PARLIAMENT OF SIERRA LEONE COVID-19 RESPONSE WORKPLACE PROTECTION POLICY

JULY 2020

Contents

INTRODUCTION

The COVID-19 global pandemic has proven to be emotionally challenging and accounted for unprecedented changes in the manner in which we now conduct business in the work environment and society in general. All sections of society – including employers and employees are expected to initiate prevention and protection measures which are now required to curb the further spread of the disease. Whilst the World Health Organisation (WHO) continues to lead in the provision of updated information on COVID-19 at a global level, individual organisations and institutions are now required to develop internal workplace protection measures, to protect employees and ensure work remains to be conducted in a safe workspace environment.

The nature and extent of disruptions to normal work life, due to the COVID-19 pandemic has now made relevant the need for workplace health guidelines and measures to be put in place. Applicable occupational safety measures are now required, to offer practical means through which organisations can ensure safety in the workplace. This internal workplace prevention and protection measures are becoming increasingly important, to respond to the spread of the disease.

Since Sierra Leone recorded its index case on 31st March 2020, there has been a steady increase in the number of cases, which had prompted response mechanisms across institutions in the public sector, to offer contextual and practical support to make the workplace safe and secure in the age of the pandemic.

Parliament of Sierra Leone, like other institutions of state governance, is not optional under the current circumstance – as the supreme legislative body of the state, it has to continue to serve and fulfil the constitutional mandate given to it by the people. As a community of 145 Members of Parliament and a staff strength about 217, the parliamentary community is already exposed to health-related risk in the COVID-19 context.

There has been a consensus amongst the parliamentary management to ensure measures are outlined that seek to ensure the safety of parliamentarians, parliamentary staff, and members of the general public working or visiting parliament. it is apparent that to successfully preserve the operations of parliament in a global pandemic of this nature, there is need to identify the risks that may potentially affect the different layers of the parliamentary architecture. the parliament of sierra leone must take appropriate, proportionate, and reasonable measures to ensure the safety of its members and staff.

1. SCOPE

This COVID-19 workplace protection policy document is specifically required to implement, maintain and improve Parliament of Sierra Leone's ability to protect against, prepare for, respond to and recover from any COVID-19 related disruptions when they arise. It covers identification and protection against COVID-19 within the workspace by ensuring work continuity risk identification, as well as developing mitigation and management actions to respond to each of the risks.

The document serves as measures and guidelines aimed at helping Members of Parliament (MPs) and Parliamentary Staff to stay safe and healthy in the working environment that has changed significantly because of the COVID-19 pandemic. It is developed within the scope of providing advice on specific risk assessment and appropriate measures expected to minimize exposure to COVID-19 and ensuring MPs and staff can cope with the new normal.

Implementation of this document also falls within the remit of providing measures required to ensure that members of the parliamentary community are well informed and specific protocols are in place to take care of the upheavals of the disease. Guidelines are also provided to help maintain appropriate safeguards and a healthy work environment.

This workplace policy document to some extent is limited to the workplace environment and covers the required guidance in office workspaces to support a safe, clean environment for members and staff. However, the parliamentary environment is unique and in recognising that as well, members and staff are expected to use this policy as a manual in their engagement both within and without the precinct of Parliament. The policy guidance is not intended to revoke or repeal any rights, either statutory or regulatory, and is not a substitute for any existing safety and health-related regulatory policy documents that have been in existence.

Within the context of this document is a worksite-specific COVID-19 prevention and protection framework that requires the development of a comprehensive risk assessment of all work areas within the Parliament of Sierra Leone. Adjusting work processes and work arrangements through measures contained in this policy are meant not just to reduce the spread of the virus, but to also ensure Parliament remains operational even amid the pandemic. The document also serves as a work continuity plan and is intended to help Parliament as an organisation prepare for the possibility of an outbreak of COVID-19 in its workplace.

2. DEFINITION OF KEY TERMS

After Action Review (ARR):

A key voluntary instrument in the validation of core capacities under the implementation of International Health Regulations, to improve public health preparedness and response.

