FREQUENTLY ASKED QUESTIONS FOR THE MANAGEMENT OF HEALTH WORKERS IN RESPONSE TO COVID-19, 7 MAY 2020

INTRODUCTION

In order to address the COVID-19 pandemic, countries and health institutions must have the capacity to respond with human resources that are sufficient in quantity and who possess the skills and capacities necessary to meet the needs of the population in a timely, relevant, efficient, and effective manner.

Effective management of human resources will allow health systems to respond in a timely manner, improve health care outcomes, rationalize the use of resources, and reduce the stress on staff.

The COVID-19 pandemic presents challenges to ensure the availability of health personnel in areas of high demand with the necessary capacities to respond adequately to the increased demand and expansion of services as well as the possible reduction in available personnel due to, among other things, illness, risk situations, and personal or family issues.

Planning of human resources is essential to ensure preparedness for response, enhance surge capacity, and ensure a sufficient supply of health workers that are more efficient and productive, providing them with the training, protections, rights, recognition, and tools necessary to undertake their roles.

In order to plan appropriately, the following areas should be prioritized:
1- Protect health personnel and support workers in health institutions;
2- Establish a process to forecast human resources' staffing needs and the possible mobilization of human resources;
3- Activate or strengthen the health services network, communication, and community participation in countries.

The purpose of this document is to facilitate quick access to available documentation, guidelines, and resources for some frequently asked questions pertaining to the management of human resources for health in response to COVID-19 for PAHO colleagues. The list of questions is not exhaustive and more information will be added as the situation evolves. Some resources are repeated under more than one question, based on their relevance for responding to the question.

GENERAL INFORMATION FOR HEALTH WORKERS

The following sites contain general information as well as training materials that are useful for health workers. We suggest you review these sites frequently as information is constantly being updated as it is made available.

World Health Organization (WHO):
- WHO main page on COVID-19: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- Guidance for health workers: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers
- EPI-WIN WHO information network for epidemics:
  - https://www.who.int/teams/risk-communication (main page)
  - https://www.who.int/teams/risk-communication/health-sector (health sector page)

  Note some of the information is the same as the WHO main page on COVID-19.
- Virtual courses (self-learning): https://openwho.org/channels/covid-19

Pan American Health Organization (PAHO):
- Main page: Includes general information and links to training materials on the Virtual Campus for Public Health: https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19
- Technical Documents – Coronavirus Disease (COVID-19): https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19

United States Centers for Disease Control and Prevention (CDC):
- Information for healthcare professionals (note that while some of this information may be valuable, it is specific to the United States and may not be applicable to the national or local context): https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

1. PROTECT HEALTH PERSONNEL AND SUPPORT WORKERS

1.

Q. What care (self-care) and protection measures are recommended for protecting health workers?
A. The World Health Organization (WHO) and the Pan American Health Organization (PAHO) have published guidelines for the care of health workers. Some of these have been selected below:
- **Coronavirus disease (COVID-19) technical guidance: Infection prevention and control / WASH**
Includes general technical guidance on infection prevention and control (IPC) and water, sanitation, hygiene and waste management. Information useful for health workers and health services in general.
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

- Key resources developed by WHO, particularly for health workers.

  Guidance for health workers. This site includes guidance on personal protective equipment (PPE), masks, and other technical publications and guidance for health workers. We recommend you review all the links on this site.
  https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers

  We have highlighted the following technical guidance for health workers.

  - **Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected**. Interim guidance 19 March 2020.
    Guidance on infection prevention and control (IPC) strategies, when infection by COVID-19 is suspected. This is the first edition and WHO will update these recommendations as more information becomes available.
    https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

  - **Rational use of personal protective equipment for coronavirus disease (COVID-19)** 19 March 2020.
    Summary of WHO with recommendations for the rational use of personal protective equipment (PPE), in health care and community settings, including the handling of cargo. This document is intended for those involved in the distribution and management of PPE, as well as public health authorities and individuals in health care and community settings to understand when PPE use is most appropriate.
    https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf.

  - **Advice on the use of masks in the context of COVID-19** 6 April 2020.
    This document provides rapid advice on the use of medical masks in communities, during home care and in health settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCW), and community health workers.
    https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak.

  - **Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed COVID-19** 31 March 2020.
    Answers to some common questions that health workers and institutions may have.
    https://www.who.int/news-room/q-a-detail/q-a-on-infection-prevention-and-control-for-health-care-workers-caring-for-patients-with-suspected-or-confirmed-2019-ncov.

