follow-up Procedures
9	Guidelines for Dealing with Persons Quarantined at Home, or in Community or Central/collective Centers
10	Reducing the Risk of Exploitation and Harm to Coronavirus (COVID-19) Patients and their Families
11	Guidance on Limiting Bullying
12	Letter from the Director of UNRWA Affairs in Lebanon about UNRWA's Response to the State of Emergency due to Coronavirus (COVID-19)
13	Quarantine and Isolation Guidance in Overcrowded Settings
14	How can municipalities avoid the risks incurred by establishing home, and community/collective quarantine centers?
15	Materials that Help Prevent and Control Infection that must be Available in Households Infected with the Novel Coronavirus (COVID-19)
16	Ministry of Public Health Guidelines for Wrapping and Transporting Dead Bodies, Suspected or Confirmed to be Infected with the Novel Coronavirus (COVID-19)



Questionnaire to identify the adequacy of places to be considered as “Quarantine centers” to quarantine people who were in contact and/or have mild symptoms of Coronavirus (COVID-19)

[illegible]

ANNEX TWO

Criteria for Selection of a Community/collective Quarantine Center

Field	Detailed Criteria
Residential Environment	- Single room with a dedicated bathroom that can be locked from the inside. If no person/ single room is available, keep at least one and a half meters between beds. Disinfect the toilet after each use.
	- The room should be well ventilated exposed to sunlight during the day (window/central ventilation)
	- Allocate an entrance and an elevator for confirmed positive cases of Coronavirus (COVID-19). Ensure that positive cases of Coronavirus (COVID-19) do not get in contact with other people residing in the center who can be positive Coronavirus (COVID-19) cases or suspected cases in isolation.
	- Electricity and light are available at all times
	- The center is easily accessible.
	- Waste management protocols are reinforced: <ul style="list-style-type: none"> • Availability of containers and waste bins in the bathroom, room, and outside of the center. • Usage of plastic bags for the collection and disposal of waste. • Availability of Bags to pack used clothes and linens to be sent to the laundry room.
	- Sufficient number of rooms to allow separation between male, female, and between children and adults.
	- Separate room with a bathroom for training staff (respecting gender differences)
	- Drinking water must be available in the patients' rooms and in the kitchen.
	- Water must be available at all times. install a water tank at the center to avoid water outages
	- Availability of Hot water
	- Sufficient number of sinks for the number of residents
	- Laundry lines: put the laundry drying racks in a location exposed to the sun at least for three hours a day
	- Heating facilities in mountain areas
Equipment	- Laundry services: washing machine
	- Cleaning supplies to sanitize bathroom/toilet surfaces daily with a bleach solution detergent (for each one portion of bleach add nine portions of water)
	- Hand washing material: water, soap, and sanitizing gel
	- Bedding: mattresses, blankets, linens, pillows, covers
	- Food (sufficient food and water for the entire quarantine period). If food is prepared at the center, cooking utensils, gas, stove, refrigerator, sink, and other kitchen appliances should be provided.
	- Paper Tissue in the room and the bathroom
	- Table, chair, closet for personal items and clothes
	- TV, Internet, phone

Health Equipment and Health Monitoring Devices	- Coordination with the hospitals or the centers designated by the Ministry of Public Health to follow up on cases of Coronavirus (COVID-19) and ensure continuous access to medication for the treatment of the patient.
	- Provision of adequate quantity of Personal Protective Equipment (PPE) for all employers at the center (masks, gloves, gowns, hand sanitizer, head cover).
	- Medical equipment: electronic thermometer, digital pressure measuring instrument, glucose sensing device and first aid kit. <ul style="list-style-type: none"> • Electronic thermometer/person thermometer for each patient. • Alcohol • Cotton • Panadol • Pulse Oximeter
	- Patient records. For each patient, a specific file connected to the Ministry of Public Health data (COVID-19-PHENICS) application (Annex 8).
Means of protection and psychological support	- Patient educational leaflet on how to cope with stress during quarantine issued by the Ministry of Public Health and the World Health Organization. <ul style="list-style-type: none"> • A list of patient rights and duties. • A list of the rules and regulations at the center.
	- Recreational materials for adults such as crossword puzzles and other brain games, and age-appropriate games for children.
	- Guidelines developed by The Ministry of Public Health and the World Health Organization revealing how we support the mental health of people in quarantine

ANNEX THREE

Residential Environment Assessment Form

MunicipalityDistrict.....Governorate

Date.....

Form.....Person responsible for completing the form (name/title)

Submit form to:.....

Person in charge of forms (name/title).....

Date received.....

General Information

Full name			Register number:
Gender:	F <input type="checkbox"/> M <input type="checkbox"/>	Nationality	Date of Birth
Marital status	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
Home Address	Governorate	Town / City	Street
	Building	Phone 1	Phone 2
Type of housing	Permanent residence <input type="checkbox"/>	Temporary residence (only during the general mobilization Corona lockdown period) <input type="checkbox"/>	

Information about Family Members

Number of family members in the same household			
Members of the family:			
Mother/Father	Average age	Does s/he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Spouse	Average age	Does s/he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Grandfather	Average age	Does he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Grandmother	Average age	Does she have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Paternal Uncle/Aunt	Average age	Does s/he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Maternal Uncle/Aunt	Average age	Does s/he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease	
Sons	Average age	#	Does he have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease
Daughters	Average age	#	Does she have any chronic disease: Y <input type="checkbox"/> N <input type="checkbox"/> Name of Disease