Contact Tracing:

Process of identifying persons who may have come into contact with an infected person (contacts) and the subsequent collection of further information about these contacts.

COVID-19:

New name for a new disease, coined as an abbreviated form of coronavirus disease 2019.

Direct or Primary Contact:

Person-to-person contact or spray of droplets during coughing and sneezing.

Direct Contact Log:

Person-to-person contact log used to assist in contact tracing as and when positive cases arise.

Index Case:

First documented case of an infectious disease or genetically transmitted condition or mutation in a population, region, or   family.

Isolation:

Separation of infected individuals and healthy individuals.

New Normal: A new way of living and going about our lives, work and interactions with other people due to the COVID-19 impact

Recovery Point Objective (RPO):

Point up to which information and data used by an activity are restored to enable the activity to operate upon resumption of the time frame for resuming an activity.

Response Time Objective (RTO):

The time frame for resuming an activity.

Restricted Movement:

Separating well persons, who have been exposed to the infection, from others during the incubation period of illness.

Restricted Movement and Self-Isolation:

Avoidance of contact with other individuals for some time during the outbreak of a contagious disease usually by remaining in one's home/room and limiting contact with family members.

Risk Assessment:

The   overall   process   of   risk   identification,   risk   analysis,   and   risk   evaluation.

Safety Declaration Form:

A piece of a document through which visitors to a workplace are required to complete it with some safety-related information, which can be potentially used in the future for contact tracing in the event of an outbreak of the disease in the workplace.

Social or Physical Distancing:

The practice of implementing measures to maintain safe distances for preventing the spread of disease.

Treatment: Medical treatment for COVID-19 symptoms and/or related complications.

Working from Home:

The situation in which an employee works mainly from home and communicates with the office by electronic means.

Work Continuity Planning Checklist:

List of some of the key risks to the continuity of your workplace activities during the outbreak of COVID-19 and of preparatory actions that can be taken to respond.

Workplace Signage:

Safety indicators in the workplace that are meant to highlight   specific risk or hazards which workers should be aware of, to keep them safe.

3.0 PROTECTION AGAINST THE SPREAD OF COVID-19

3.1 Health Advisories:

Members of the parliamentary community should always reference the latest public health advisories issued by the WHO and Government of Sierra Leone through the Ministry of Health and Sanitation, National COVID-19 Response Centre, and other   public health information.

3.2 Strategy to Minimise Spread:

This section deals with strategies to be utilised by the management of Parliament to minimise the spread of COVID-19.

3.2.1 Competence and Training Requirements: Parliament of Sierra Leone should have available competence within the parliamentary structure to identify and deliver COVID-19 training requirements. The necessary actions should be taken to:

Determine the training needs and identify the internal COVID-19 competence required to lead under this protection and prevention domain;

Ensure that members and staff receive appropriate COVID-19 training to implement the requirements of this document;

Provide relevant information training to all on the COVID-19 signs and symptoms, its spread, cleaning routines, and hygiene control, appropriate use of Personal Protection Equipment (PPE) and medical equipment;

Information provision on what to do if a member of the public visiting Parliament becomes unwell and believes to have been exposed to COVID-19

3.2.2 Staff Safety Restriction: A Member of Parliament or a staff who demonstrates

symptoms of acute respiratory illness and other related conditions are recommended to stay home if they are well enough to do so or contact the healthcare service if they are acutely unwell.

They should not come to work and should restrict their movements for 14 days from symptom onset, the last five days of which should be fever-free.

3.2.3: Screening: A required symptom screenings for members, staff, or visitors entering Parliament Buildings. Both screeners and the one screened should wear face mask/coverings for the screening exercise.