COVID-19

- **Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected** Interim guidance 13 March 2020.
  Document for clinicians taking care of hospitalized adult and pediatric patients with severe acute respiratory infection (SARI) when a nCOV infection is suspected. It is not meant to replace clinical judgment or specialist consultation but to strengthen clinical management of these patients and provide up-to-date guidance. Best practices for SARI including IPC and optimized supportive care for severely ill patients are essential.
  https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected.

Open access courses through WHO:

- **ePROTECT Respiratory Infections (EN)**
  This course provides a general introduction to acute respiratory infections (ARIs) and basic hygiene measures to protect against infection. *Duration: 2 hours*.
  https://openwho.org/courses/eprotect-acute-respiratory-infections.

- **Emerging Respiratory Viruses, Including COVID-19: Methods for Detection, Prevention, Response, and Control**
  This course provides a general introduction to emerging respiratory viruses, including novel coronaviruses. It includes the nature of emerging respiratory viruses, how to detect and assess an outbreak, strategies for preventing and controlling outbreaks due to novel respiratory viruses. The course includes a module on what strategies should be used to communicate risk and engage communities to detect, prevent and respond to the emergence of a novel respiratory virus. *Duration: 3 hours*.
  https://openwho.org/courses/introduction-to-ncov

- **Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)**
  Course providing information on what facilities should be prepared for responding to cases of emerging respiratory virus such as COVID-19, how to identify a case and how implement IPC measures to ensure there is no transmission to HCW, to patients and to others in the healthcare facility. This training is intended for healthcare workers and public health professionals, as it is focused on infection prevention and control. *Duration: 1 hour*.
  https://openwho.org/courses/COVID-19-IPC-EN

- **Clinical Care Severe Acute Respiratory Infection**
  Course on clinical management of patients with a severe acute respiratory infection. It is intended for clinicians who are working in intensive care units (ICUs) in low- and middle-income countries and managing adult and pediatric patients with severe forms of acute respiratory infection (SARI), including severe pneumonia, acute respiratory distress syndrome (ARDS), sepsis and septic shock. It is a hands-on practical guide to be used by health care professionals involved in clinical care management during outbreaks of influenza virus (seasonal) human infection due avian influenza virus (H5N1, H7N9), MERS-CoV, COVID-19 or other emerging respiratory viral epidemics. *Duration: 10 hours*
  https://openwho.org/courses/severe-acute-respiratory-infection

PAHO — Pan American Health Organization — World Health Organization — Regional Office for the Americas

BE AWARE. PREPARE. ACT.
www.paho.org/coronavirus

- **COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response**
  This 3-module learning package introduces the context for the need for a coordinated global response plan to the COVID-19 outbreak. It provides the required guidance to implement the Operational Planning Guidelines to Support Country Preparedness and Response. These planning guidelines describe priority steps and actions to be included in countries' preparedness and response plans across the major areas of public health preparedness and response. This is aligned with the previously published COVID-19 Strategic Preparedness and Response Plan (SPRP). By the end of this course, the appointed UNCT lead planners and relevant partners should be able to assess and fill in capability gaps to respond to the COVID-19 outbreak.
  https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN

2.
Q. What care (self-care) and protection measures are recommended for other human resources involved in the response to COVID-19 (administrative personnel, cleaning crew, orderlies, drivers, etc.)?
A. Depending on the roles that support personnel carry out and their level of exposure, they should possess the knowledge and competencies for self-care and care of those around them. They should refer to the technical guidelines that include general recommendations for self-care which can be found on this WHO webpage:
Country & Technical Guidance - Coronavirus disease (COVID-19)
https://www.who.int/en/emergencies/diseases/novel-coronavirus-2019/technical-guidance

3.
Q. What are the recommendations regarding personal protective equipment (PPE)?
A. The following resources are available:

- **Rational use of personal protective equipment for coronavirus disease (COVID-19)**
  This document summarizes WHO recommendations for the rational use of personal protective equipment (PPE), in health care and community settings, including the handling of cargo. It is intended for those involved in the distribution and management of PPE, as well as public health authorities and individuals in health care and community settings to understand when PPE use is most appropriate.
  https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf.

- **Advice on the use of masks in the context of COVID-19** 6 April 2020.
  This document provides rapid advice on the use of medical masks in communities, during home care, and in health settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCW), and community health workers.
  https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak.