Housing Information

Apartment in a building Y <input type="checkbox"/> N <input type="checkbox"/>	Floor	Number of Entrances to the building 1 <input type="checkbox"/> 2 <input type="checkbox"/> More: ____	Elevator Y <input type="checkbox"/> N <input type="checkbox"/>
Single House Y <input type="checkbox"/> N <input type="checkbox"/>		Number of Entrances to the building 1 <input type="checkbox"/> 2 <input type="checkbox"/> More: ____	Elevator Y <input type="checkbox"/> N <input type="checkbox"/>

Number of Rooms	1 <input type="checkbox"/> 2 <input type="checkbox"/> More: _____		
-----------------	---	--	--

Room Settings

Can one room be separated from the rest of the rooms in the house? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, is it equipped with the following?	Bathroom	Window	Bed	Balcony
		Furniture			
		Other			

Can we make the room more comfortable? For example, removing unnecessary furniture Y <input type="checkbox"/> N <input type="checkbox"/>	Can the room be cleaned / disinfected easily? Y <input type="checkbox"/> N <input type="checkbox"/>
--	---

If that is not possible	Do you have any other residence elsewhere or a room that only you can use? Y <input type="checkbox"/> N <input type="checkbox"/>
--------------------------------	--

If you have another residence or room

Address of the alternative residence		Governorate	Town/City	Street
		_____	_____	_____

	Building/Floor	Phone 1:	Phone 2:	

If yes, is it equipped with the following?		Bathroom	Window	Bed	Balcony

	Other Furniture		

Can we make the room more comfortable? For example, removing unnecessary furniture Y <input type="checkbox"/> N <input type="checkbox"/>	Can the room be cleaned / disinfected easily? Y <input type="checkbox"/> N <input type="checkbox"/>
--	---

Can the patient take care of himself/herself during the quarantine?

Can you take care of yourself if you are home quarantined?		Y <input type="checkbox"/> N <input type="checkbox"/>
If yes, explain:		
If no, Why not?		
Can someone support you in taking care of your daily basic needs? (Food, hygiene, medication, other)		Y <input type="checkbox"/> N <input type="checkbox"/>
If the answer is yes, specify the degree of relationship		
Name: -----	Phone:-----	
Address		
If the answer is no, please explain		
Do you want to include any additional information?	Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, please explain ----- -----.

Household Form

Father's full name: _____ Age: _____

Mother's full name: _____ Age: _____

Address: _____ Phone: _____ Number of rooms in the household: _____

Name of person assisting with the form: _____ Phone: _____

A room with a dedicated bathroom suitable for quarantine is available in the household Y ☐ N ☐

Another residence is available should a member of the household need to be quarantined Y ☐ N ☐

Second residence address _____

Number of people currently residing in the household _____

Number of family members and extended family members living in the household _____ Age _____

Gender _____

Medical Condition

Type of disease _____ Type of disability _____

Does the patient take any type of medication? _____ If yes specify, please the type of Medication _____

Does the patient had medical condition (s) that requires him/her to follow up regularly with a doctor? _____
Why? ?? _____

Is there a pregnant woman in the household? _____

If yes, how long she has been pregnant? _____

Financial Situation

Is the household still receiving any form of income? _____ Is it enough to cover the household needs? _____
If the answer is no or not much, please list the r needs

medical needs specify _____

Medication specify _____

Food items specify _____

Disinfecting Supplies specify _____

Other _____

Mental Health of Family Members and People Residing with Coronavirus (COVID-19)-positive Persons

How do you describe the overall mental health of people in the house?

Does any household member experience regular behavioral/mood changes?

If yes, does s/he or they receive psychological support? _____

Do you need psychological support? _____ Why? _____

How do the household members cope with the situation?

Do you have children aged 0 to 18? _____

Section Dedicated to Children (address the question directly to them with consent of caretakers)

How do you spend your day? _____

How do you feel about spending the whole day at home? _____

Is there anything in specific that you would like to say? _____

Voluntary Home Quarantine

How long have your household been in quarantine? Number of days _____ Who do you usually go out of the house to buy goods? _____

Why does this person go out? _____ Type of the trip _____

Does this person respect safety and protective measures when s/he goes in and out of the house? _____ Why? _____

Do you order deliveries to the house? _____ Type of delivery _____

Does everyone in the household respect protective measures at home? ____ Why? ____

Do you disinfect your purchased items? ____ Why? ____

Mandatory Quarantine

Are household members aware of isolation procedures protective measures? Do they respect them? ____ Why? ____

Has any household member been in home quarantine before? ____

Is any member in home quarantine at this moment? ____ Who? ____

Does the patient respect the quarantine requirements? ____ Why? ____

Does anyone in the household need additional information regarding quarantine? ____ Why? ____

Caring for Children

In normal circumstances, who takes care of the children? ____

If the mother and the father need to be isolated, who can take care of the children? Name: ____

His/her relationship to the family: ____ Phone: ____

Where can s/he take care of the children? ____ At your house? ____ At her/his house: ____

Do you have any question regarding caregiving in quarantine? Specify ____

Do you need help with the children in quarantine? ____ Specify ____

Asking for Help

Do you think that a member of your household has special medical/psychological needs and requires help?

Name of member: ____ Age ____ Gender ____

Type of Help

Are you aware of the type of services available? ____ Do you know where to seek help? ____

Is there anything preventing you from receiving basic needs or receiving certain services? Specify ____

Social Worker

Name of social worker: ____ Date: ____ Time: ____ Municipality ____ Location of residency ____

ANNEX FOUR

Assessment of the Household's Socioeconomic and Financial Needs

The evaluation of the household's socioeconomic and financial needs relies on the decisions and on the assessment form that analyses the situation of the families affected by the pandemic. This assessment will be supported by the Ministry of Social Affairs and/or the National Socio-economic Ministerial Committee in charge of following-up on social issues as part of the national response to reduce the non-health consequences due to the outbreak of the Coronavirus (COVID-19) pandemic.



