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**COVID-19
PROTOCOL**



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Introduction

This document has been drafted as part of the mitigation action USB takes due to the pandemic of COVID-19, as a tool that facilitates the management of the organization activities, both macro and micro, and especially while implementing activities at the local level. At the same time, the COVID-19 Protocol is a mechanism that will act as a safety net for the projects, activities and mobilities implemented the following months, prioritizing the safety of the participants and the staff members involved (trainers, facilitators, etc.).

The COVID-19 Protocol's goal is to be an active tool, a tool that transforms and changes, depending on the needs that arise as the pandemic progresses. The Protocol aims to be flexible and to be adapted according to the needs of each of the projects and activities USB will be implemented locally, as well as the different needs of the target groups of reach of those activities. Its first release takes place in November 2020, and taking into account the current conditions of the COVID-19 pandemic and the special conditions that apply in Greece. Nevertheless, USB aims to update this document, either because of the developments resulting from the pandemic - in Greece or globally - or because there will be another development that will play a catalytic role in the implementation of the activities in the grassroots level. Besides the costs of lives and health, epidemics and pandemics such as COVID-19, have devastating effects on societal and individual well-being more largely. COVID-19 impacts strongly economies, livelihoods and psycho-social well-being across entire communities, including the Non Profit sector, mobilities, youth work, and especially, youngsters with fewer opportunities.

The following pages contain some information about COVID-19 and the pandemic as it develops in Europe, as well as an explanation of what a COVID-19 Protocol is and what it is used for in project management.

COVID-19 Protocol

The COVID-19 Protocol that USB has develop is part of the internal risk management strategy of the organisation, which contains options that USB and their partners can follow in case of unforeseen events connected to the pandemic of COVID-19, while implementing activities locally. Those activities may or may not include participants who travel from and to Thessaloniki, including volunteers. The protocol

takes into consideration the COVID-19 factor; factor which has affected international travel as well as imposed social distancing. The protocol lists potential risk factors while implementing activities (funded under the umbrella of Erasmus+ and European Solidarity Corps or not) and proposes solutions which USB (as well as their potential partners) can take in case of realisation of mobilities, follow up activities or other kind of activities implemented in the local level – including but not limited to youth mobilities, mobilities of youth workers, structure dialogue and volunteering activities.

The pandemic of COVID-19

According to World Health Organization, COVID-19 is an infectious disease caused by a newly discovered coronavirus, SARS-CoV-2¹. Although most healthy adults will experience mild to moderate respiratory illness and recover without requiring special treatment, older people or people with underlying medical problems may develop serious illness.² In terms of protection from the disease, WHO is advising to keep physical distancing, wearing a mask, keeping rooms well ventilated, avoiding crowds, cleaning hands, and coughing into a bent elbow or tissue.³ According to European Centre for Disease Prevention and Control, since December 2019 and November 2020, 59.879.877 cases of COVID-1 have been reported worldwide, including 1.410.082 deaths. From them, are 17.000.000 cases are located in Europe, with Russia, France, Spain, United Kingdom and Italy to have the most cases.⁴

The Commission, since the beginning of the pandemic stated that it will continue to adapt its response to this unprecedented situation as it evolves, clarifying and simplifying rules and procedures where necessary in cooperation with Erasmus+ National Agencies and the Education, Audiovisual and Culture Executive Agency (EACEA).⁵ At May 2020 a survey was sent to 57.000 participants representing all types of mobility supported under the Erasmus+ and European Solidarity Corps programmes by European

1 <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19>

2 https://www.who.int/health-topics/coronavirus#tab=tab_1

3 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

4 <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

5 https://ec.europa.eu/programmes/erasmus-plus/resources/coronavirus-impact_en

Commission. According to the survey, as the COVID-19 outbreak spread gradually across Europe and participating countries introduced social distancing measures at different pace, approximately 25% of the surveyed participants were not (or were only mildly) affected by the situation. The other 75% reported that they continued their activities with different arrangements (i.e. distance or online learning), that their activities were temporarily suspended or canceled.⁶

In June 2020 European Commission launched Re-open EU, an online platform that contains essential information about the safe relaunch of free movement and tourism across Europe⁷. However, travel is still under strict control in many countries, and airlines are often forced to change and cancel flights, thus reducing travel flexibility. On October 2020, EU Member States adopted a Council Recommendation on a coordinated approach to the restriction of free movement in response to the COVID-19 pandemic, including various measures, some of which have had an impact on citizens' right to move freely across the European Union, such as requirements to undergo quarantine or coronavirus test.⁸

According to 'Improving pandemic preparedness and management', published in November 2020⁹ a EU advisory body for health threats and crises, including epidemics and pandemics will be established, ensuring that monitoring efforts are comprehensive, evidence-based, rapidly shared and well-coordinated across the EU, enabling strategic decisions in response to the situation.