4.

Q. What are some basic considerations regarding training and skills enhancement for health workers working with patients COVID-19?

A. Institutions should ensure the following as it relates to the training of health workers:

- Ensure that all of the health workforce in community and hospital-based services is provided with appropriate COVID-19 training (online, or in designated community training facilities).
- Develop and adopt a training plan to address COVID-19, including making provisions for ongoing training and updating skills and competencies as needed.
- Ensure that all health workforce is trained and up to date in WHO Basic Emergency Care.
- Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities, and essential infection prevention and control.
- Provide workers with access to existing web-based training courses on COVID-19, including on Open WHO and PAHO's Virtual Campus for Public Health.
- Mobilize adequate supported supervision structures and capacity to reinforce and support rapidly acquired knowledge and skills.
- Establish systems to monitor and ensure the proper acquisition and application (practice) of the knowledge, skills, and competencies needed to respond to COVID-19.

5.

Q. What are the rights, roles and responsibilities of health workers?

A. These are outlined in the document, *Coronavirus Disease (COVID-19) Outbreak: Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health*, which highlights the rights and responsibilities of health workers, including specific measures needed to protect occupational safety and health.

https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf?sfvrsn=bcabd401_0

6.

Q. What information exists for addressing the mental health concerns (stress, burnout and other considerations) among those responding to the epidemic (health workers and non-health workers)?

A. The following resources are available:

- **Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak** Interagency Standing Committee – IASC Reference group for mental health and psychosocial support in emergency settings. This briefing note addresses key mental health and psychosocial support considerations in relation to the 2019 novel coronavirus (COVID-19) outbreak.
  https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing

- **Mental Health Considerations during COVID-19 Outbreak** 18 March 2020
  This document was developed by the Mental Health Department of WHO as support for mental and psychological well-being during COVID-19 outbreak.

https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?sfvrsn=6d3578af_2

- Free courses available on PAHO's Virtual Campus for Public Health, including: **Psychological first aid (PFA) in disaster management in the Caribbean - 2019** https://cursospaises.campusvirtualsp.org/enrol/index.php?id=488

7.
Q. What procedures should be established in health institutions for the follow up and control of health workers exposed to COVID-19?
A. The institution should establish a system for follow up and control of workers exposed to COVID-19. The following tools are available.

- **Care for health workers exposed to the new coronavirus (COVID-19) in health facilities**
Developed by PAHO, this tool provides guidelines for caring for health workers exposed to the novel coronavirus (COVID-19) in health facilities, as well as management of occupational exposure to the virus. The tool will help determine the risk of infection in health professionals who have been exposed to a COVID-19 patient and will guide decisions on appropriate actions as well as provide recommendations for proper management of these health professionals, in accordance with risk of infection.
https://www.paho.org/en/documents/care-health-workers-exposed-new-coronavirus-covid-19-health-facilities

- The tool, **Health workers exposure risk assessment and management in the context of COVID-19 virus**, is to be used by health care facilities that have either cared for or admitted COVID-19 patients; it is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. It will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient and then provides recommendations for appropriate management of these HCWs, according to their infection risk. The latest version of the tool, data template and data dictionary can be accessed at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/health-workers.

2. HRH STAFFING, MOBILITY, AND SCALING UP (SURGE CAPACITY)

8.
Q. What type of health personnel are needed to respond to the COVID-19 pandemic?
A. The number, profiles, and functions of health workers needed will vary according to the characteristics of the health situation and health system in each country.

PAHO and WHO have developed modeling tools for the general calculation of needs according to different COVID-19 scenarios in the country. They can be used to identify critical tasks and time expenditures, combined with epidemiological context and population data, to model health worker requirements.

- **Estimation tool for hospital beds and health human resources for the response to COVID-19**
  This tool was developed by PAHO and is available to all the PAHO Health systems and services advisors in the region. Training can be scheduled in its use as needed.