ANNEX FIVE

Guidelines for Home Quarantine

- Stay at home and do not go to work or any other public place or social event for a period determined according to your health status and the instructions of the Ministry of Public Health:

- Quarantine measures for persons in contact with positive cases will be raised based on guidelines given by the Ministry of Public Health.
- In case of a positive diagnosis, the quarantine status will not be lifted until the results of two consecutive PCR laboratory tests within 48 hours interval are negative and following the doctor's medical instructions.

- Stay in a room separated from the rest of the household. The room must be well ventilated with the door closed at all times. It is recommended to have his/her own bathroom. If this option is not available, then the common household bathroom should be cleaned after each use.

- Refrain from going out of the house.

- In case of a medical emergency, call the Ministry of Public Health hotline.

- Do not receive visitors or get in contact with the rest of the family.

In case assistance is needed, give priority to a family member who is in good health and does not have medical preconditions and s/he wears a face mask and gloves, then disposes of them and wash his/her hands when leaving the room. You must maintain a distance of one and a half to two meters at least when receiving any kind of assistance.

- If you need to buy food or medicine, ask friends, family members, or drivers to deliver the items to the door of the house or room.

- Wash hands with soap and water frequently using the recommended 20 seconds technique or sanitize your hands with alcohol sanitizer that contains at least 60% of alcohol content, before and after preparing food, before eating, before and after using the toilet, and after coughing or sneezing. It is better to use a single-use paper towel to dry hands rather than a towel.

- Have your meal inside the room, not with the rest of the family. Wash the dishes separately from all other dishes used at home.

- Avoid sharing household items, dishes, cups, towels, bedding, or other items with the person in quarantine. Wash these items thoroughly with soap and water. Single-use cutlery (plates, spoons ...) is recommended.

- It is recommended that the person in quarantine clean his/her own room. If that is not possible and one of the household members has to enter the quarantine room, it is highly recommended that s/he covers his/her mouth and nose with a facemask.

- At least once a day, clean and disinfect surfaces and items used including doorknobs, switches, toilets, bedside tables, bed frames, remote controls, mobile phones and all other items in the quarantine room (clean them with water and soap or with a sanitizer such as chlorine solution 50 ml per liter of water to be thrown away after 24 hours). Use disposable gloves for cleaning. Once cleaning is done, throw away the gloves and wash hands thoroughly.

- The laundry of the person in quarantine should be stored in a dedicated bag in his/her room until it is washed. His/her laundry is washed separately at a temperature between 60 and 90 degrees with regular laundry soap.
- Single-use items such as gloves, napkins, masks, and other waste should be disposed of in a special bag in the quarantine room. The bag should be well tied and placed in a second bag before it is thrown away in a closed dumpster.
- Eat healthy food to boost the immune system
- Make sure that you drink enough water (8-12 cups a day).

Important Instructions for Medical Staff

- The healthcare team must receive training on the adequate usage of Personal Protective Equipment (PPE) and safety measures. Training must also include dealing with quarantined persons. It is to be done in coordination with a preventive healthcare clinic, the National Healthcare Foundation, and the Order of Nurses.
- The healthcare team should have: 1- the cell phone number of the doctor in charge in the event patient health deteriorates, 2- the phone number of the admitting hospital or the accredited health centers, 3- the Lebanese Red Cross phone number for the transportation of patients in case the health condition deteriorates.
- The healthcare team should receive training and guidance from the Ministry of Public Health to connect patients to the national system available for psychological support. This system was put in place by the National Mental Health Programme for quarantined people.
- Refer to the doctor in charge (on call) when: the patient's temperature rises to more than 38.5°C, on the onset of shortness of breath, or when shortness of breath worsens, i.e. oxygen decreases, patient has a severe cough.
- Coordinate with the caza physician and the accredited healthcare centers regarding the condition of the patients to discuss their medical situation and pharmaceutical needs
- Fill out the patient's medical file (symptoms) on a daily basis in the morning and the evening and enter all the data in the application of Coronavirus (COVID-19).
- Note any change in medical condition.
- Contact the leading physician at the end of the quarantine period. Evaluate the patient's health status and the discharge criteria, based on the protocol set by the Ministry of Public Health.
- Do not allow any person to leave the quarantine without written permission from the doctor in charge. These protocols are set by the Ministry of Public Health to monitor the situation at the end of the quarantine period.
- Submit the medical file to the Ministry of Public Health.

ANNEX SIX

Guidelines for Completing the Patient Pledge Form Regarding the Quarantine

Municipality _____ District _____ Governorate:

Date patient submitted the personal pledge from: _____

The person in charge for receiving the forms (name / title): _____

Submit the pledge to the following party: _____

Person in charge of receiving the form through the municipality (name / title): _____

Date received _____

Pledge to observe the quarantine

I, the undersigned ...

I pledge to respect the quarantine center rules and regulations due to the novel Coronavirus (COVID-19) and not to leave the quarantine center for any reason whatsoever, regardless of the pretext or excuses. I also pledge not to leave the room reserved for me unless supervised by the surveillance team or the medical team throughout the quarantine period.

I also pledge to preserve the room and its assets, not to tamper with it, and not to cause any damage out of negligence or lack of precaution, because that would entail liability for damage compensation.

This is a pledge not to leave the quarantine center or do anything that might cause damage to the center and its assets and is a final and irreversible commitment that affects public safety and community health.

I bear full civil and criminal liability for my failure to comply with Article 604 of the penal code related to the spread of a pandemic.

Accordingly, I wrote this pledge to refer to when necessary.