3.2.4 Hygiene and Contact Reduction: Members of the parliamentary community will be required to observe basic hygiene practices which are important to prevent the spread of COVID-19. These basic hygiene practices include but not limited to the following:

3.2.4.1 Hand Washing: Proper and regular washing of hands, especially after coughing or sneezing and after toilet use, before eating or if in contact with a sick person, especially those with respiratory symptoms. All need to follow good practices for hand washing which include using soap and water and washing for over 20 seconds. The use of hand sanitisers (70% alcohol base) is also recommended.

3.2.4.2 Mouth Covering: Covering of the mouth when coughing and sneezing is highly recommended. When coughing or sneezing, it is important to cover one's nose and mouth with disposable tissues. In the absence of the disposable tissue, one can cough or sneeze into your arm or sleeve. All used tissues should be placed into a sealed bin.

3.2.4.3 Physical or Social Distancing: Introduction of physical or social distancing measures should be implemented across departments and offices within Parliament and can be achieved through the following ways:

• More reference to workplace signage and keeping a distance of about 1 - 2 meters from each other;

• Avoid shaking of hands and making close contact with people;

• Implementing a queue management system with correct distance markings in places that may require the presence of many people;

• Restricting/staggering the use of canteen facilities by bringing food/drinks to people;
• Reducing office density through working from home or split shift arrangements;
• Use of technology for video/virtual meetings.

Dedicate staff to direct guests to meeting rooms upon entry to office space rather than congregating in lobbies or common areas.

· Close or restrict common areas, using barriers, or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as lounge and committee rooms, and   discourage staff from congregating in high traffic areas such as bathrooms, hallways, and stairs.

· Redesign office spaces and decrease the capacity for conferences and meetings to ensure workspaces allow for six feet between staff.

Plenary sessions in the House or any committee sitting could be conducted, but with some restrictions. The number of members or witnesses attending or appearing for a sitting or any other parliamentary events need to be reduced. In some other cases, they could be conducted through hybrid virtual such as zoom or videoconferencing.

3.**2.4.4 Restriction of Visitors:** Adherence mechanism to restrict visitors to Parliament buildings should be put in place. However, where visitors are required to attend meetings or events within the building, a **Controlled Access Process (CAP)** should be in place including adherence to sanitisation processes, screening, and collection of information in respect of full personal contact details to assist with any potential contact tracing action in the future.

Once it is confirmed through the **CAP** that a visitor has symptoms of COVID-19 or have been in contact with a confirmed case or have been in a quarantine home before, that visitor should be prohibited from entering Parliament and advised to seek professional medical help/assistance – except otherwise advised by a medical practitioner. **Templates of CAP forms are attached in the annex section.**

3.2.5 Working from Home: A working from home policy and provision of ICT infrastructure/facilities to support working from home should be put in place where practicable. Where possible, non-operational staff should be encouraged to work remotely.

3.2.6 Restructuring and Splitting Teams/Shifts: The following should be implemented where it is practicable to do so:

• revision of staffing rosters, scheduling and splitting of teams to ensure separation of critical personnel to limit joint exposure;

• minimise the sharing of equipment and/or tools within the office; and

• identify and suspend all non-essential operations which do not directly impact work functionality.

3.2.7 Reduction of Paper-Based Transactions: Management to make provisions for the acquisition of an electronic software system that will avoid physical interaction where possible.

3.2.8 Travelling MPs or Staff traveling within or without Sierra Leone should have the latest information or areas where the infection rate of Covid-19 is high or spreading. You can find the link;**https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/**

Where practicable MPs and Staff are not encouraged to travel anywhere the likelihood of infection is high.   In an event that the traveling is inevitable and essential, the MP or Staff should endeavour to adhere to both the domestic and international traveling advisories on Covid-19.

Upon return, the MP or Staff should make a complete disclosure about his or her movement plan whilst away and further medical assessment will be done and where necessary or advisable the MP or Staff will be asked to self-quarantine for 14 days.

3.2.9 Provision of Transport Services: Management should ensure the provisions of

parliamentary buses to commute staff to and from work in order to avoid too much contact outside the Parliamentary community, which may lead to a potential spread of the virus.