We also suggest consulting the following website, documents and learning modules from WHO:

- **WHO surge calculators**
  To gauge the need for supplies/equipment and health work force requirements during the COVID-19 pandemic, WHO has developed a suite of complimentary surge calculators – one for supplies and two for health workforce. All tools use the same base epidemiologic assumptions and classify health workforce using standardized International Labor Organization International Standard Classification of Occupations codes, but their outputs are intentionally different due to their primary focus. The first two tools described below will help countries to visualize and estimate the health workforce necessary for acute and intensive care over the course of the pandemic, and to project the timing and severity of the peak of the outbreak. All three tools are available at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/covid-19-critical-items.
  - **Health Workforce Estimator**
    The Health Workforce Estimator will assist countries in estimating the numbers of health workers needed based on projected numbers of moderate, severe, and critical patients per day. This understanding of the potential workload from COVID-19 will also allow countries to anticipate and better address the mental health-care needs of health workers. Additionally, it will help health service managers calculate the amounts of personal protective equipment and other resources required to safeguard the physical health of staff.
    https://euro.sharefile.com/share/view/s1df028894aa49abb

  - **Adaptt Planning Support Tool**
    The Adaptt Surge Planning Support Tool, intended for policy-makers and senior planners, focuses on surge planning. It will help users to estimate the number of beds required for moderate, severe, and critical care; the dates of predicted bed shortages; and the detailed human resources needed.
    https://euro.sharefile.com/share/view/scef08a92a9d43b68

  - **Essential Supplies Forecasting Tool (ESFT)**
    The Essential Supplies Forecasting Tool (ESFT) is designed to help governments, partners and other stakeholders to estimate potential requirements for essential supplies, including equipment, drugs, inpatient beds, and tests. While the focus is on supplies, the tool also provides some outputs on COVID-19 cases and health workforce requirements, including community health workers, in an aggregated format.
    http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-

outbreak-technical-guidance-europe/strengthening-the-health-system-response-to-covid-19/surge-planning-tools/essential-supplies-forecasting-tool-esft

- **Coronavirus disease (COVID-19) technical guidance**: **Country readiness**
  https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/country-readiness

- **Operational planning guidelines to support country preparedness and response**
  This document provides a practical guide for the United Nations country teams and partners to develop a country preparedness and response plan (CPRP) to immediately support national governments to prepare for and respond to COVID-19. This guide outlines the priority steps and actions to be included in the CPRP across the major areas of the public health preparedness and response. While not specific to health workers, this guide addresses some of those issues.
  https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4

- **National capacities review tool for a novel coronavirus (nCoV)**
  The aim of the tool is to better understand existing capacities in the area of detection and response to a novel coronavirus (nCoV) that is zoonotic and causes respiratory disease. This information will help national authorities to: i) identify main gaps; ii) perform risk assessments; and iii) plan for additional investigations, response, and control actions. While not specific to health workers, the tool helps identify some of the needs related to the same. The tool was developed with other coronaviruses, such as SARS-CoV and MERS-CoV, in mind and in consultation with Member States.
  https://www.who.int/docs/default-source/coronaviruse/national-capacities-review-tool-for-a-novel-coronavirus-ncov.pdf

- **E-learning: Planning Guidelines and COVID-19**
  WHO developed these learning modules as a companion to the **Operational planning guidelines to support country preparedness and response**. *Duration: 3 hours*
  https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN

9.
Q. How can I develop a registry or list of health professionals to respond to the health care needs of COVID patients within the health services? (location, availability, profiles and areas of expertise)?
A. It is important to be able to map the health worker requirements and availability (including profile, level of care, critical tasks) in your country according to transmission scenarios, utilizing tools that are available from PAHO, WHO, and/or other reputable sources. To the extent possible, this information should be organized according to profile, specialty, training, current status (active, retired, etc.), demographics (sex, age), location, and potential availability. This will enable the identification of qualified candidates and potential recruitment of additional health workers. Potential sources of the above information are HRH databases, registration and certification records, professional associations, etc.

It would be useful to set up a centralized roster or database of all available health workforce according to level of care at the appropriate level (municipal/district/parish, provincial/state, regional, national) and designating a function/person for updating contact information and potential health care service capacity of all people willing and capable to serve.

10.
Q. How many and which categories of health personnel are needed for scaling up health services?
A. The number, profiles and functions of health workers needed will vary according to the characteristics of the health situation and health system in each country.

PAHO and WHO have developed modeling tools for the general calculation of needs according to different COVID-19 scenarios in the country. They can be used to identify critical tasks and time expenditures, combined with epidemiological context and population data, to model health worker requirements.