Attached is a copy of my ID

Full name: _____

Signature: _____

Phone: _____

ANNEX SEVEN

Standard Operation Procedure for Setting Up and Equipping Quarantine

Quarantine centers, both community, central, and collective centers, are subject to certain standards and conditions related to safety, protection, and public health safety in order to limit the spread of the pandemic and minimize quarantine complications that can affect physical, mental, and social well-being. Community/ collective Quarantine centers vary in size and capacity. However, regardless of their structure, all centers are required to promote certain conditions and provide basic services. The approval to set up a quarantine center /site is subject to compliance with the specifications set jointly by the Order of Nurses, the World Health Organization, and the Ministry of Public Health.

Quarantine Requirement

- Positive testing for Coronavirus (COVID -19) at an accredited medical laboratory
- Contact with a person infected with Coronavirus (COVID-19)
- Referral by a physician and following Ministry of Public Health instructions or the health center responsible for following up on Coronavirus (COVID-19) cases.
- Quarantined person must be capable of serving himself/herself.
- Quarantined persons must enjoy physical and mental well-being (see evaluation form)
- Children under the age of 18 years must be accompanied by a caregiver
- A commitment to comply with quarantine conditions must be signed
- Medical condition of person in quarantine can be managed at the center and does not require hospitalization.

Transfer to a Quarantine Center

- Use a new mask the moment you leave the house
- Go in a private car
- One other person only should drive/be in the car
- Leave the car windows open
- Head straight to the designated area for the quarantining of persons

Personal Needs

- Private clothing
- Personal items
- Medication
- Personal hygiene items (toothbrush and toothpaste, hairbrush, etc.)

Duties of Persons in Quarantine

- Sign a pledge to commit to the terms of the voluntary quarantine
- Bring in any item that you might need with you
- Clean the room and bathroom daily with the provided materials
- Refrain from receiving any visitor, whether a friend or a family member. Family can provide for the needs of their loved ones and can bring in meals to be delivered only to an employer in the center. The latter will disinfect any item before delivering it to the patient
- Inform the medical team immediately of any new symptoms or a deterioration of the physical condition.
- Respect and abide by the rules and regulations

ANNEX EIGHT

Sample Profile of Persons in Quarantine and the Follow-up Procedures

		Governorate	
		Quarantine Center:	
		Reason for Quarantine:	
Gender	Date of Birth	Age	Name
	Number of contact tracing		Phone
	Date admitted to quarantine with no symptoms):		Date of onset symptoms

- Keep person in quarantine for 48 hours after the disappearance of symptoms (re-evaluation of confirmed cases).
- Quarantine for a period of 14 days, subject to extension, based on the patient's medical condition
- Person to adhere to 14 days quarantine upon arrival from an affected country.

Monitoring Health Condition

Date	Temperature		Throat Pain		Cough		Sore Throat		Difficulty Breathing		Vomiting		Diarrhea		Nurse Signature		Remarks
	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening	Morning	Evening	

Submit to: _____ By phone: _____ Daily

ANNEX NINE

Guidelines for Dealing with Persons Quarantined at Home, or in Community or Central/collective Centers

Preventive measures reduce the transmission of the infection between quarantined people at the same center/site.

- Early diagnosis and monitoring: at the onset of symptoms or when breathing problems arise at any time during quarantine, the quarantined person should be considered infected with the novel Coronavirus (COVID-19) and treated accordingly.

- These standards apply to all persons at the center:

- Infected persons should be placed in a separate well-ventilated room. If person room is not possible, a spatial distance of at least one meter between the beds must be respected.
- Hands should always be clean, especially after coughing or sneezing. Wash them with soap and water or use sanitizers that contain 60% of alcohol.
- It is very important to cover the nose and mouth with the elbow or use a paper tissue to be thrown away immediately in the trash, then sanitize the hands
- Refrain from touching the nose and mouth.
- Disinfect and clean surfaces several times (table, bed frames, etc.) with regular detergents that contain a diluted bleach solution (one part bleach to nine parts water)
- Do not receive visitors
- Persons in quarantine are not supposed to move around
- Clean and sanitize bathrooms and toilet surfaces at least once a day with regular detergents that contain diluted bleach (one part bleach to nine parts water.)
- Clean clothes, bed linens, towels, etc. with laundry detergents and water by washing them separately and then drying them.
- Use gloves when cleaning. Once done, throw away the gloves and sanitize the hands. It is recommended to use gloves that can be sanitized then reused. Disinfect them with a solution of chlorine.
- Use a mask when entering a patient's room. It is necessary to know how to put the mask on and how to remove it. Wash hands afterward. At the onset of symptoms, the person placed in quarantine should be transferred to the nearest medical center/hospital designated by the Ministry of Public Health.

- Administrative controls:

- Workers must receive training on protective measures and safety standards
- People in quarantine must receive training on protective measures and safety standards
- Educate workers and quarantined people about the importance of reporting any new symptom

- If the quarantine period is extended, please call the medical center to acquire about further actions needed.

