



# Flash Vehicles

## COVID-19 (Coronavirus) Response Plan

Last Updated: March 26, 2020

# Important Information

Flash Vehicles (“Flash”) provides this information as a service to clients and other friends for educational purposes only and in the spirit of sharing useful knowledge in the context of a rapidly developing situation.

The information compiled in this document is based on what is understood by Flash to be best available information at the time of this document’s preparation and is current as of the date stated on the face of this document, as may be further qualified by the date stated in any note found in this document. **Always consult official public health and government authorities and medical professionals for the most recent information relating to COVID-19/Coronavirus and for instructions as to what your obligations as an organization or individual are.**

The accuracy of the information contained in this document may change, become out of date, or may be subject to error. Always seek the guidance and follow the instructions of local public health authorities, physicians and other qualified health care practitioners in respect of public health and medical matters and the information in this document is not a substitute for the professional judgment of medical professionals.

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## Guiding Principles

- **Defer to Local Health Authorities but assume responsibility as an organization.** Western Europe and North America's experience with COVID-19 has shown that managing a pandemic is a significant challenge, even for highly-developed economies. Local Health Authorities will have many competing claims on their time and resources. In the event that a staff member becomes ill, Local Health Authorities may not be able to support or fully support your organization beyond their core mandate. Be prepared to work to support Local Health Authorities in their mission, not the opposite.
- **Prepare for a scenario where COVID-19 testing may not be widely available.** With a few exceptions, the experience of many countries facing COVID-19 outbreaks is that diagnostic tests may not be widely available or, if available, may at some point be prioritized for sick patients, healthcare workers and persons with high-risk indicators. Prepare for a situation where confirmation testing for negative COVID-19 status following a confirmed or potential infection may not be available.
- **Secure your line of communication to/from local authorities.** Local Health Authorities will provide guidance and directives on the obligations of an organization and its members, as well as the latest information on COVID-19 within your area of operations. Oftentimes, in the heat of the moment, typical communication channels (e.g. websites) may not be updated in a timely manner. Find out how your Location Health Authority prefers to communicate information and assign someone to monitor the source for updates/information.
- **Designate a key decision maker.** In rapidly developing situations it's useful to have a clearly-defined ultimate decision maker on the ground. Identify an individual to fill this role, and communicate their role/responsibility within your organization.
- **Keep updated and prepare to adapt.** Plan to work in a fluid environment. The situation will evolve and policies and procedures will need to be updated regularly. In some cases there may not be time to update or discuss policy before making a decision; it is the responsibility of key decision makers to use their best judgements under these circumstances. This is particularly true in the face of shortages or other constraints that make adhering to preestablished policies impractical or impossible.

## Suggested Responsibilities of a Key Decision Makers regarding COVID-19

- Act as the ultimate authority and decision maker for all COVID-19 related matters in the country or office.
- Responsible for the overall safeguarding of staff and other stakeholders with respect to COVID-19 matters.
- Implement and oversee Business Continuity Plan (see page 10 for guidelines).
- Other responsibilities include:
  - Final decision making on which staff members must self-isolate and for how long.
  - Final decision making on which staff members are eligible to return to work and when.
  - Sole point of contact for internal/external communications regarding COVID-19 within the country/office, unless delegated to other staff members.
  - Liaising with Local Health Authorities.
  - Implementing a local chain of command to ensure that all Symptoms, Potential or Confirmed Cases are reported and acted on according to this document.
  - Creating an environment that ensures implementation and reinforcement of your organization's policies and best practices and for promoting the reporting of Symptoms.
- Key decision makers should be locally based and have the requisite seniority to be able to decisively act in the face of rapidly developing situations, where broader consultation or approvals may not be possible.

# Key Definitions

## Symptoms

Any one or more of:

- dry cough
- fever (temperature greater than 38 degrees Celsius, 100.4 degrees Fahrenheit)
- shortness of breath
- minor chest pain
- runny nose
- sore throat
- nasal congestion

Source: Adapted based [World Health Organisation](#), [CDC](#) updated Mar 19, 2020.

## Emergency Symptoms

Any one or more of:

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Source: Adapted based on [CDC](#) updated Mar 19, 2020.

## Cleared

A Confirmed Case or a Potential Case whose Symptoms have resolved and has been cleared by the key decision maker to return to work in accordance with the procedure on page 22.

## Confirmed Case of COVID-19

A person that has tested positive for COVID-19 or is otherwise determined to be a confirmed case of COVID-19 by a Local Health Authority. Staff members may have contact with a Confirmed Case before they show Symptoms, before they are tested or after they have tested positive. In all cases we suggest following the guidelines included in this document, adapted for your organization's circumstances and the directives of Local Health Authorities.

## Key Definitions (cont'd)

### **Potential Case of COVID-19**

A Potential Case refers to a person:

- With Symptoms; OR
- Who has traveled on a plane within the last 14 days; OR
- Who has had Close Contact (see below) with a Confirmed Case.

### **Close Contact**

Close Contact means any one of the following:

- You live with the person; OR
- You were within 2 meters of the person for 1 hour or more; OR
- You were face-to-face with the person for more than 15 minutes; OR
- You provided care for the person and did not use personal protective equipment or used it inconsistently; OR
- You had direct contact with infectious body fluids from the person (e.g. you were coughed on or sneezed on).

### **Non-Close Contact**

Non-Close Contact means any one of the following:

- You did not make any physical contact (e.g. shake hands) AND were not within 2 metres of the person for more than 1 hour and were not face-to-face with the person for more than 15 minutes; OR
- Your contact with the person was transient, meaning you only walked by the person or were in the same room or location briefly.

### **Intermediary Person**

A person that you have had any kind of contact with who has had contact with a Confirmed or Potential Case.