3.2.10 Cleaning: Cleaning of all work areas must be conducted at regular intervals using disinfectants to stop the spread of the disease and visibly to restore sanitary confidence in the workplace.

3.3 Communications:

Management must have in place a robust communication strategy to prevent rumour, disinformation, and misinformation, and therefore, the need to initiate a couple of actions.

3.3.1 Appoint a Co-ordinator: To ensure consistency in the provision of information related to COVID-19, the parliamentary management should appoint a focal communications Coordinator to undertake the following functions:

· provide up-to-date reliable information to MPs and staff;

· clarify Parliament's procedures and policies in the COVID-19 context;

· ensure central visibility regarding resourcing and operational needs and consideration can also be given to the formation of a cross-functional team comprising of core staff within Parliament to lead on this.

The Communications Co-ordinator or Team should effectively disseminate Parliament's Communications Plan in line with specific needs and a work continuity plan. All staff should be well informed, to ensure they are familiar with the relevant content in this document.
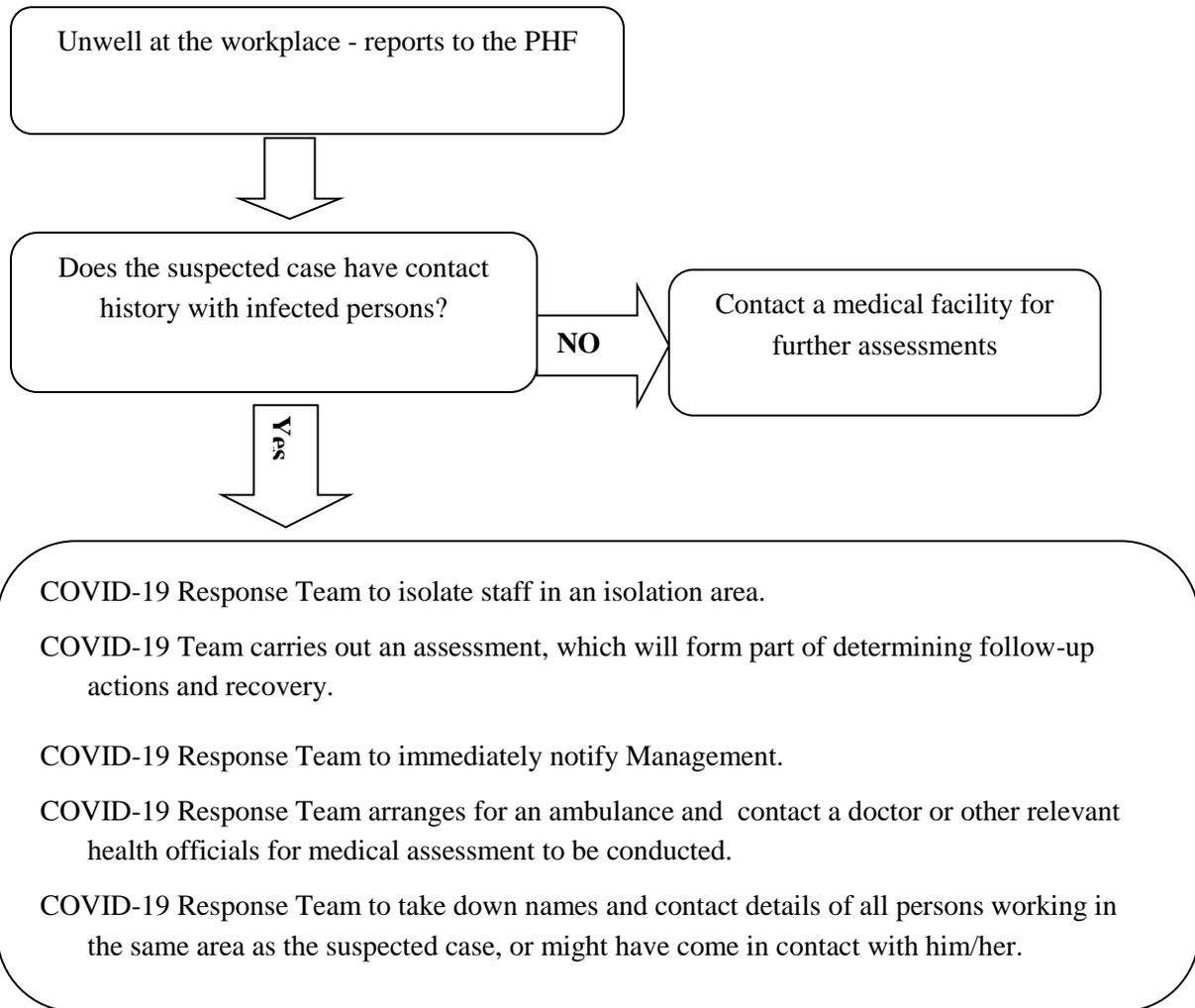
3.4 Response to Suspected Cases:

This section covers the various procedural measures which should be put in place when responding to suspected cases within the confines of Parliament.

3.4.1 Response: There should be a defined response structure that identifies the team(s) responsible for responding to a suspected case. When responding to a suspected case, several actions may need to be considered in the response plan. The appointment of **Incident Response Personnel (IRP)** from the **Parliamentary Health Facility (PHF)** and Sergeant-at-Arms Department is recommended for stabilisation, continuity, and recovery activities. A designated isolation area should be predetermined as part of the response plan. The area should be identified and easily accessible and; should be also accessible by people with disabilities.

If someone becomes unwell in the workplace with symptoms such as cough, fever, difficult breathing, the COVID-19 response team should isolate the suspected case by accompanying the individual to the designated isolation area, keeping at least 2 meters away from the symptomatic case and also making sure that others maintain at least the same distance. The suspected case should be provided with a mask, to be worn if in a room with other people or while exiting the premises. There is no need for them to wear a mask while isolating in a room on their own.

The Response Team should ensure the under-mentioned procedures are strictly followed when dealing with all suspected cases. The details contained in this response framework should be observed to contain any potential case of COVID-19 from leading to an unwanted increase in

cases that may pose a serious risk and likelihood of office closure.

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┌─────────────────────────────────────────┐
│  Unwell at the workplace - reports to    │
│  the PHF                                 │
└─────────────────────────────────────────┘
                    │
                    ▼
┌──────────────────────────┐        ┌──────────────────────────┐
│ Does the suspected case   │  NO    │ Contact a medical facility │
│ have contact history with │ ─────▶ │ for further assessments    │
│ infected persons?         │        │                            │
└──────────────────────────┘        └──────────────────────────┘
                    │ Yes
                    ▼
┌─────────────────────────────────────────────────────────────────┐
│  COVID-19 Response Team to isolate staff in an isolation area.    │
│                                                                   │
│  COVID-19 Team carries out an assessment, which will form part    │
│     of determining follow-up actions and recovery.                │
│                                                                   │
│  COVID-19 Response Team to immediately notify Management.          │
│                                                                   │
│  COVID-19 Response Team arranges for an ambulance and  contact a  │
│     doctor or other relevant health officials for medical         │
│     assessment to be conducted.                                   │
│                                                                   │
│  COVID-19 Response Team to take down names and contact details    │
│     of all persons working in the same area as the suspected      │
│     case, or might have come in contact with him/her.             │
└─────────────────────────────────────────────────────────────────┘
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3.4.2 Contact with confirmed cases: If a confirmed case is identified, all those who have had primary or secondary contact should be asked to stay at home for 14 days from the last time they had contact with the confirmed case and follow the COVID-19 restricted movements guidelines. All affected should be actively followed up by the COVID-19 Response Team. If the suspected person(s) develop new symptoms or their existing symptoms worsen within the 14-day observation period, they should call **117** for reassessment and eventually taken to the treatment center.