Isolation Center personnel are required to:

- Minimize contact with patients, as much as possible. They can, for example, resort to the use of carts to deliver requests, including food. Deliver to the door of each room so that people in quarantine do not leave their room.
- Wear medical masks before entering a room and maintain a safe spatial distance (at least one and a half meters) if possible. Clean hands when leaving a room.
- Wear a medical mask, a washable multi-purpose gown, disposable gloves and face shield when getting close to an infected person.
- Provide garbage bags for the person in quarantine to get rid of his/her waste.
- Provide bedsheets and bed covers upon request
- Provide cleaning tools and detergents upon request. The person in quarantine can clean and sterilize the bathroom using one-part bleach against nine parts water provided that the bleach is used with caution

Environmental Measures:

Hygiene and sanitizing standards should be strictly applied. Cleaners should ensure that surfaces are kept clean throughout the quarantine period:

- Clean and disinfect several times any touched surface such as tables, beds, and other room furniture, with regular detergents that contain a diluted bleach (one-part bleach to nine parts water).
- Clean and disinfect bathrooms and toilet surfaces at least once a day with regular detergents that contain diluted bleach (one-part bleach to nine parts water).
- Clean clothes, bed linen, towels, etc. with laundry detergents and water in a washing machine at a temperature of 60-90 ° C
- Follow specific procedures to dispose of the waste in an appropriate manner and not randomly

ANNEX TEN

Reducing the Risk of Exploitation and Harm to Coronavirus (COVID-19) Patients and their Families

During crises and states of emergency, there is a risk of increased exploitation of the most vulnerable groups. Quarantining, limited freedom of movement, and dependence on humanitarian aid may make Coronavirus (COVID-19) patients and their families vulnerable to exploitation. The concerned authorities should take all preventive measures to reduce this risk.

- Ensure that municipal police personnel involved in responding to the Coronavirus (COVID-19) emergency are fully aware of the code of conduct defined in the “Municipal Police Code of Conduct” issued by the Ministry of Interior and Municipalities in 2019.
- Conduct reminder sessions about the code of conduct and the importance of strict adherence to it.
- Ensure that municipal police personnel are aware of complaint mechanisms in case one member violates the code of conduct.
- Publish the most important articles of the “Municipal Police Code of Conduct” in the community/ collective quarantine centers and provide a hotline that a Coronavirus (COVID-19) patient or one of his/ her family members can call in case any municipal police act in an inappropriate manner. A brochure containing these rules can be printed and shared with the patient and his family.

In the event that the person with Coronavirus (COVID-19) infection is a female; we recommend that a female policewoman at the municipality contact her. If that is not possible, then this task is assigned to a female volunteer from the local community, provided she signs the code of conduct.

Furthermore, it is essential that municipalities, unions of municipalities, and mayors be aware that all employees of United Nations organizations and their partners adhere to the principle of preventing sexual exploitation and the codes of conduct.

- Sexual exploitation is defined as an actual or attempted abuse of someone in a position of vulnerability (someone who relies on you to survive or to obtain food rations, books, transportation, or other services), and the use of influence or trust to obtain sexual services.
- Sexual abuse means actual or threatened physical intrusion of a sexual nature (rape - sexual harassment).
- Sexual exploitation and abuse cause irreversible harm to victims and their families, and conflicts with the values advocated by United Nations organizations and partners and undermines their work and credibility.
- Any sexual exploitation or abuse by an employee at the United Nations or its partners in exchange for services of any kind is strictly prohibited. The United Nations and its partners commit to a “zero-tolerance policy” for these violations.
- Any sexual activity involving a worker in a humanitarian organization, including the United Nations and its partners, with a child under the age of 18 is prohibited
- Any sexual exploitation by a humanitarian worker in the United Nations and its partners is not the survivor’s fault. The survivor has the right to complain to the organization concerned and is allowed “confidentiality and privacy.” S/he also has the right to psychological, social, and healthcare services available in the area.

Guidance to Municipal Councils and *Mukhtars*

It has been circulating lately in the media and social media that people diagnosed as positive cases with Coronavirus (COVID-19), people suspected of being infected and their families, as well as medical personnel, including doctors and nurses, have been target of bullying. Some cases have been extreme, with victims pursued by rumors suggesting they are not complying with health procedures. Some of them were even threatened and asked to leave their apartments immediately.

These aberrant/ unfortunate practices could cause psychosocial stress and isolation, and could, if not quickly addressed, provoke reactions, sometimes extreme, to the point of committing suicide. Therefore, in order to prevent such consequences of bullying, and to mitigate the harm that may be caused to the victim and his/her family, the municipalities and the *Mukhtars* are required to take the following measures, within their geographical sphere of action:

- Request that all citizens strictly refrain from launching rumors and bullying any person diagnosed as a positive case, suspected of being infected, or working in hospitals and laboratories involved in the management of the novel Coronavirus (COVID-19) crisis.
- Handle any complaint reported to the municipality hotline about any landlord asking a tenant to leave his/her apartment on the pretext that s/he is infected or suspected of being infected with the virus.
- Respect the privacy of confirmed or suspected patients and their families by refraining from disclosing their names, place of residence, or images on social media, under penalty of law.
- Cooperate with civil society organizations and NGOs to provide psychosocial support. Provide a hotline to allow any person who has currently or previously been exposed to bullying to communicate with a psychologist.

Coronavirus (COVID-19) infection is a disease like any flu that affects people and is not a shame or a pretext for bullying. Therefore, we call on citizens to respect and abide by these ethical measures, at the risk of being prosecuted, in accordance with current laws in force, in particular Article 604 of the Penal Code relating to the spread of a pandemic.