Concrete measures

In case USB deems that an activity cannot be implemented face-to-face at the time, and especially in cases that the activity will include international or national travel, USB will follow the following steps:

6 https://ec.europa.eu/programmes/erasmus-plus/resources/documents/coronavirus-learning-mobilities-impact-survey-results_en

7 <https://reopen.europa.eu/en>

8 https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/travel-during-coronavirus-pandemic/common-approach-travel-measures-eu_en

9 <https://op.europa.eu/en/publication-detail/-/publication/a1016d77-2562-11eb-9d7e-01aa75ed71a1/language-en/format-PDF/source-171481573>

1. An internal assessment should be made as to whether or not an activity can be implemented, taking into account the situation of the pandemic in Greece and Europe. Possible proposals for additional measures, which could lead to the implementation of the action legally and safely, should be evaluated internally;
2. Should the measures not be sufficient, USB may consult their partner organisations (if applicable), who will have an advisory role and help them decide whether an activity can be implemented or not;
3. In case that an activity will be decided to not be implemented at the given time face-to-face, USB is obliged to provide information about the occurring issue to the whole consortium (if applicable). Ideally, this is done ad-hoc and as soon as possible e.g. via email. For major issues and especially in case of activities that include transnational or national travel (e.g. youth mobilities) USB should consult the National Agency as well as the national authorities, in order to decide if the travel or/and implementation of activities is advisable and safe;

Following are some of the key points USB should adapt if case they decide to realise activities locally. The following information is not static, but is based on the knowledge we have about the virus and its behavior at the time of the creation of the first edition of this document. Finally, it is important to underline that USB will take into account the individual laws and regulations in force in their country and region at the time of the activity:

- Teach and reinforce practicing hand hygiene and respiratory etiquette to all participants, facilitators and trainers before the start of the activity;¹⁰
- Teach and reinforce the use of mask to protect others and oneself to all participants, facilitators and trainers before the start of the activity;¹¹
- Ensure accessibility to sinks and/or enough supplies that are easily available for participants, facilitators and trainers to clean their hands (e.g., soap, hand sanitizer with at least 60% alcohol, and a way to dry hands, such as paper towels or a hand dryer);¹²

10 <https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>

11 [https://www.who.int/publications/i/item/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](https://www.who.int/publications/i/item/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)

- Post signs or posters in the rooms and promote messaging about behaviours that prevent the spread of virus;
- Intensify cleaning and disinfection of frequently touched surfaces, including desks, chairs, door handles and flipcharts;¹³
- Ensure ventilation systems operate properly and increase circulation of outdoor air;
- Modify layouts to promote social distance of at least 1,5 meters between participants, facilitators and trainers;¹⁴
- Install physical barriers and guides to support social distancing if appropriate, e.g. guides for places to stand while queuing for coffee or food during a break;¹⁵
- Limit sharing of objects, or clean and disinfect between use, e.g. use of markers, papers, books, talking objects, etc.¹⁶
- Train all staff members who will be involved in the activities on all safety protocols beforehand;
- Conducting daily health checks such as temperature screening, especially in the case of the 2 training courses;¹⁷
- Encourage individuals who are sick to follow the guidances of the local authorities and to practice social distancing;
- Notify local health authorities of any case of COVID-19 and follow the recommended protocol.

12 <https://www.who.int/publications/i/item/recommendations-to-member-states-to-improve-hand-hygiene-practices-to-help-prevent-the-transmission-of-the-covid-19-virus>

13 <https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf>

14 <https://www.who.int/publications/i/item/10665-333185>

15 <https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>

16 <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19>

17 <https://www.who.int/news-room/articles-detail/public-health-considerations-while-resuming-international-travel>