## Key Definitions (cont'd)

### Local Health Authority

A Local Health Authority is the government authority in the country or city in which an office is located which is responsible for tracking COVID-19 cases and for disseminating guidance and regulations relating to COVID-19.

Country	Local Health Authority	Contact
Sierra Leone	Ministry of Health and Sanitation, Directorate of Health Security and Emergencies	117 (MOH Emergency Number) ( <a href="http://dhse.gov.sl/">http://dhse.gov.sl/</a> )
Liberia	National Public Health Institute of Liberia / Ministry of Health	4455 (NPHIL Emergency Number) ( <a href="https://nationalphil.org/">https://nationalphil.org/</a> )
Côte d'Ivoire	Ministry of Health and Public Hygiene	143 or 101 ( <a href="http://www.sante.gouv.ci/">http://www.sante.gouv.ci/</a> )

### Approved Disinfectant

Not all cleaning solutions are effective at killing the COVID-19 virus. Approved Disinfectants are those that have been confirmed by a government authority as being effective at killing the COVID-19 virus. For the purposes of this document, Approved Disinfectants shall be those listed by the [U.S. Environmental Protection Agency](#) (EPA). Similar lists provided by other government agencies or health authorities may also be referred to. If commercial Disinfectants are not available, a Disinfectant Bleach Solution may be used. See instructions in Appendix C for more information.

Source: [CDC](#), [EPA](#), effective March 19, 2020.

### Sanitize

Sanitizing refers to applying an Approved Disinfectant to high touch surfaces in a vehicle or elsewhere according to the manufacturer's instructions (usually indicated on the bottle). Sanitization typically involves spraying a product on the surface and wiping it off with a clean cloth or paper towel.

### Disinfect

To Disinfect means applying an Approved Disinfectant to high touch surfaces while ensuring that "contact time" (the time the surface should remain wet) is according to manufacturers' instructions or as listed on the [EPA profile](#) of the product used. Detailed instructions on disinfecting are available [here](#).



## Key Definitions (cont'd)

	<u>Self-Monitoring</u>	<u>Self-Isolation</u>
Have Symptoms?	No	Yes
Can you be at Work?	Yes	No
Requirements	<p>Self-monitor means to:</p> <ul style="list-style-type: none"> <li>• Monitor yourself for 14 days for one or more Symptoms of COVID-19.</li> <li>• Go about your day but avoid crowded places and increase your personal space from others, whenever possible.</li> <li>• Call your manager by phone and let them know immediately if you develop any Symptoms.</li> <li>• Follow the Safe Hygiene Guidelines.</li> <li>• Ensure you practice safe respiratory hygiene (cough or sneeze into bent elbow or tissue, wash/sanitize hands after).</li> </ul>	<p>Self-Isolation means staying at home when you have symptoms of COVID-19 and avoiding contact with other people to help prevent the spread of disease to others in your home and your community.</p> <p><b>Limit contact with others</b></p> <ul style="list-style-type: none"> <li>• Do not leave home unless absolutely necessary, such as to seek medical care.</li> <li>• Do not go to work, public areas or use public transportation (e.g., buses, taxis).</li> <li>• If possible, arrange to have food and supplies dropped off at your door to minimize contact.</li> <li>• Stay in a separate room and use a separate bathroom from others in your home, if possible.</li> <li>• If you have to be in contact with others, keep at least 2 metres between yourself and the other person. Keep interactions brief and wear a mask.</li> <li>• Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.</li> <li>• Avoid contact with pets if you live with other people that may also be touching the pet.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Keep your hands clean.</b></li> <li>• <b>Avoid touching your eyes, nose and mouth.</b></li> <li>• <b>Cough or sneeze into the bend of your arm or into a tissue.</b></li> <li>• <b>Avoid contaminating common items and surfaces and clean common surfaces and items regularly (e.g. phones and television remotes).</b></li> <li>• <b>Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.</b></li> <li>• <b>Sanitize and Disinfect surfaces regularly.</b></li> </ul>

## Purpose

Safe and reliable transportation is a fundamental requirement for our clients, many of whom provide mission-critical services and capacity to the COVID-19 response effort. During an emergency situation, our clients need to be able to count on us to deliver under all scenarios. What follows is a summary of some of the elements of Flash's Business Continuity Plan for COVID-19.

- **Establish a second in command** – In the event of infection or other incapacitation of the key decision maker, an alternative staff member should be designated to take over. This individual should be on the ground in each country and undergo the same training as the primary key decision maker. Communicate the role and contact information of the second in command throughout the organization and to head office.
- **Secure required permits and authorizations in advance** – Work with clients and local authorities to secure permits and authorizations to operate throughout the response effort, in advance of an actual shutdown or closure of non-essential businesses.
- **Implement work from home protocols where feasible** – For certain roles, working from home may be an option. Ensure that these roles are identified and that staff members are sufficiently equipped to be effective in a remote environment (e.g. portable computer, internet connectivity, phone credit, access to power, fan).
- **Ensure safe transportation to/from the office where work from home is not possible** – Certain roles will require a physical presence in the office or while on duty (for drivers). All staff transportation methods should be assessed and alternative measures put in place to ensure physical distancing during the commute. As a guideline, individuals who have their own vehicle or access to a vehicle should be trained on vehicle cleaning and passengers limits. For staff that are dependent on public transportation, alternative transportation options (such as utilizing company vehicles and drivers to transport staff) should be employed.
- **Maintain a zero close contact working environment** – COVID-19 can easily spread throughout a population if physical distancing is not observed. Ensuring a zero close contact working environment minimizes the risk of complete office self-isolation, should the circumstances require.
- **Locate a mission-critical team at the office/workshop** – Under certain circumstances it may become difficult or impossible for staff to travel to/from our sites (e.g. road closures, quarantine of a region, closure of non-essential business). All sites should prepare a designated mission-critical team that can relocate and live on-site with short notice (note that all Flash facilities feature accommodation) as well as a store of food, water and power (fuel) for a minimum 30-day period. The team should fulfill the critical support requirements that cannot be managed remotely, and include drivers, mechanics, security and selected operations staff.
- **Test and retrain staff on emergency communications procedures** – Ensure that all staff receive refresher training on emergency comms procedures, including the testing of chains of command, emergency reporting and satellite phone protocols where applicable.