ANNEX TWELVE

Letter from the Director of UNRWA Affairs in Lebanon about UNRWA's Response to the State of Emergency due to Coronavirus (COVID-19) (translated from the original Arabic letter)

March 22, 2020

Beirut, Lebanon

To the Palestine refugee community in Lebanon

I would like to reassure Palestine Refugees resident in Lebanon that UNRWA is ready to assist those who need testing or treatment for the COVID-19 virus. UNRWA will assist in the following way:

- Any Palestinian refugee suffering from symptoms such as fever, cough and shortness of breath is required to contact the Ministry of Public Health at the hot number 1214 or 76592699, according to the approved procedure for any person residing in Lebanon. The hotline staff will assess the person's condition and accordingly decide whether they need to be transferred to the Rafic Hariri Hospital in Beirut currently approved by the Ministry, for laboratory testing.
- After calling the hotline, we ask that you contact the UNRWA Area Health Officer in your area of residence (at the numbers) and inform them of the instructions you have received via the hotline or any problems you may have encountered. The UNRWA Department of Health has established a system for direct contact with Rafic Hariri Hospital to facilitate resolution of problems.
- In the event that a person needs to be transferred to Rafic Hariri Hospital for laboratory testing, the Lebanese Red Cross teams, in coordination with the Palestine Red Crescent Society, will transfer the suspected patient from inside the camp to Rafic Hariri Hospital or any other hospital that the Ministry of Health may approve for testing and treatment of cases with COVID-19.
- For the Palestinian refugees residing outside the camps, the same method of calling the hotline number and the arrangements mentioned above in relation to informing the UNRWA Area Health Officer are to be followed and the Lebanese Red Cross will transfer the patient to the hospital.
- UNRWA will cover expenses related to laboratory examinations only for cases referred by the hotline to the accredited hospital and in coordination with the Area Health Officer. For those who wish to do this examination on their own, UNRWA will not cover the costs.
- The Agency will also apply its existing hospitalization policy concerning cases of Palestine Refugees infected with the Corona virus, with an additional subsidy from the Embassy of the State of Palestine in Lebanon for which I am deeply grateful.

Contact numbers of health officials in the different areas

Central Lebanon	70 888542 76 683644
Saida	70 088003 76 683657 03 936777

North Lebanon	70 088002 03 010243
Tyre	70 088004 03 927974
Beqaa	03 935777

I remind everyone of the importance of following the necessary precautions, especially washing hands with soap and water frequently, practicing social distancing and not leaving the house except for the most urgent necessity, in accordance with the directives of the Lebanese authorities. Special attention should also be given to the elderly, pregnant women and people suffering from chronic diseases or any health problems.

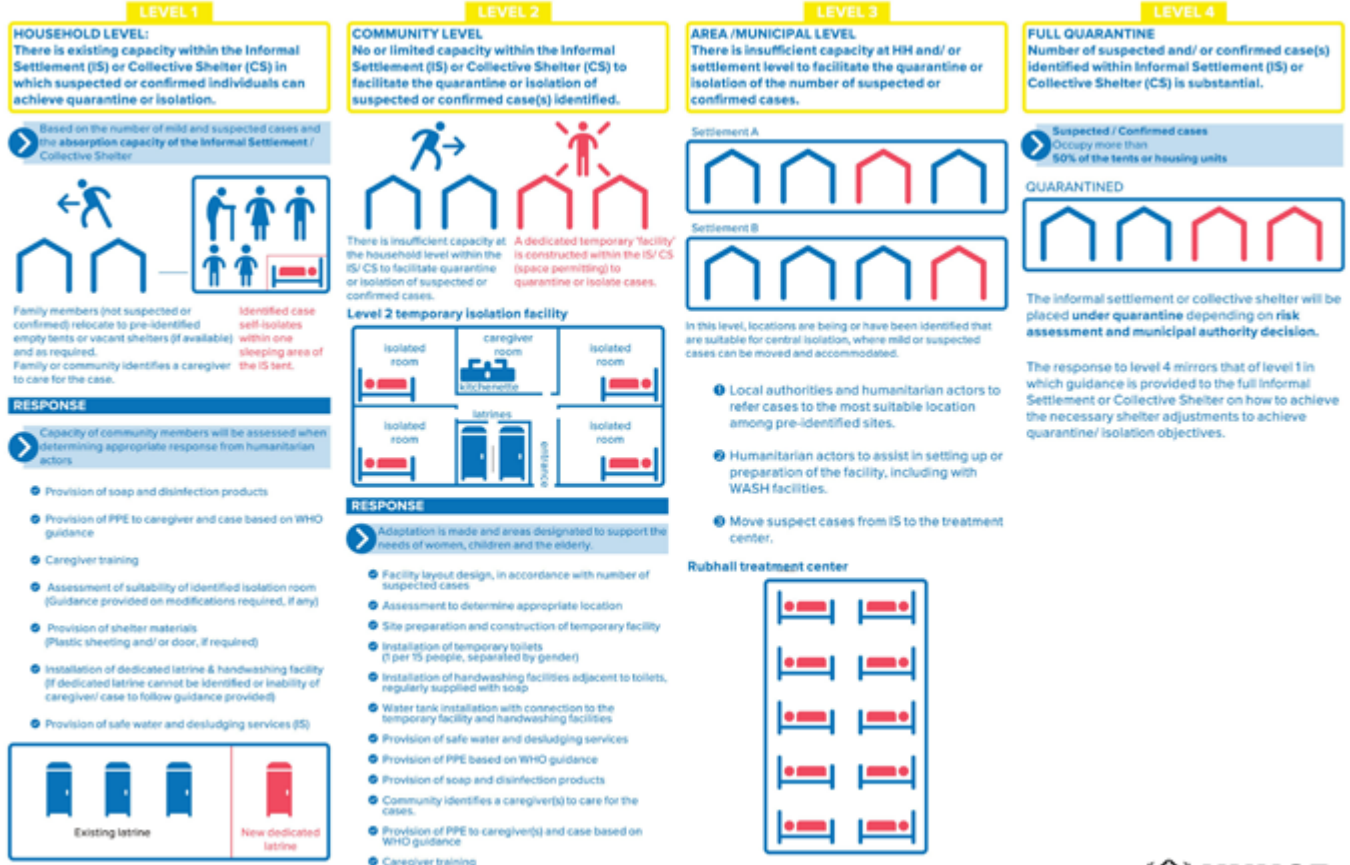
Stay safe and healthy

Claudio Cordone

ANNEX THIRTEEN

Quarantine and Isolation Guidance in Overcrowded Settings

QUARANTINE AND ISOLATION GUIDANCE IN OVERCROWDED SETTINGS



The Water Sector will ensure sufficient provision of soap, chlorine and disinfectant products to all households IN INFORMAL SETTLEMENTS;
 A- Awareness sessions with special care on protecting the Hygiene promoters. B- Older persons and people with weak immune system will be prioritized. C- regular provision of safe water and desludging services.
 D- A public handwashing facility will be installed in the IS, regularly provided with soap and chlorinated water. E- community outreach is being adapted and used to provide information.



