



Coronavirus Disease 2019 (COVID-19)

Deployment Processes: COVID-19 Considerations

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The deployment processes include RRT coordination and reporting, RRT evolution (team members changing over, handoff of information, etc.) and RRT demobilization are discussed in more detail in the RRT General Guidance, *Section 4.4*³. Of these, RRT coordination and Reporting may require specific modifications for the COVID-19 response.

In terms of coordination, *Table 3* provides example terms of references (TORs) including objectives, activities, deliverables, and indicators specific to a COVID-19 response that should be adapted to the local and current response context. These TORs can be used to help coordinate RRT activities with other aspects of the COVID-19 response including coordination with other response stakeholder activities. Additionally, the TORs can be used as indicators to monitor the RRTs in the field and included in the RRT's reporting processes.

Coordinating remote RRT support may be another option a country considers during the COVID-19 response; that is, deploying RRT members (especially those at high risk) to the emergency coordination unit rather than to the field, due to the virus's high transmissibility^{9,22}. Remote engagement can be a challenge as it requires finding alternative mechanisms to engage in the response including a functional information technology network. This can include the use of mobile platforms for data collection, hosting virtual coordination/team meetings, provision of remote trainings, and utilizing pre-existing telehealth services if applicable.

In addition to standard RRT reporting measures (e.g. situation reports, mission reports, etc.), RRT member health monitoring for COVID-19 can be established as part of the reporting process³. For example, standard operating procedures on what to do if an RRT member feels ill and/or meets sign/symptom criteria for COVID-19. This should include how and how often they should monitor their health (i.e., temperature measurements twice per day), who they should notify (i.e., team lead and/or RRT management), and what isolation/testing and treatment measures will need to be in place. An established plan to safely transport an ill RRT member to appropriate medical care can save valuable time in case of an emergency. If feasible, identify organized and empathetic team members to provide mid-deployment outreach in the form of telephone calls or emails to briefly and simply check-in with deployers in the field to identify any potential risks or resource needs.



If no previous RRT deployment SOP exists prior to COVID-19 transmission:

- Consider utilizing deployment SOP(s)/processes that have been used for other public health emergencies
- For the first RRT deployed to an area, consider including an experienced RRT team lead with knowledge of general response operations and the RRT's role within the larger emergency response system

Table 3

Role: Team Leader

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|---|--|--|---|
| <ol style="list-style-type: none"> 1. Provide regular communication between the RRT and emergency coordination unit 2. Identify and communicate on RRT needs in the field including human resources, logistics, resources, and subject matter expertise support 3. Ensure inter-team communication and coordination 4. Address and resolve inter-team conflict 5. Monitor RRT member's mental and physical wellbeing Determine field response strategy | <ul style="list-style-type: none"> • Attend meetings with local government staff and external partners engaged in on-the-ground response activities • Develop RRT priorities and daily rhythm • Institute daily RRT meeting sessions for updates on RRT members activities, challenges, and needs ensuring the RRT activities are non-duplicative and aligned with response priorities • Build in time for colleagues to provide social support to each other • Ensure that staff are aware of where and how they can access mental health and psychosocial support services • Send regular reports (by SMS, phone, or email) to the RRT manager or country-equivalent in the emergency coordination unit • If COVID-19 daily RRT health monitoring is instituted (i.e. daily check for COVID-19 signs/symptoms), then ensuring RRT members are compliant with their daily checks | <ul style="list-style-type: none"> • RRT Status Reports • Team plans/ priorities | <ul style="list-style-type: none"> • Timely RRT reports sent (per reporting schedule) • Assess if weekly priorities were met; follow-up on unmet priorities |

Role: Epidemiology ²³

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|------------|------------|--------------|---------------------|
|------------|------------|--------------|---------------------|