# Safe Hygiene Guidelines

## What is COVID-19?

COVID-19 is a new respiratory virus that is thought to spread mainly from person-to-person.

## What are the symptoms of COVID-19?

COVID-19 is characterized by any flu-like symptom. The most common are:

- **Fever**
- **Dry Cough**
- **Shortness of breath or chest pain**

Other symptoms include **nasal congestion, runny nose, and sore throat.**

Symptoms may appear up to 14 days after exposure and are usually mild and begin gradually.

## How is COVID-19 Spread?

Authorities think the virus spreads:

- When you inhale droplets released when a nearby (within about 6 feet) person coughs or sneezes.
- When you touch your face or mouth with unwashed hands.

## How to protect yourself and others from COVID-19

The following Safe Hygiene Guidelines should be followed at all times by staff. Visitors, clients and others in the community should be encouraged to also follow the below protocols.

- **Wash your hands frequently and thoroughly** using alcohol-based hand sanitizer or soap and water.
- **Maintain social distancing** including at least 2 metres (6 feet) between yourself and others, especially those who are coughing or sneezing.
- **Avoid physical contact** and do not shake hands.
- **Avoid touching eyes, nose and mouth** as this is one of the primary means the virus can enter your body and make you sick.
- **Avoid public or crowded spaces** such as large gatherings or places where you are in Close Contact with other people.
- **Practice good respiratory hygiene** which means covering your mouth and nose with a tissue or your bent elbow when you cough or sneeze. Dispose of the tissue immediately afterwards.

## Creating a safe workplace

In addition to the Safe Hygiene Guidelines, the following should be undertaken to ensure a safe working environment at offices and work sites.

- **Mandatory hand washing and/or disinfecting stations** on entry into compounds and buildings.
- **Frequent “Health Check” procedures** on entry into compounds and buildings, including temperature readers and Symptom screening.
- **Hand sanitizer and tissues available throughout the office** as well as soap and disposable paper towels in all bathrooms.
- **Maintain a ZERO CLOSE CONTACT environment** between staff and between staff and clients, including eliminating physical contact (e.g. shaking hands), ensuring office/facility setup is such that staff are not in Close Contact (e.g. reorganizing desks, driver waiting areas or other high traffic areas to ensure a minimum of 2 meters of social distancing is maintained), ensuring all meetings do not constitute Close Contact and providing ongoing training and reinforcement specifically on this topic.
- **Heightened office cleaning procedures in place** including the Sanitization on a daily basis (or more frequently where feasible) of all high touch surfaces including desks, drawers, door handles, light switches, computers, phones and other areas that are frequently handled.

## Creating a safe workplace (con't)

- **Enabling “standby from home” where feasible** such as for back-up drivers or those awaiting a contract vs travel to/from the office daily if not actively deployed to a client.
- **Extensive signage and staff comms** including the use of posters and other signage at facilities and in vehicles and the use of various methods (e.g. email, posted notices, bulk SMS) to communicate on matters related to COVID-19.
- **Requirement to report Symptoms by phone or other remote means** clearly communicated to staff. Staff should also understand how and to whom they should report Symptoms.
- **Encouraging of Symptom reporting** can be a challenge. Communicate the importance of reporting Symptoms at first occurrence and consider clearly explaining to staff the support they will receive from the organization during a period of self-isolation/quarantine (e.g. financial support, job protection, food delivery, etc).
- **Bulk communications option where feasible** to remotely notify staff of updates and key developments. Consider using e-mail distribution lists or bulk SMS messaging services (often a preferable option for local/contract staff who may not have a organization e-mail address) such as Twilio or Nexmo.

## Suggested guidelines for managing vehicles and COVID-19

- **Heightened daily vehicle cleaning** including the Sanitization of all high-touch surfaces (e.g. dashboard, door handles, head rests, seat belts, steering wheel, shifter, hand brake etc). Where supplies are available, equip vehicles with hand sanitizer, tissues and disinfectant wipes so that cleaning in between trips can be facilitated by drivers.
- **Passenger limits in vehicles** to ensure that there is no Close Contact between passengers/driver. In general, this means that there are no passengers in the front seat, a maximum of two passengers in the second row of seats and in vehicles with a third row or additional seating capacity, only one additional passenger. Windows should be opened slightly for all trips.
- **Implement a method to track a vehicle's passenger and driver history** such as a log book, app-based reporting tool or other tracking method. If passengers do not belong to your organization, ensure you have their contact information. Plan to keep this information for at least 30 days.
- **Suggested in-vehicle COVID-19 resources:**
  - Large bottle of hand sanitizer (minimum 70% alcohol content)
  - Sanitary wipes or a bottle of commercial Sanitizer solution with paper towels
  - Several refuse bags, readily accessible for the driver and passengers
  - Several pairs of disposable gloves
  - Signage on COVID-19 safe hygiene guidelines visible to drivers and in passenger area