3.5 Contact Logging: The Response Team should keep a contact log for which the objective should be zero instances of "direct contact" for each day spent in the workplace. This may be through the use of sign-in sheets, visitor logbooks, and personnel delivery details. This information should be stored securely, maintained centrally, and readily available upon request.

Such information may be requested by the management and health authorities to assist with contact tracing.

3.6 Personal Protective Equipment (PPE): The Response Team should monitor and ensure the consistent and correct use of suitable PPE for the protection of all within the parliamentary community. Where it is possible, management can ensure the supply of PPEs including as appropriate a standard face mask, gloves, and eye protection especially for the Response Team and others who may be more exposed to the potential risk of contracting the disease.

3.7 Adaptation: There may be a need for parliamentary management to prepare for circumstances under which a huge reduction or scaling back in operations is   required. This may also include changes to the provision of services, or interactions with our partners to allow the House to remain operational. The adaptations should be done to the layout of the workplace in such a way that it significantly reduces COVID-19 transmission before resuming work fully and before all workers return to the workplace. Members and staff should be well informed about the changes and provided with new procedures and training.

3.8 Protection Checklist

Awareness and information
• Keep up to date with Public health advisory notices • Comply with any public health guidelines and orders • Provide necessary training
Minimise spread
• Hand washing – adequate supply of soap and disposable towels • Hand sanitisers available at suitable locations e.g. entrances/exits areas • Implement physical distancing measures e.g. rearrangement of workflows/patterns to • reduce infection risk • Working from home were possible • Restructure teams/shifts, reduce numbers and exposure • Limit canteen numbers/restrict operation • Limit/restrict visitors • Use of appropriate PPE as necessary • Records – employees to keep contact logs to facilitate tracing in the event of an infect
Communications
• Keep all staff informed of changes to practices • Appoint a Communications Co-ordinator • Provide regular updates on changes to practices, policies and procedures • Keep up to date on issues/resources required for continued operation • Regular Contact with those in self-isolation • Regular contact with remote workers

What to do when a suspect case occurs

- Appoint a dedicated COVID-19 Response Team to manage prevention measures
- Segregate suspected cases from others
- Follow advice regarding self-isolation and other prevention measures e.g. sending hospital/home
- Inform management and contact a medical practitioner
- Keep log/record of direct contacts of person
- Cleaning of area where suspected case operated
- Assessment of incident and follow actions necessary
- Follow up with close contacts of suspected case and carry out necessary risk assessme
- actions
- Review contact logs to identify possible contamination risks

Use of Personal Protective Equipment

- Supply suitable PPE
- Cleaning staff to be provided with disposable gloves and gowns
- Change PPE regularly to reduce risk of exposure to COVID-19
- All PPE should be carefully removed and disposed of to minimise risk of contamination
- Breaches in PPE equipment to be reported

4.0 MANAGEMENT AND REDUCTION

This section covers the steps to be taken by every department or unit in the parliamentary service.

4.1 Planning and Implementation

The Office of the Clerk of Parliament needs to put in place a continuity planning process to minimize COVID-19 disruption and to ensure that this policy is implemented.

4.2 Human Resource Management: The Human Resource Department can consider flexible work schedules for staff, including working from home. The department should also review staff management   policies such as absenteeism, sick leave, workplace closure and should develop a risk assessment document for each staff to complete. Policy adjustment could be done to make room for flexible leave and remote working to limit presence at the workplace when needed. The Human Resource Department should work with the COVID-19

Response Team to ensure staff presenting symptoms of COVID-19 should be instructed to self-isolate for 14 days and a Medical Practitioner is contacted for further health advice. All suspected and   confirmed cases must however be treated confidentially and sensitively. Staff returning to work following self-isolation require health clearance and should be monitored closely for 14 days, with the last 5 days fever-free.

4.3 Risk assessment in the Event of One or More Cases: The Parliamentary Health Facility should conduct an After-Action Review (AAR) of the response from a confirmed case to improve preparedness, response, and recovery capacities, and capabilities through a continuous quality improvement cycle, to lessen the impact of future incidents. The conclusions and output from the incident review should feed into the Parliament's decision-making process relating to case management.