1. Rapidly detect cases of COVID-19 and evidence of transmission among contacts
 2. Reduce transmission, delay spread of disease, and rapidly contain new outbreaks
 3. Systematically identify all social, familial/household, work, healthcare, and other contacts of a suspect, probable or laboratory-confirmed case of COVID-19
 4. Identify individuals at increased risk in the community or healthcare facility as early as possible
 5. Evaluate and strengthen surveillance capacity
- Interview and collect specimens from suspect, probable, and/or laboratory-confirmed COVID-19 cases and conduct designated contact tracing activities
 - Ensure the use of and adherence to a standardized line list (e.g. sex, age, date of symptom onset, etc.) per local, national, and/or international guidance
 - Monitor contacts through contact tracing of suspect, probable and laboratory-confirmed COVID-19 cases per local, national, and/or international guidance
 - Implement active case finding and monitor for COVID-19 alerts as thresholds dictated by local, national, and/or international guidance
 - Ensure adherence to COVID-19 standardized case definitions
 - Ensure regular reporting from healthcare facilities including “zero” cases in the absence of cases; reporting period may vary by context
 - Institute screening questionnaires with COVID-19 case definitions
 - Work with IPC specialists to maintain records of all person entering a COVID-19 patient’s room, including all staff and visitors
 - Screening questionnaires
 - Case reporting forms; possible transition to aggregate daily/weekly reporting form if necessary
 - Line list of COVID-19 cases in all healthcare facilities
 - # and % of healthcare facilities from which line lists are available and/or submitted
 - # and % of healthcare facilities using standardized case definitions
 - # and % of healthcare facilities using a standardized line list
 - # and % of local staff trained on
 - Case investigation
 - Contact tracing
 - # and % of contacts investigated within 48 hours of identification
 - # and % of contacts notified and quarantined within 48 hours of notification
 - # and % of contacts registered in local data management system
 - # and % daily follow-ups of persons registered in line list
 - # and % of contacts followed up daily for 14 days or until laboratory-confirmed as a case
 - Proportion of alerts investigated in 24-hour period

Role: Laboratory 24

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|--|---|---|--|
| <ol style="list-style-type: none"> 1. Provide guidance for epidemiologists/surveillance staff on rapid collection, storage, and shipment of specimens to laboratories 2. Support the building of lab capacity and technical assistance for laboratory networks | <ul style="list-style-type: none"> • Ensure access to prompt laboratory testing for identification of the etiologic agent • Conduct specimen collection as directed by local, national and/or international guidance • Provide training on the collection and transportation of specimens (e.g. safe handling practices, spill decontamination procedures, biosafety, and quality assurance) • Ensure adequate SOP(s) are in use and staff are trained for appropriate specimen collection (e.g. if swabs are degraded/unusable), storage, packaging, and transport • Provide accurate and timely reporting of laboratory results to inform epidemiology on case investigation/contact tracing activities • Provide sample collection and testing guidance to local health facilities and laboratories, per local, national/and or international guidance | <ul style="list-style-type: none"> • Report of: <ul style="list-style-type: none"> ◦ Total samples ◦ Positive samples ◦ Types of tests • Laboratory sample tracking form • Laboratory specimen data report to submitter (e.g. healthcare facility, HCWs, case-patients, etc.) • Testing capacity report | <ul style="list-style-type: none"> • # and % of samples tested in a 24-hour period • # and % positive COVID-19 tests in a 24-hour period • # and % of lab results linked to a line list • Time from sample collection to testing and results reported to submitter (e.g. healthcare facility, HCWs, case-patients, etc.) |