## Suggested guidelines for cleaning during COVID-19

- Staff involved with Disinfecting an area/vehicle due to a Confirmed Case or Potential Case should **wear disposable gloves** while Disinfecting and **must wash hands** with soap and water when finished.
- Staff involved in cleaning/Sanitizing activities **must wash hands** when finished. If disposable gloves are readily available, cleaning staff should wear gloves.
- Cleaning/Disinfecting tips:
  - Always clean/wipe-down a surface before Disinfecting.
  - Start with the least dirty/high-touch areas first, then proceed to the dirtier and more high-touch areas.
  - It is preferable to use disposable cloths/paper towels and discard them frequently, particularly when Disinfecting. If disposable towels are not available, change reusable cloths frequently, soak cloths in Disinfectant after use, dry in sun.
- To achieve Disinfection, the Disinfectant must remain wet on the surface being targeted:
  - To achieve the required contact time for Disinfection, it may be necessary to apply the Disinfectant multiple times. E.g. if you need a 5-minute contact time and your Disinfectant is air-drying after 2 minutes, you need to apply 3 times.
  - For difficult or sensitive surfaces (e.g. keyboards, electronics), consider applying Disinfectant to paper towels until damp and placing Disinfectant-soaked paper towels on the surface (instead of soaking in Disinfectant).

# What to do if a Staff Member Develops COVID-19 Symptoms

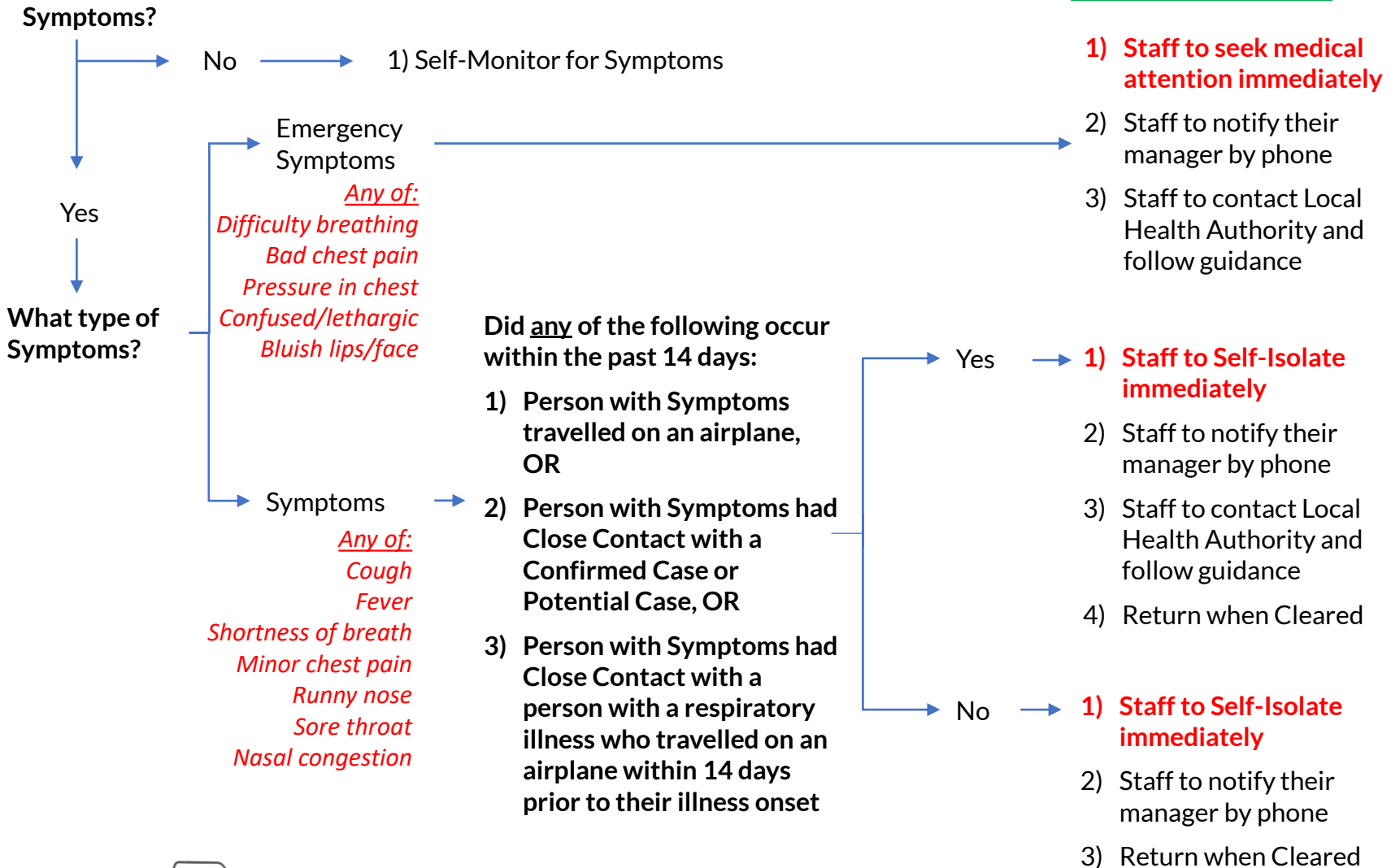
## A note on the procedures which follow

- **Follow your Local Health Authority's guidance** as it may differ from the guidance provided in this document. The guidelines in this document are general in nature. Understand your organization's obligations under local laws and public health regulations.
- **Based on Canadian Public Health case definition/standards.** The following self-isolation and reporting criteria was adapted to be a slightly more conservative version of those provided in the Public Health Agency of Canada's case definition for COVID-19. Other sources have also been used, such as the WHO and CDC, and are noted on each slide.
- **Approach should be reassessed as situation on the ground changes.**
  - We understand that the methodology outlined in the following slides was developed to address the fact that the COVID-19 virus often first presents with symptoms similar to many common respiratory ailments (e.g. seasonal cold).
  - The methodology focuses on identifying risk factors which may indicate a heightened risk of a person having contracted COVID-19.
  - The methodology may no longer be appropriate in the event the COVID-19 virus is in community transmission.
  - Re-assess the following methodology in light of developments in your area of operations and in consultation with Local Health Authorities.