Contact numbers of UNHCR officials by region:

Mount Lebanon			
Name	Office	Email	Phone number
Laura Almirall	Head of Field Office	almirall@unhcr.org	+ 961 81 312 081
Alain Ghafari	Community Services Associate	ghafari@unhcr.org	+ 961 70 330 202
Maguy Bou Tayeh	Public Health Associate	boutayeh@unhcr.org	+ 961 76 421 612

Tripoli			
Name	Office	Email	Phone number
Anne Dolan	Head of Tripoli Sub-office	dolan@unhcr.org	+ 961 71 911 368
Jorunn Brandvol	Senior Protection Officer	brandvol@unhcr.org	+ 961 76 320 629
Khaled Kabbara	Assistant Liaison Officer	kabbara@unhcr.org	+ 961 71 777 065
Farah Malyani	Assistant Public Health Officer	malyani@unhcr.org	+ 961 3 059 649

Tyre			
Name	Office	Email	Phone number
Cameron Rashleigh	Head of Field Office	rashleig@unhcr.org	+ 961 76 421 614
Elie Chaaya	Liaison Officer	chaaya@unhcr.org	+ 961 71 910 619
Reem Mdeihly	Assistant Public Health Officer	mdeihly@unhcr.org	+ 961 76 421 638

Zahle			
Name	Office	Email	Phone number
Joseph Zapater	Head of Sub-office	zapater@unhcr.org	+ 961 70 102 905
Paul Sawaya	Liaison Officer	sawaya@unhcr.org	+ 961 76 421 665
Mona Kiwan	Assistant Public Health Officer	kiwanm@unhcr.org	+ 961 79 160 198

ANNEX FOURTEEN

How can municipalities avoid the risks incurred by establishing home, and community/collective quarantine centers?

Municipalities play a significant role when it comes to quarantine, in all its forms, including the selection of the type of quarantine and the management of the facility. Therefore, it is particularly important that the municipal council and the *Mukhtars* (where no municipal council exists) take the following possible risks into consideration and deal with them according to the administrative, health, and social measures in force.

Risk	Probability	Protective Measure
A municipal worker or a volunteer is diagnosed positive	High	<ul style="list-style-type: none"> - Train municipal teams on a continuous basis and organize refresher trainings on how to deal with confirmed or suspected cases of infection. - Provide municipal teams with personal protective equipment (gowns, masks, gloves) - Set up several teams that rotate shifts to overlook the operations at the quarantine facility. If a member of these teams catches the virus, the whole team will be quarantined for a period of 14 days. The substitute team then takes over. - Allocate homes or facilities for the members of the teams where they can stay overnight, so they avoid transmitting the virus to their families. - Provide tests for Coronavirus (COVID-19) (in addition to transportation and other costs, etc.)
A positive diagnosed or suspected case refuses to comply with quarantine measures (whether at home or a center)	High	<ul style="list-style-type: none"> - Guard the house or center of the concerned patient within the quarantine. - Request the help of security forces if necessary. However, human rights must be respected, and the privacy of the home and its owners must not be violated (Annex 11)
A family member refuses to respect quarantine measures prohibiting visits to infected people or contacts	Mild	<ul style="list-style-type: none"> - Guard the house or center of the concerned patient within the quarantine.- Request the help of security forces if necessary. However, human rights must be respected, and the privacy of the home and its owners must not be violated (Annex 11)
A cleaning worker gets infected with the virus while transporting trash. A manager or an employee gets infected as a result of prolonged unprotected exposure or failure to respect protection and prevention measures	High	<ul style="list-style-type: none"> - Train quarantine center staff (including managers, workers, cleaners) on a continuous basis and refresh their memory on protective measures, and how to perform hygiene procedures inside a patient's room (in some cases) and elsewhere. - Providing the team, especially cleaners, with protective equipment (gowns, masks, gloves). - Train and remind cleaners of the importance of washing hands frequently with soap and water. - Provide tests for Coronavirus (COVID-19) (in addition to transportation and other costs, etc.) - Set up several teams that rotate shifts to perform cleaning operations at the quarantine facility. If a member of these teams catches the virus, the whole team shall be quarantined for a period of 14 days. The substitute team takes over. - Allocating homes or facilities for the members of the teams where they can stay over, so they can avoid transmitting the virus to their families; however, gender differences must be respected.

