



→ **IMPORTANT NOTE:** The considerations presented in this document have been identified through reviews of various sources, including emerging scientific and grey literature, websites of international and nongovernmental organizations. They have to be tailored to countries regulations.

CONDUCTING SAFE ONSITE COVID-19 INTRA-ACTION REVIEWS DURING THE PANDEMIC



1. Travel and Logistics Planning

<input type="checkbox"/>	Minimize the need for physical meetings: Be selective about in-person trainings for facilitator and note-takers or other IAR coordination meetings and invite only essential personnel; proceed only when specific issues cannot be addressed remotely.
<input type="checkbox"/>	Avoid trainings or meetings that require people to travel across national, district or provincial borders.
<input type="checkbox"/>	If it is not possible for participants to avoid public transportation, remind them to take precautions while in transit: wear a mask; limit contact with other people and objects; wash and sanitize hands frequently, especially after touching their mask, and before they touch their eyes, nose and mouth; and maintain a distance of at least 1m from other people if possible.
<input type="checkbox"/>	Choose outdoor venues over indoor spaces.
<input type="checkbox"/>	Limit group size. Split large groups into smaller cohorts.
<input type="checkbox"/>	If lodging is required, provide single rooms for participants.
<input type="checkbox"/>	Request that training or meeting participants avoid socializing with one another or with the community (e.g., going out to restaurants, bars, etc.);



2. Venue

<input type="checkbox"/>	Select a venue with numerous windows that can be opened to ensure good air flow in the space (avoid air conditioning). Avoid venues with few windows. Consider outdoor meeting venues if weather permits.
<input type="checkbox"/>	Set up the training or meeting venue ahead of time with labelled seating areas.
<input type="checkbox"/>	Designating seats/places and marking the floor to ensure physical distancing between people of at least one meter.
<input type="checkbox"/>	Make markings on the floor and/or in the benches (using tape, chalk, etc.) to indicate at least 1-meter distance anywhere that people will wait, queue or assemble.
<input type="checkbox"/>	Limit the number of people in vehicles used for transportation; keep windows open when traveling in the vehicle for ventilation, if possible.
<input type="checkbox"/>	Make sure everyone wears a mask in the vehicle, including the driver.

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3. Establish Norms and Procedures

<input type="checkbox"/>	Provide safe meeting practices guidelines/requirements to participants in advance of trainings or meetings so they know what to expect.
<input type="checkbox"/>	Remind the participants to not come to the training or the meeting if they have COVID-19-related symptoms.
<input type="checkbox"/>	Display health advisories with visual cues/reminders.
<input type="checkbox"/>	Ask attendees to commit to the safe meeting practices guidelines/requirements.
<input type="checkbox"/>	Start each day with a reminder of expectations/rules.
<input type="checkbox"/>	Ask permission before taking group pictures of the participants while ensuring participants are still maintaining 1 meter of physical distance.



4. Symptom and Fever Screening

<input type="checkbox"/>	Screen each participant for symptoms each morning, using a standard checklist (see Annex 1).
<input type="checkbox"/>	Use a no-touch thermometer for fever screening.
<input type="checkbox"/>	Ensure that the thermometer is functional/calibrated each day.
<input type="checkbox"/>	Make sure to allow sufficient time for symptom screening.
<input type="checkbox"/>	Ask attendees about health status in post-event surveys to monitor for disease transmission so participants can be notified in case anyone falls ill.
<input type="checkbox"/>	Prepare event attendee data in case an outbreak occurs; the local health authority may need to ask for this information for contact tracing.
<input type="checkbox"/>	Encourage participants to self-report and get tested if they develop symptoms during or after any onsite IAR training, meeting or workshop.



5. Facilitation

<input type="checkbox"/>	Develop individual activities; use group activities only when essential and possible while respecting physical distancing parameters.
<input type="checkbox"/>	Tools and equipment (e.g., pens, computers, phones, microphones) should not be passed around to participants. Where this is not practical, the trainer must disinfect the tools and equipment after each participant's use.