# What to do if a staff member develops Symptoms of COVID-19

Symptoms of COVID-19 are very similar to those of the flu and typically begin as mild and progress gradually. All staff members should self-monitor for the first onset of Symptoms. The appropriate response is determined by answering the questions in the decision tree below.

## Actions to be taken



# Organizational follow-up after a report of Symptoms in a staff member

**Start Here**

**What was reported ?**

**Confirmed Case**  
*(i.e. Tested positive for COVID-19 by health authority. In many cases Confirmed Cases will have already been flagged as Potential Cases (and precautions taken), but it could be the case that a driver returning from a weekend or leave first presents as a Confirmed Case)*

**Is the Potential Case a driver?**

**Symptoms (Potential Case)**

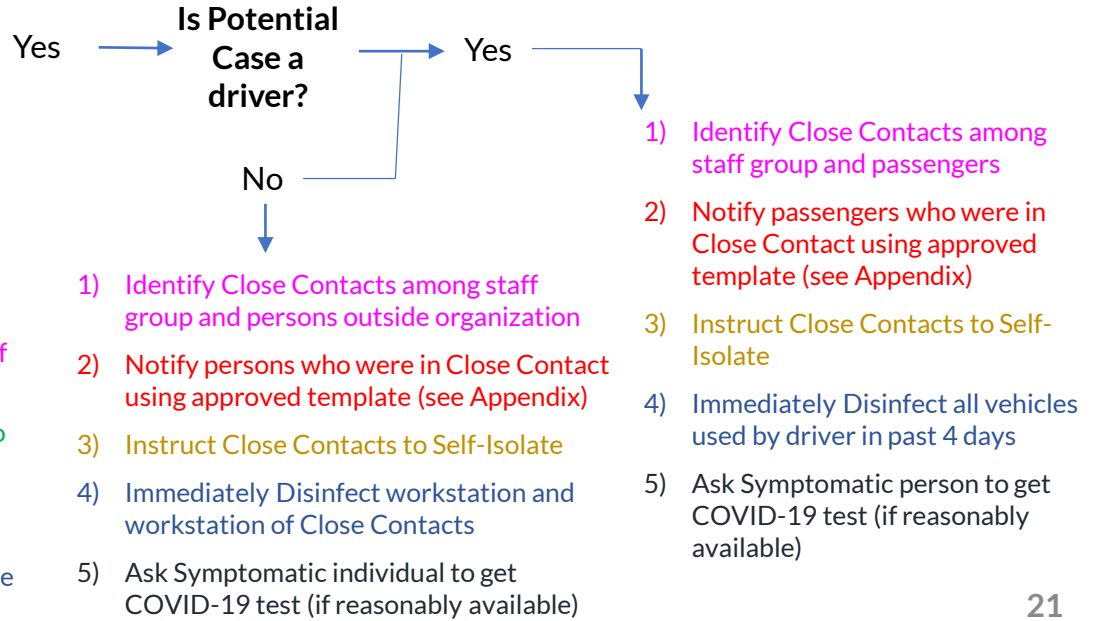
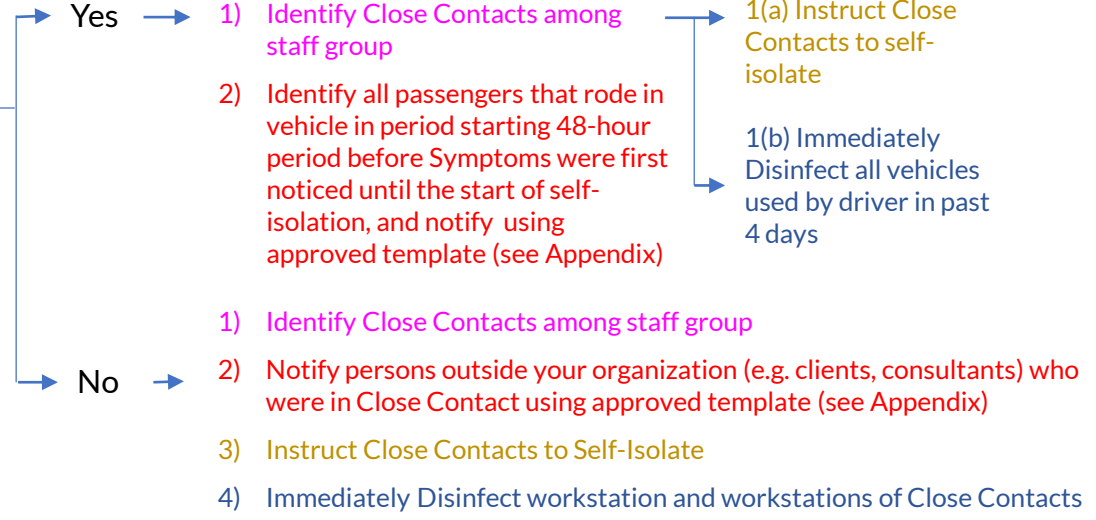
Did any of the following occur within the past 14 days:

- 1) Person with Symptoms travelled on an airplane, OR
- 2) Person with Symptoms had Close Contact with a Confirmed Case or Potential Case, OR
- 3) Person with Symptoms had Close Contact with a person with a respiratory illness who travelled on an airplane within 14 days prior to their illness onset

**Legend:**

- Identification
- Client Notification
- Self-Isolation
- Self-Monitoring
- Disinfection
- COVID-19 Test