Virus outbreak due to lack of protection and prevention measures and partial application of integrated management of waste contaminated with Coronavirus (COVID-19)	High	<ul style="list-style-type: none"> - The municipality must notify residents about the necessity to stick to one color of garbage bags to differentiate the garbage contaminated with Coronavirus (COVID-19) (protection kits, clothing, food or food waste, used bottles of water, etc.) - Notify residents to place these bags in a separate place from the other household garbage. - Inform residents about the time of garbage collection - Allocate a truck to collect quarantine garbage and sanitize it every day. - Allocate one place in each town for virus-contaminated garbage. This place will be at least one km from the nearest housing unit. Avoid having a collection site near any source of surface water. - Prevent herds from approaching the collection site in order to protect the shepherds from catching the virus indirectly and prevent other animals as well from approaching the site. - Follow any additional procedure related to the final disposal of these wastes according to circulars issued by the Ministry of Environment.
Favor one person over another without taking into consideration the severity of the case (family, party, nationality, gender, age, person with disability, poverty level, social group, political party, etc.)	High	<ul style="list-style-type: none"> - Assessment and follow-up of the Social Workers' Syndicate and the Order of Nurses. - Dismiss staff members who do not adhere to the center's policy and code of conduct.
Infected persons and their families are target for bullying	High	<ul style="list-style-type: none"> - Local teams, volunteers, and civil and scout societies to increase awareness campaigns. - Guidelines to municipalities on bullying (Annex 10)

ANNEX FIFTEEN

Materials that Help Prevent and Control Infection that must be Available in Households Infected with the Novel Coronavirus (COVID-19)

This Infection Prevention and Control to be distributed to families of confirmed Coronavirus (COVID-19) cases						
IPC Kit for Affected Family						Objective of use
#	Description	Unit	Qty	estimated Unit Price	Total	
1	Alcohol-Based Hand Sanitizer (min 70% Alcohol) - 750ml	750ml	2	\$5.00	\$10.00	Prevention
2	Digital Thermometer	Pc	1	\$5.00	\$5.00	Prevention
3	Alcohol Antiseptic Spray (95% Ethanol) - 500ml	500ml	1	\$5.00	\$5.00	Prevention
4	Medical Cotton Balls	Box of 200pcs	1	\$3.00	\$3.00	Prevention
5	Soap (125g)	bar	10	\$0.50	\$5.00	Prevention
6	Surface cleaning cloths	Pack of 2	2	\$1.00	\$2.00	Cleaning/ disinfecting
7	Detergent (5L)	Bottle	1	\$5.50	\$5.50	Cleaning/ disinfecting
8	Bleach (5L)	Bottle	1	\$3.80	\$3.80	Cleaning/ disinfecting
9	Plastic Spray Bottle (500ml)	pc	1	\$0.80	\$0.80	Cleaning/ disinfecting
10	Tissues paper	Pack of 200	4	\$2.00	\$8.00	Cleaning/ disinfecting
11	Waste Bags (20L) - Black color	pack of 30bags	2	\$2.00	\$4.00	Cleaning/ disinfecting
12	Plastic Waste Bin with pedal (20L)	Pc	2	\$4.00	\$8.00	Cleaning/ disinfecting
13	Reusable heavy-duty gloves	pair	1	\$1.62	\$1.62	Cleaning/ disinfecting
14	Surgical Mask	Pack of 50	1	\$15.00	\$15.00	PPE
15	Medical Gloves	Pack of 50 pair	1	\$5.00	\$5.00	PPE
16	Reusable Plastic Goggles	Pc	1	\$1.45	\$1.45	PPE
17	Reusable Washable Gown	Pc	2	\$8.14	\$16.28	PPE
18	Flyers (develop one flyer on cleaning and disinfection)		2	\$0.00	\$0.00	information
19	Packaging		1	\$5.00	\$5.00	
Total					\$104.45	

Ministry of Public Health Guidelines for Wrapping and Transporting Dead Bodies, Suspected or Confirmed to be Infected with the Novel Coronavirus (COVID-19)

Lebanese Republic

Ministry of Public Health

Director General

20/03/2020

Memorandum No.61

On wrapping and transporting dead bodies, suspected, or confirmed to be infected with the novel Coronavirus (COVID-19) The novel Coronavirus (COVID-19) 2019 needs living cells to survive. After the death of a person, the virus is transmitted to those in contact with the infectious body fluids spewed while washing and preparing the body. The virus remains alive for several hours (no more than 48 hours, according to the World Health Organization).

It should be noted that there is no need for exceptional burials in terms of tomb depth. However, the following steps must be followed during the process of shrouding, preparing, and transporting bodies infected or suspected to be infected with the novel Coronavirus (COVID-19) and during burial and funeral:

First: Shrouding

If no cleansing is required:

- Be extra cautious not to contact body fluids of the deceased. Proper personal protective equipment (PPE) should be worn while preparing and enveloping the body.
- A mask and gloves must be used only once then must be disposed of properly.

If cleansing is required:

Before coming close to the body of the deceased, wear PPE consisting of:

- Long-sleeved fluid-resistant gown
- Eye goggle or face shield
- Mask N95
- Gloves

Second: Preparing and Transporting the Body

- Wrap the body immediately with an insulated plastic bag and close it tightly
- Clean surfaces and equipment with soap and water to remove contamination from blood residues or body fluids using disposable towels
- Disinfect surfaces, tools used, and the outside of the bags in which the body is placed with sanitizing materials (such as, chlorine)
- Disinfect the used equipment, including the transport vehicle, in case of direct contact with the body
- Dispose of waste safely
- Removing PPE:
 - Remove and dispose of PPE with caution and immediately after the process is completed
 - Wash your hands immediately for at least 20 seconds with soap and water after removing the PPE
- Clean and disinfect hands very well in the following cases:
 - After wiping any contaminated surface or material
 - After glove removal
 - After transporting and burying the body
- Transport the body from the mortuary directly to the cemetery

Third: Burial and Funeral

- Do not touch the dead body
- Avoid gatherings as much as possible and commit to not shaking hands, holding close, and kissing
- Limit the number of people attending the funeral and respect the social distance between people (at least one meter). Wear a mask and use a hand sanitizer
- Leave the funeral immediately after offering condolences