- **Estimation tool for hospital beds and health human resources for the response to COVID-19**
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    - **Health Workforce Estimator**
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      https://euro.sharefile.com/share/view/s1df028894aa49abb

    - **Adaptt Planning Support Tool**
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required for moderate, severe, and critical care, the dates of predicted bed shortages and the detailed human resources needed.
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  The Essential Supplies Forecasting Tool (ESFT) is designed to help governments, partners, and other stakeholders to estimate potential requirements for essential supplies, including equipment, drugs, inpatient beds, and tests. While the focus is on supplies, the tool also provides some outputs on COVID-19 cases and health workforce requirements, including community health workers, in an aggregated format.
  http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/strengthening-the-health-system-response-to-covid-19/surge-planning-tools/essential-supplies-forecasting-tool-esft

- **Coronavirus disease (COVID-19) technical guidance: Country readiness**
  https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/country-readiness

- **Operational planning guidelines to support country preparedness and response**
  This document provides a practical guide for the United Nations country teams and partners to develop a country preparedness and response plan (CPRP) to immediately support national governments to prepare for and respond to COVID-19. This guide outlines the priority steps and actions to be included in the CPRP across the major areas of the public health preparedness and response. While not specific to health workers, this guide addresses some of those issues.
  https://www.who.int/docs/default-source/coronaviruse/covid-19-sprp-unct-guidelines.pdf?sfvrsn=81ff43d8_4

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  https://www.who.int/docs/default-source/coronaviruse/national-capacities-review-tool-for-a-novel-coronavirus-ncov.pdf

- **E-learning: Planning guidelines and COVID-19**
  WHO developed these learning modules as a companion to the **Operational planning guidelines to support country preparedness and response**. *Duration: 3 hours*
  https://openwho.org/courses/UNCT-COVID19-preparedness-and-response-EN.

11.

Q. What is the role of family health teams in primary care settings in relation to COVID-19?

A. The family health team fulfills a fundamental role in identifying vulnerable populations. Given their knowledge about the population in their assigned area of work, they have information that can assist in identifying and helping the population at risk. They will be responsible for following up the health of the population for containment and control of the infection through information, education, and promotion. The composition of the family health team should be evaluated depending on the needs to respond to COVID-19.

12.

Q. What options are available to address the need for covering health personnel posts due to absences or for scaling up human resources (increase of beds or services)?

A. National authorities should review the overall organization of care delivery to appropriately assign roles. Health workers with the credentials, skills, and training for higher level care should be mapped to those roles as a priority. Options that could be considered – depending on the health situation, health system, and country context – may include the following:

Recruitment of additional health workers: Countries may wish to consider the following sources for temporary health workforce surge capacity and other essential health care services.
- Establish agreements with the private sector for temporary deployment to public sector.
- Activate other provider networks such as national medical reserve corps, military and veteran health care providers - as appropriate to national and sub-national context - and medically certified EMTs from non-governmental organizations and the International Federation of the Red Cross and Red Crescent (IFRC).
- Where appropriate, consider establishing pathways for accelerated training and early licensing of medical and nursing graduates.
- Deploy recent graduates awaiting internship and students in their final undergraduate year (professional practice or social service) as support personnel in community activities, home visits, patient orientation, data collection, and general examinations.
- Call on retired health workers and/or health workers working outside the health sector for specific tasks. For example, intensivists or specialists could be used to provide virtual consultations to limit their exposure.
- Train and repurpose government and other workers from non-health sectors, and volunteers to undertake support tasks and functions in health facilities that may be compromised (e.g., administration, maintenance, facility security, data collection, hotline response, infection prevention and control, other support services for staff and patients, etc.).
- Establish incentives and domestic support measures (e.g., travel, childcare, care of ill, disabled or elderly family members) that could enhance staff flexibility for shift work.

Reorganization and role distribution of health workforce

Severe shortages of qualified health workers with competencies and experience to deliver ICU interventions requires managers to focus on overall organization of care delivery pathways to appropriately assign roles. Health workers with credentials, skills, and training for higher level care should be assigned to roles according to their capacity.