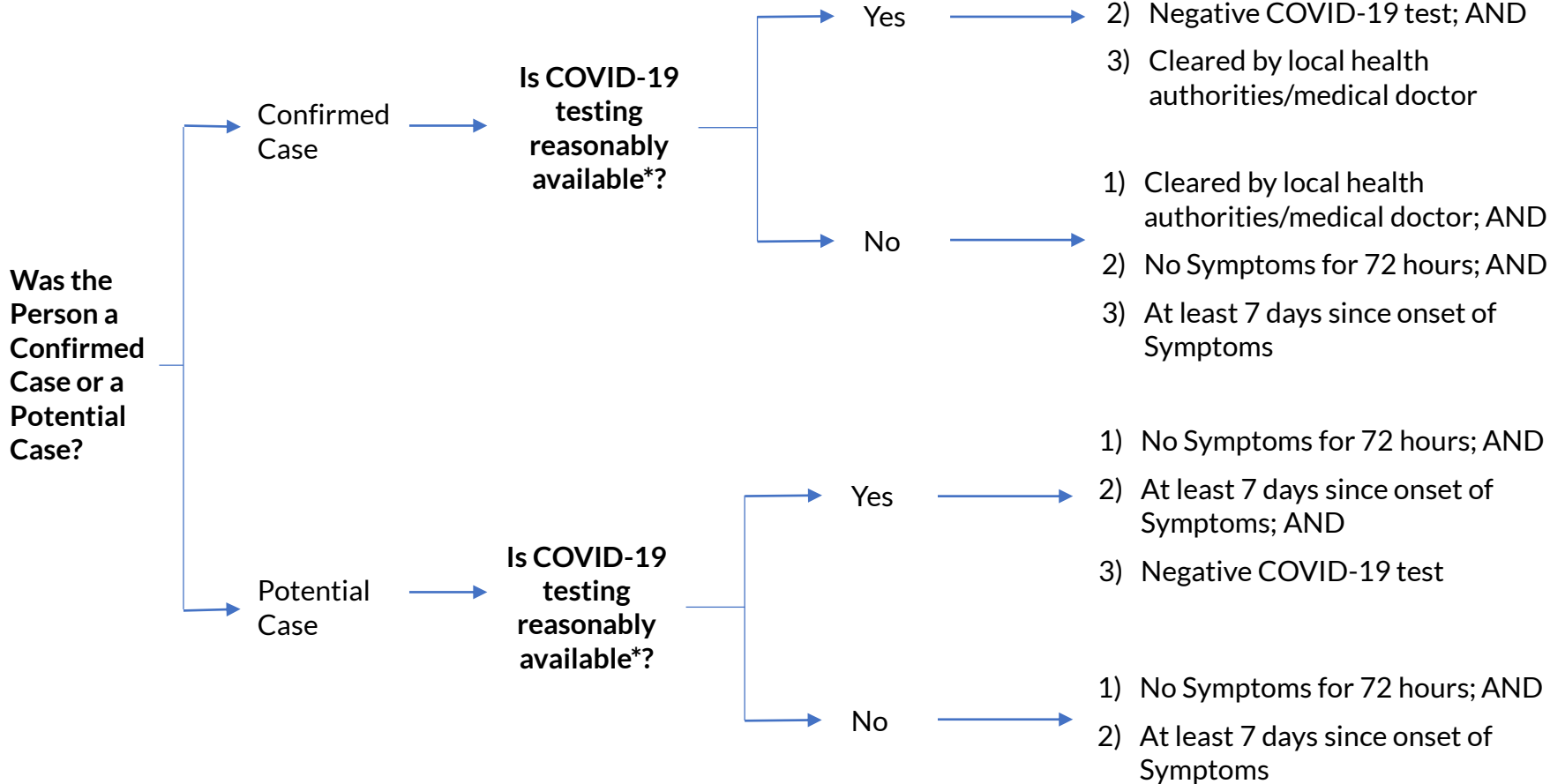
**Flash Vehicles**



# When can someone who reported Symptoms return to work?

Current guidance from health authorities suggests that persons infected with COVID-19 are most contagious when they are the most symptomatic (Source: [CDC](#), updated March 25, 2020). Absent other complicating factors, the CDC states that persons who have been infected with COVID-19 should not pose an infection risk 72 hours after the complete resolution of fever and when other Symptoms have improved, provided at least 7 days have passed since Symptom onset (Source: [CDC](#), updated March 25, 2020). As an added precaution, this decision tree bases the “Cleared” threshold on 72 hours after all Symptoms have fully stopped.

## Can return when All Criteria Below Must be Met



Source: Adapted from [CDC](#), updated Mar 25, 2020.

*\*Experience from North America/Europe suggests that while COVID-19 testing may be available, it may not be accessible by individuals who have already tested positive, do not meet certain criteria, or is not otherwise available in a timely or easy manner. The key decision maker must take into account local requirements and decide whether to require a COVID-19 test for return to work.*

# **COVID-19 Exposure (Confirmed or Potential)**

# What to do if you have had DIRECT contact with a Confirmed or Potential Case of COVID-19 (and you do not have Symptoms)