Role: Infection Prevention and Control 25' 26

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|---|--|--|--|
| <p>1. Ensure rapid identification and isolation of suspect, probable, and/or laboratory-confirmed COVID-19 cases</p> <p>2. Oversee implementation of precautions for COVID-19, including engineering and administrative controls</p> <p>3. Ensure adherence of standard IPC precautions</p> | <ul style="list-style-type: none"> • Ensure triage procedures at registration are functional and equipped with trained staff <ul style="list-style-type: none"> ◦ Ensure suspect COVID-19 patients are appropriately triaged, isolated, and managed ◦ Ensure designated waiting areas for symptomatic patients • Ensure appropriate signage (e.g. cough etiquette, direction respiratory waiting area) is placed at strategic locations around healthcare facilities • Ensure HCWs wear appropriate PPE based on activity (e.g. triage, patient care, or cleaning activities) • Ensure adequate supplies of PPE and provide guidance for optimizing available supply of PPE (and alternate strategies if there is not enough PPE) • Develop SOPs for environmental cleaning procedures, particularly for the triage and isolation areas where suspect or confirmed COVID-19 patients will be placed • Develop staffing plans to adequately staff isolation areas(consider if cohorting staff is feasible) • Develop contingency plans for PPE shortages and other IPC consumable (e.g. alcohol-based hand rub) shortages in collaboration with national and sub-national public health authorities • Educate healthcare workers (HCWs), patients, and visitors on signs, symptoms, and required IPC protocols • Ensure adherence to national and facility IPC policies and standard operating procedures (SOPs) • Build appropriate triage processes, equipped with trained staff, to rapidly identify suspect cases • Implement appropriate isolation space and guidance for patients waiting to be | <ul style="list-style-type: none"> • Developed and implemented IPC policies and SOP contents • IPC assessments conducted and work plan developed • Structural controls established (e.g. triage set-up, registration area, respiratory waiting area) • IPC focal person and team in place • Trained HCWs • Signage placed in strategic areas | <ul style="list-style-type: none"> • # and % of suspect COVID-19 cases identified among inpatients • # and % of laboratory-confirmed COVID-19 cases identified among inpatients (where testing capacity exists) • # and % of infections among HCWs • # and % of nosocomial infections • Proportion of healthcare facility entrances that have signs referring patients with COVID-19 symptoms directly to a registration area |

seen

- Design a system to rapidly identify HCWs and inpatients suspect cases
- Establish visitation policies/procedures and guidelines that reduce the risk of transmission to both visitors and patients

Role: Case Management 27

| Objectives | Activities | Deliverables | Indicators/Metrics |
|--|--|---|--|
| <ol style="list-style-type: none">1. Ensure optimized care for all patients, especially the seriously ill2. Minimize the impact of the epidemic on health systems, social services, and economic activity3. Ensure healthcare facilities have the resources, staff, and processes to effectively manage and treat COVID-19 patients4. Implement HCW safety practices and SOPs | <ul style="list-style-type: none">• Ensure patient care is appropriate for the severity of disease presentation based on local, national, and/or international guidance (i.e. self-isolation versus hospitalization versus ICU admission)• Train HCWs on educating patient caregivers in outpatient settings• Train HCWs on appropriate triaging for case management and treatment• Ensure adequate patient/staff ratio• Establish a surveillance process for HCW acute respiratory infections caused by COVID-19• Monitor HCW compliance with standard precautions including PPE and providing mechanisms for improvement as needed• Ensure standard operating procedures are distributed to all relevant stakeholders including:<ul style="list-style-type: none">◦ Case management◦ Infection prevention and control guidelines◦ Standardized case investigation forms• Set up or identify existing hospitals, clinics, or alternate care sites (e.g. stadiums, gyms, convention centers) to | <ul style="list-style-type: none">• Report on adherence to standardized treatment and case management• List of healthcare facilities in need of supplies/equipment | <ul style="list-style-type: none">• # and % utilization of medical equipment, such as ventilators, Continuous positive airway pressure (CPAP) machines, other respiratory equipment• # and % daily and/or weekly bed occupancy at health facilities• # and % utilization of consumables (e.g. medications, PPE, etc.) for case |

prepare for increased community transmission

- Evaluate healthcare facilities on the following criteria:
 - Use of IPC and PPE
 - Triage and admission criteria
 - Patient flow
 - Use of standard COVID-19 treatment protocols
 - Isolation and separation
- Monitor data from heavily affected areas (e.g. hospitalizations, health-facility case fatality rates, service delivery, etc.) to assess healthcare facility needs for training as well as resource allocation (beds, ventilators, PPE, etc.)