- Ensure that there is clear definition of the roles and functions for each professional (protocols and procedures).
- Re-distribute staff temporarily from non-affected or less-affected national and sub-national areas to other health services, districts, or areas of the country where they are most needed.
- Redistribute personnel from one area of the health facility to another area or to other functions where they are most needed.
- Consider training, repurposing and utilization of professionals in different capacities (task-shifting):
  - Enhance the capacities of pediatric intensivists and emergency care physicians for the management of adults to assist and support under the supervision of adult intensive care physicians.
  - Reorient certain specialties, such as internists, anesthesiologists, surgeons, nurses, and other health professionals to manage specific treatments for critical COVID-19 patients (intubation, ventilation, respiratory therapy, others).
  - Redistribute functions among professionals that are not on the first line of COVID-19 control (occupational therapists, otorhinolaryngologists, ophthalmologists, dermatologists, and other specialties) to the first level of care or second-level hospitals to boost capacity in these facilities for non-COVID-19 patients.
  - Ensure the existence of health professionals to care for people with chronic noncommunicable diseases (CNCD) and other non-COVID-19 conditions.
- Assign health workers with more general skill sets, those repurposed from other health delivery settings, community health workers, community first aid responders, other lay providers, and recent medical graduates under appropriate supervision to: (1) address the needs of those with minor symptoms in health facilities, ambulatory or home-based settings or congregate care facilities designed to isolate all cases; and/or (2) address conditions other than COVID-19.
- Evaluate alternative models for delivery of care, including identification of simple high-impact clinical interventions for which rapid up-training would facilitate safe task sharing and expansion of scope of practice.
- Strengthen the functions of basic health teams and family health teams to identify vulnerable, at-risk populations and follow up infection containment and control through information, education, and promotion.
- Coordinate shifts of health workers to ensure adequate coverage and allow sufficient downtime for overworked personnel.
- Consider increasing the shifts of part-time staff to full-time or additional hours, balancing occupational safety and health to ensure quality care and prevent infection.
- Consider the potential consequences of health professionals engaging in multiple employment (total hours worked, risk of transferring infection between institutions, etc.).
- Consider the use of web-based and other telemedicine platforms to provide direct clinical services to patients and clinical decision support to service providers who address the needs of individuals who have mild COVID-19 symptoms.
- Establish a call center and/or emergency hotline to respond to COVID-19. Personnel should be duly trained to provide direction and respond to community questions, concerns, and doubts. This function can be undertaken by university students in health careers, health professionals and specialists (active or retirees), among others.

13.

Q. What are some considerations to take into account for the options noted above?

A. Decisions will be based on the situation, context, and experience of each country as well as the characteristics of its health system. In reviewing options, the country may wish to consider the following questions:

- What *profiles* of health workers are most needed?
- Which *categories* of health workers are best targeted for the measures under consideration?
- Has the country had *previous experience* with the above measures and what was the outcome of the same?
- What *legal frameworks, norms, agreements or mechanisms* exist in relation to the various options? Are they likely to facilitate or hinder the option(s) under consideration? Can they be adapted if necessary?
- What *administrative procedures and contractual mechanisms* are currently available or can be adapted as necessary to facilitate the hiring and/or mobilization of personnel, and/or changes in the worker profile (task shifting, task sharing, role expansion)?
- What *policies and regulations* must be in place to allow health workers to deliver COVID-19 interventions and for liability coverage?
- What are the *legal implications* of the different contractual mechanisms under consideration (both for the institution and for the health worker)?
- What are the requirements in terms of *licensure and certification* of professionals? For specialized/non-specialized personnel?
- Are there norms regarding the *scope of practice* permitted according to different professions?
- What *liability, insurance and clinical indemnity arrangements* should be considered as regards changes of assignment across medical sub-specialties and/or in line with agreed task sharing or substitution measures?
- What *type of training* and *amount of time* is needed to implement the measures being considered?
- What type of *coordination and supervision* mechanisms need to be in place? Is the system equipped to implement these?
- What *financial resources* are available or can be accessed?
- What *financial and/or non-financial incentives* can be utilized?
- Do any regulations exist regarding provision of care by health personnel from *other countries*? If yes, can *agreements* be established with other countries for the mobilization human resources?
- What *policies or regulations* exist or need to be in place for *volunteer workers* (vetting, accepting, rejecting, liability issues, etc.)?
- Are *cultural and/or linguistic competencies* a consideration, particularly when deploying to other areas or regions?

3. ACTIVATE OR STRENGTHEN INTEGRATED HEALTH SERVICES NETWORKS, COMMUNICATION AND COMMUNITY ENGAGEMENT

14.

Q. Who should be responsible for the deployment (mobility and/or transfer) of health services personnel within the integrated health services network and/or among the different services, if needed, to ensure coverage and quality of care for COVID-19?

A. Each country should identify the team responsible for the response to COVID-19 at the national level. It is important that the entity responsible for human resources for health at the country or institutional level work with this team to determine the best response as regards deployment/scaling up, mobility, and/or transfer of personnel.