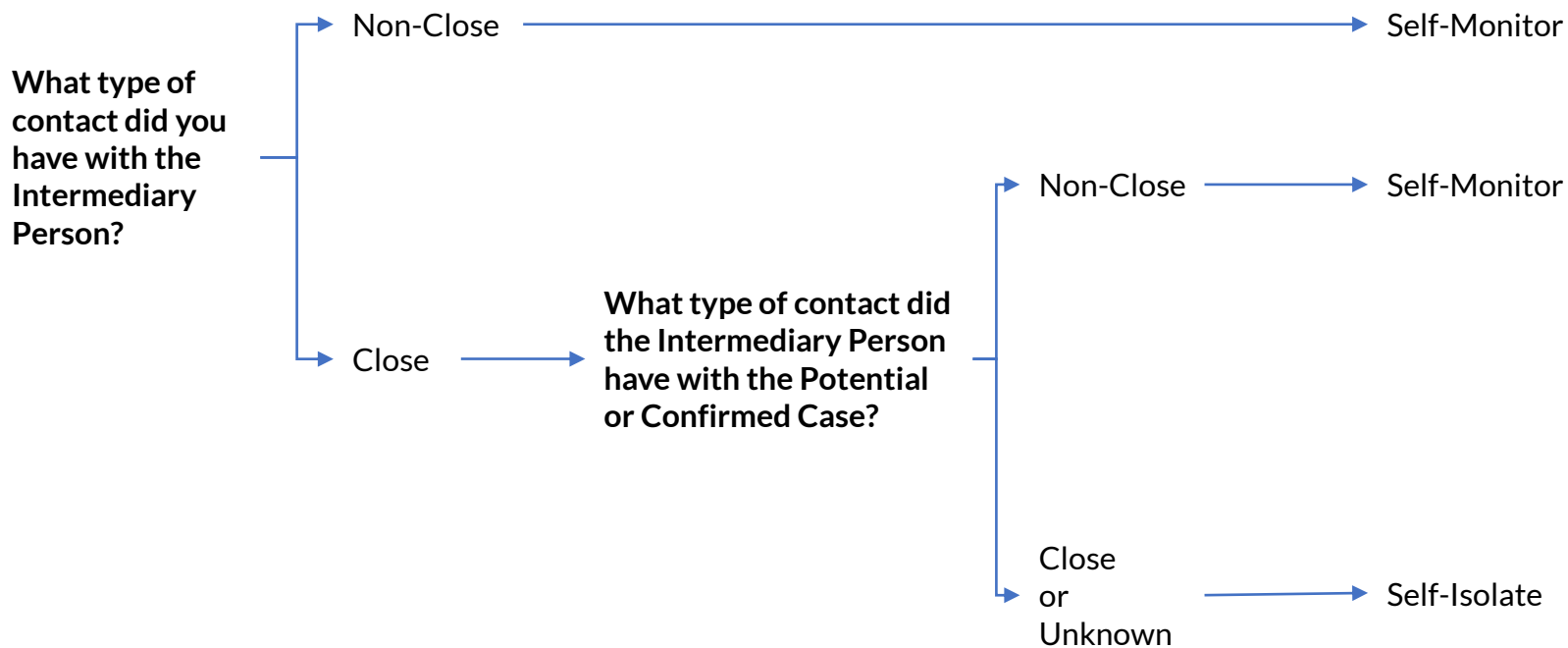
Risk Level	What type of contact did you have?	What should you do?
High	<p><b>Close contact</b></p> <ul style="list-style-type: none"> <li>You live with the person; OR</li> <li>You were within 2 meters of the person for 1 hour or more; OR</li> <li>You were face-to-face with the person for more than 15 minutes; OR</li> <li>You provided care for the person and did not use personal protective equipment or used it inconsistently; OR</li> <li>You had direct contact with infectious body fluids from the person (e.g. you were coughed on or sneezed on).</li> </ul>	<p><b>Self-isolate</b></p> <ul style="list-style-type: none"> <li>Notify the office immediately by phone - <u>Do not come to the office.</u></li> <li>Work from home for 14 days from the last day of contact with the person.</li> <li>Follow Safe Hygiene Guidelines.</li> <li>Self-monitor for the appearance of Symptoms, particularly fever and respiratory Symptoms such as coughing or shortness of breath.</li> <li>Should you develop Symptoms, isolate within the home setting as quickly as possible and contact the local public health authority for further direction.</li> </ul>
Medium	<p><b>Non-close contact</b></p> <ul style="list-style-type: none"> <li>You did not make any physical contact (e.g. shake hands) AND were not within 2 meters of the person for more than 1 hours AND you were not face-to-face with the person for more than 15 minutes; OR</li> <li>Your contact with the person was transient, meaning you only walked by the person or were in the same room or location briefly.</li> </ul>	<p><b>Self-monitor (self-isolation may not be required)</b></p> <ul style="list-style-type: none"> <li>Notify the office immediately by phone <u>prior to coming to the office.</u> The office will provide instruction on whether you should self-isolate (if directed to self-isolate, follow the instructions above), work from home or come into the office.</li> <li>Follow Safe Hygiene Guidelines.</li> <li>Self-monitor for the appearance of Symptoms for a minimum of 14 days, particularly fever and respiratory Symptoms such as coughing or shortness of breath.</li> <li>Should you develop Symptoms, isolate within the home setting as quickly as possible and contact the local public health authority for further direction.</li> </ul>



## What to do if you have had INDIRECT contact with a Potential or Confirmed Case of COVID-19 (and you do not have Symptoms)

In other words, you have not had any contact with a Potential or Confirmed Case, but have had contact with someone else – an Intermediary Person – who has had contact with a Potential or Confirmed Case. The appropriate response is determined by answering the questions in the decision tree below.

### Action You Should Take



# Appendices

# Template A: Client Notification of Close Contact with a Confirmed Case

**Subject: Contact with a Confirmed Case of COVID-19**

-----  
Dear [Name],

I am sending you this e-mail as a precaution because one of our [drivers/staff members] was recently diagnosed with the Coronavirus (COVID-19) at [insert hospital/clinic name] on [insert date of test result or diagnosis].

Our records show that you [travelled with this driver/met with this staff member] on [insert date(s) and time(s) here].

The [driver/staff member] first reported symptoms on [Insert symptom report date], after which our COVID-19 response procedures were followed. The [driver/staff member] is currently in self-isolation.