management

- CFR at healthcare facilities
- Rate of HCW infections

Role: Social Mobilization 28

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|--|---|--|--|
| <ol style="list-style-type: none"> 1. Coordinate with Risk Communication specialist and Epidemiologist to guide community intervention 2. Identify common misconceptions and rumors regarding COVID-19 3. Identify resistance and/or reluctance from the community to follow recommended guidance 4. Tailor COVID-19 communication materials to be applicable and increase the reach of the response | <ul style="list-style-type: none"> • Monitor public discourse for misconceptions and rumors (e.g. through country cables, social media channels) • Establish methods for understanding concerns attitudes and beliefs of key audiences • Identify target audiences and gather information about their knowledge and behaviors • Collect and answer all questions from the community • Identify community leaders, religious leaders, health workers, traditional healers, and alternative medicine providers. Establish regular communication (e.g. weekly technical calls) to gain insight and input from these stakeholders, while also inquiring about gaps, needs, and questions that may not be captured by other surveillance methods. • Identify networks like women’s groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers for other diseases that can assist with community engagement • Anticipate special information and engagement needs for people who are disabled, illiterate, or may otherwise have difficulty accessing information about the outbreak • Train leaders and networks to share plain language messaging tailored to the needs and concerns of their communities | <ul style="list-style-type: none"> • Map of areas targeted with social mobilization campaigns • Lists of community leaders and networks • Messaging tailored for different audiences and information needs • Knowledge, attitudes, and perceptions (KAP) surveys or other community feedback mechanisms • Communication surveillance reports from formal and/or informal channels | <ul style="list-style-type: none"> • # and % of households per affected area that received health education/materials • # and % of community HCWs trained per affected area • # and % of healthcare facilities receiving posters and educational materials for staff/patient/families • # of rumors and/or misperceptions reported and addressed |

Role: Risk Communication 28

| Objectives | Activities | Deliverables | Indicators/ Metrics |
|--|--|---|---|
| <ol style="list-style-type: none"> 1. Communicate about public health precautions 2. Plan regular and proactive communication and engagements 3. Prepare to communicate about COVID-19 index cases in new areas 4. Engage with internal and external response partner coordination | <ul style="list-style-type: none"> • Prevent “infodemics”(an excessive amount of information about an issue that makes it difficult to identify a solution) —this builds trust, increases probability that health advice will be followed, and manages rumors/misunderstandings <ul style="list-style-type: none"> ◦ Regularly monitor for the publishing of new or updated technical guidance from international and local health authorities. Prepare plain language key messaging based on these documents. • Encourage adoption of COVID-19 protective behaviors, with consideration for the populations that you’ll be serving in-country (e.g. not solely advising physical distancing and hand washing with water in a refugee camp setting) as dictated by local, national and/or international guidance • Provide clear and concise messaging about COVID-19 symptoms and distinction between mild versus severe symptoms along with follow-up action • Maintain a 24/7 local hotline for people to call for guidance <ul style="list-style-type: none"> ◦ Write a script with plain language risk communication messaging that hotline staff can refer to during calls ◦ Encourage people to call hotline (if available) or their healthcare provider if they have concerns, questions, or develop symptoms • Provide appropriate messaging on use of masks per local, national and/or international guidance • Collaborate with in-country stakeholders to determine the most effective forms of communication (e.g. social media, radio, television, printed materials) for | <ul style="list-style-type: none"> • Communication plan • Risk Communication checklist for both scenarios: <ul style="list-style-type: none"> ◦ No COVID-19 cases identified ◦ COVID-19 cases already identified • Daily/weekly/ monthly talking points • Risk communication skills training • 24/7 local hotline plan including script for staff | <ul style="list-style-type: none"> • # and % of people following protective measures guidance appropriately • # of rumors and/or misperceptions reported and addressed • # and % leaders, responders, and spokespersons trained on risk communication guidance • Social media and/or website analytics, if applicable |

community reach

- Minimize social disruption with effective risk communication strategies
- Train leaders, responders, and spokespersons on Risk Communication guidance

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)