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6. Respiratory Etiquette

<input type="checkbox"/>	Promote respiratory etiquette by all people at the workplace (in line with national or local guidance) Ideally participants would receive new masks if they are required to remove and replace them (e.g., after lunch or tea breaks).
<input type="checkbox"/>	Provide disposable tissues with alcohol-based hand rub nearby. Observe hand hygiene after using a tissue (see “Hand and Face Hygiene” section below).
<input type="checkbox"/>	Provide closed-lid bins for used masks and tissues throughout the venue.
<input type="checkbox"/>	Post signage with visual cues/reminders about coughing etiquette.



7. Hand and Face Hygiene

<input type="checkbox"/>	Provide hand hygiene stations throughout the training or meeting venue (entrance, hall, toilets, etc.).
<input type="checkbox"/>	Encourage frequent use of the hygiene stations, including upon entry into the training or meeting venue.
<input type="checkbox"/>	Hygiene stations can be foot pump operated or sensor operated with stations equipped with soap and water or alcohol-based hand rub dispensers.
<input type="checkbox"/>	Provide signage reminding participants to avoid touching their masks, eyes, noses and mouths.
<input type="checkbox"/>	Provide signage reminding participants to dispose of used tissues and wash hands after coughing or sneezing.



8. Environmental Cleanliness

<input type="checkbox"/>	Confirm cleaning and disinfection arrangements with the venue in advance. Make sure sufficient staff and supplies are available.
<input type="checkbox"/>	High-touch surfaces, including bathrooms, door and window handles, , work surfaces should be identified for disinfection .
<input type="checkbox"/>	Ensure that windows are kept open to maintain good air flow in the space.
<input type="checkbox"/>	Limit contact with surfaces when possible (e.g., by propping open doors).

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9. Meals and Breaks

<input type="checkbox"/>	Ensure that breaks are staggered to limit congregation; because participants will need to remove masks for eating and drinking, adequate space should be provided so that they can maintain a minimum of 1-meter distance from one another.
<input type="checkbox"/>	Use disposable single-use plates and utensils and single-use water bottles (cross contamination is common through water bottles).
<input type="checkbox"/>	Each participant should have a designated and labelled personal drinking glass/mug.
<input type="checkbox"/>	All food should be pre-packaged as "takeaway"; no shared platters or serving utensils should be used.
<input type="checkbox"/>	Limit the number of people preparing and serving meals; ensure that meal preparation staff are screened for signs of illness, follow all hygiene guidelines and wear a mask.
<input type="checkbox"/>	Consider using individually-wrapped food instead of open buffets.
<input type="checkbox"/>	If using buffets, ensure that there are splash and sneeze guards or other food safety measures in place.
<input type="checkbox"/>	Avoid dishes that are shared, such as dips and vegetables.

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ANNEX 1: COVID-19 SELF-DECLARATION BY PARTICIPANT

Date (yyyy/mm/dd):	Time:
Name (Last, First):	Training or Meeting Location:
Organization (if applicable):	Meeting Organizer or Trainer Name:

If you answer **YES** to any of these questions, **notify the trainer or the meeting organizer immediately.**

- Are you felt ill in the past 14 days? Yes No
- Did you or are you currently exhibiting any of the following symptoms in the past 14 days?
 - Fever Cough Loss of smell or taste
 - Body aches Headache Shortness of breath
 - Sore throat Runny nose Tiredness
- Have you travelled outside of _____ **<add country name>** _____ in the last 14 days?
 - Yes No
 - If yes, which province/district/state: _____
 - Travel Dates (Departure): _____ (Return): _____
- Has anyone in your household been quarantined or identified as a COVID-19 confirmed or suspected case?
 - Yes No
- To your knowledge, have you been exposed to anyone who has been quarantined or identified as a COVID-19 confirmed or suspected case?
 - Yes No
 - Please describe: _____
- During the course of this session, I agree to:
 - Respect physical distancing (at least 1 meter)
 - Wear a mask when working or socializing with the local community or my colleagues
 - Wash my hands frequently and thoroughly
 - Respect all rules regarding touching surfaces, objects and food

I acknowledge and confirm all the above information and that I am not experiencing any of the above symptoms, and agree to report to the trainer immediately if symptoms occur.

Signature: _____