**We recommend that you contact the local health authorities immediately for instruction on what you should do.**

We understand that many health authorities would recommend a 14-day period of self-isolation or self-monitoring for symptoms following exposure with a confirmed case of COVID-19, depending on the nature of the contact. The symptoms of COVID-19 are flu-like and typically start 2-14 days after exposure. Symptoms include (but are not limited to): fever, dry cough, tiredness, and shortness of breath. You can learn more about the symptoms of COVID-19 [here](#) and [here](#).

We appreciate that this is a really difficult situation and are here to support you as best we can. It may be useful to share with your health provider the following precautions which were in place when you came in contact with our [driver/staff member]:

[INSTRUCTION: Select precautions which apply]

- [Minimum daily sanitization of our vehicles, including high-touch surfaces, with an approved disinfectant.]
- [Passenger limits in our vehicles to ensure physical distancing.]
- [Minimum 70% alcohol-based sanitizer in all of our vehicles and workspaces, with frequent hand washing/sanitizing by our staff.]
- [Mandatory daily staff screening for symptoms with robust protocols for self-isolation or self-monitoring.]
- [Mandatory handwashing or hand sanitizing stations and temperature checks on entry into our facilities.]
- [Zero close contact policy for all staff, ensuring physical distancing.]
- [Regularly updated, company-wide policy, communications and training on COVID-19 procedures for all staff.]

Based on guidance from health authorities, our hope is that the above measures will have worked to limit the risk of exposure to COVID-19. Additional information on COVID-19 is available from reputable sources including:

- [Africa Centres for Disease Control and Prevention](#)
- [World Health Organization](#)
- [United States Centres for Disease Control and Prevention](#)

Again, I recognize that this is concerning information and will follow-up with you by phone to discuss any questions or concerns you may have.

Sincerely,

[Key Decision Maker]

# Template B: Client Notification of Close Contact with a Potential Case

**Subject: Contact with a Confirmed Case of COVID-19**

Dear [Name],

I am sending you this e-mail as a precaution because one of our [drivers/staff members] who you had contact with recently developed symptoms of the Coronavirus (COVID-19).

Our records show that you [travelled with this driver/met with this staff member] on [insert date(s) and time(s) here].

The [driver/staff member] first reported symptoms on [Insert symptom report date], after which our COVID-19 response procedures were followed. The [driver/staff member] is currently in self-isolation.

At the time of writing we do not have confirmation of whether or not the [driver/staff member] has contracted COVID-19. Should this information become available, we will notify you immediately.

**We recommend that you contact the local health authorities immediately for instruction on what you should do.**

We understand that many health authorities would recommend a 14-day period of self-isolation or self-monitoring for symptoms following exposure with a potential case of COVID-19, depending on the nature of the contact. The symptoms of COVID-19 are flu-like and typically start 2-14 days after exposure. Symptoms include (but are not limited to): fever, dry cough, tiredness, and shortness of breath. You can learn more about the symptoms of COVID-19 [here](#) and [here](#).

We appreciate that this is a really difficult situation and are here to support you as best we can. It may be useful to share with your health provider the following precautions which were in place when you came in contact with our [driver/staff member]:

[INSTRUCTION: Select precautions which apply]

- [Minimum daily sanitization of our vehicles, including high-touch surfaces, with an approved disinfectant.]
- [Passenger limits in our vehicles to ensure physical distancing.]
- [Minimum 70% alcohol-based sanitizer in all of our vehicles and workspaces, with frequent hand washing/sanitizing by our staff.]
- [Mandatory daily staff screening for symptoms with robust protocols for self-isolation or self-monitoring.]
- [Mandatory handwashing or hand sanitizing stations and temperature checks on entry into our facilities.]
- [Zero close contact policy for all staff, ensuring physical distancing.]
- [Regularly updated, company-wide policy, communications and training on COVID-19 procedures for all staff.]

Based on guidance from health authorities, our hope is that the above measures will have worked to limit the risk of exposure to COVID-19. Additional information on COVID-19 is available from reputable sources including:

- [Africa Centres for Disease Control and Prevention](#)
- [World Health Organization](#)
- [United States Centres for Disease Control and Prevention](#)

Again, I recognize that this is concerning information and am personally available by phone or email to discuss any questions or concerns you may have.

Sincerely,

[Key Decision Maker]

## Basic Information

- A bleach and water solution should be mixed daily to preserve its strength
- Leave the solution on the surface for a minimum of five (5) minutes for Disinfection of COVID-19
- Cleaning must be done prior to Disinfecting

## Materials

- 3% Sodium Hypochlorite solution (household bleach);
- Water
- Bucket for mixing, spray bottle for application

## Concentration and Mixing

- 20 ml ( 4 teaspoons) household bleach + 1000 ml (4 cups) water; OR
- 100ml ( 7 tablespoons) household bleach + 5000 ml ( 20 cups) water

## Safety and Effectiveness

- **Never mix bleach with other chemicals or detergents, especially alcohol, ammonia and acids. The result is a dangerously toxic gas. Only mix bleach with water.**
- Mix bleach in a well-ventilated environment, away from direct sunlight. The fumes of bleach are harmful to the respiratory tract. Always use bleach in a well-ventilated environment. Undiluted bleach emits a toxic gas when exposed to sunlight; thus, store bleach in a cool, shaded place, out of the reach of children.
- Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes, and consult a physician.
- Sodium hypochlorite decomposes with time. To ensure its effectiveness, purchase recently produced bleach, and avoid over-stocking. Bleach is generally ineffective one year after production.
- If using diluted bleach, prepare the diluted solution fresh daily. Label and date it, and discard unused mixtures 24 hours after preparation.
- Organic materials inactivate bleach; clean surfaces so that they are clear of organic materials before disinfection with bleach.