15.

Q. What guidance is available for managing ethical issues during infectious outbreak response?

A. The following guidelines are available from PAHO and WHO:

- **Ethics guidance on issues raised by the novel coronavirus disease (COVID-19) pandemic**
  This guidance is based on the document, **Zika Ethics Consultation: Ethics guidance on key issues raised by the outbreak**, which was published by PAHO in 2016.
  https://www.paho.org/en/documents/ethics-guidance-issues-raised-novel-coronavirus-disease-covid-19-pandemic

- The following documents were developed by WHO in 2016 and 2009, respectively. The chapters that are specific to human resources for health are indicated below.

  - **Guidance for Managing Ethical Issues in Infectious Disease Outbreaks**
    Most relevant are Chapter 2 (Involving the local community), 13 (Frontline response workers' rights and obligations), and 14 (Ethical issues in deploying foreign humanitarian aid workers.
    https://apps.who.int/iris/bitstream/handle/10665/250580/9789241549837-eng.pdf?sequence=1

  - **Ethical considerations in developing a public health response to pandemic influenza**
    Chapter 5 discusses the role and obligations of health-care workers during an outbreak of pandemic influenza
    https://apps.who.int/iris/bitstream/handle/10665/70006/WHO_CDS_EPR_GIP_2007.2_eng.pdf?sequence=1

16.

Q. Should an emergency call center/hotline be established to respond to COVID-19? If affirmative, who should manage the call center/hotline and what training is required to respond to the public?

A. It depends on the decision of each country. In case the country decides to establish a call center and/or emergency hotline to respond to COVID-19, personnel should be duly trained to provide direction and respond to community questions, concerns, and doubts. This function can be undertaken

by university students in health careers, health professionals and specialists (active or retirees), among others.

17.

Q. What information is available for the home care of persons with suspected novel coronavirus infection?

A. The following information is available from WHO:

- **Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts**
  This rapid advice has been updated with the latest information and is intended to guide public health and infection prevention and control (IPC) professionals, health care managers, and health care workers (HCWs) when addressing issues related to home care for patients with suspected COVID-19 who present with mild symptoms and when managing their contacts.
  https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts

- **Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV**
  This site offers answers to some frequently asked questions on this topic.
  https://www.who.int/news-room/q-a-detail/q-a-on-infection-prevention-and-control-for-health-care-workers-caring-for-patients-with-suspected-or-confirmed-2019-ncov

18.

Q. Who should interact with the media? What training is available to them?

A. In some countries, there is an official spokesperson/entity for interacting with the media, particularly in relation to emergencies or epidemics (COVID-19). Other countries may have more than one person assigned to this function. Nonetheless, it is important to identify official spokespersons with technical knowledge to ensure authoritative information at all levels: national, state/provincial/district, institutional, etc.

The following materials and guidelines are available:

- **Guidelines for communicating about coronavirus disease 2019**
  Risk communication is an integral component of public health risk management and a core capacity under the International Health Regulations (IHR). These guidelines, developed by PAHO, include some suggestions, principles and templates for communicating about COVID-19.
  https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=51836-covid19-guidelines-for-communicating-about-coronavirus-disease-2019&category_slug=scientific-technical-materials-7990&Itemid=270&lang=en

- **Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV)**
  This document provides WHO checklists for risk communication and community engagement (RCCE) readiness and initial response for COVID-19.
  https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov)

- **Virtual course**. **Risk communication essentials (English/Portuguese)**
  This course, developed by WHO, includes the core principles of risk communication and its application to disease outbreaks and health emergencies. *Duration 8 hours*.
  https://openwho.org/courses/risk-communication

- **The COVID-19 risk communication package for healthcare facilities (WHO - WPRO)**
  This risk communication package was developed **by WHO's Western Pacific Regional Office (WPRO)** in response to the COVID-19 outbreak. It is intended for healthcare facilities and provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work.
  https://iris.wpro.who.int/handle/10665.1/14482

- **Virtual course. Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control**
  This course provides a general introduction to emerging respiratory viruses, including novel coronaviruses. It includes the nature of emerging respiratory viruses, how to detect and assess an outbreak, and strategies for preventing and controlling outbreaks due to novel respiratory viruses. The course includes a module on what strategies should be used to communicate risk and engage communities to detect, prevent, and respond to the emergence of a novel respiratory virus. *Duration: 3 hours*
  https://openwho.org/courses/introduction-to-ncov

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