4.4 Legislative and Oversight Task: The Departments of Legislative Services and Committee should ensure that all protective measures are strictly adhered to in the conduct of the legislative and oversight functions of Parliament. **(See 3.8 Protective Checklist)**

4.5 Performance Monitoring and Evaluation:

Management should use performance indicators to evaluate the performance and effectiveness of the COVID-19 response measures and their outcomes to identify successes and areas requiring correction or improvement. The data obtained can be used to identify patterns and to enable management to obtain information regarding the performance of the COVID-19 requirements.

Procedures for monitoring, measuring, analysing, and evaluating the performance and the effectiveness of COVID-19 requirements should include:

1. determining the methods for monitoring, measurement analysis, and evaluation, including:

2. specifying what is to be monitored and measured;

3. Identifying how, when and by whom the monitoring and measuring should be performed;

4. Setting performance metrics, including qualitative and quantitative measurements that are appropriate to the organisation and ensure   valid results; and

5. Recording data and results to facilitate subsequent corrective action analysis;

The Department of Parliamentary Assistance Coordination (DePAC) through the Monitoring and Evaluation Unit should develop Key Performance Indicators for COVID-19 response.

4.6 Sanitation and Hygiene:

The office of Sergeant-At-Arms and the Facility Unit should maintain a clean environment at all times. A weekly update on the sanitary condition of Parliament should be made to management and the response team. The update should include but not limited to the following; upkeep and quality of service of the parliamentary canteen, the toilets, waste disposal, and water supply.

The Facilities Manager should develop a new cleaning protocol for facility officers. And, special attention should be paid to frequently touch flat surfaces, the backs of chairs, couches, door handles and any surfaces or items that are visibly soiled with body fluids.

4.7 Security: The Office of Sergeant-At-Arms and the Sierra Leone Police are responsible for the internal and external   security arrangements in the precinct of Parliament. They should ensure strict adherence to public health advisories and restrict movement to and from Parliament. A **Controlled Access Process** should be put in place to enhance the security arrangement in the COVID-19 context.

This arrangement should be also supported by the Parliamentary Health Facility to screen MPs, staff, and members of the public before access to the parliamentary environment.

4.8 Compliance: Members of the parliamentary community and strangers are required to comply with the provisions in this policy. The Whip System, the Office of the Clerk, and the HR Department are responsible to enforce compliance.

4.9 COVID-19 Impact stories: The Parliamentary Research Unit and Parliamentary Budget Office to support the information needs of MPs by providing well researched products on the

social and economic impact of the pandemic, which will position them well in the parliamentary response to COVID-19.

4.10 Management Checklist

Planning and Implementation
• The development or revision of a continuity plan.   • The setting up teams to implement the policy

Risk Assessment and Compliance
• Perform risk assessment and ensure compliance

HR Management
• Ensure HR management has adequate tools and guidance in place to support staff, ensure strict confidentiality and maintaining an open-door policy to ensure staff report issues.   • Attendance and absence management

Performance Monitoring
• Develop performance indicators and evaluate the effectiveness of all COVID-19 measures implemented.

Sanitation and Hygiene
• Introduce appropriate cleaning measures/practices, with more emphasis on surfaces, toilet facilities, the canteen environment, and potentially contaminated areas.   • Undertake proper waste disposal procedures

RECOVERY PROCESS

5.1 General: Actions should be considered to recover Parliament in the event of 'COVID-19 related' assessment after a potential closure due to exposure to the disease. Management needs to have documented procedures to restore and normalise operations in case of the' COVID-19 related' incident that may lead to temporal closure. The purpose of a recovery strategy is to re-establish activities to support normal working following a disruption.

The documented procedures should provide for a detailed assessment of the situation and its impact, the determination of tasks, and steps for recovery. Management should ensure all persons working   under its control are aware of the recovery plan and should have a clear understanding of their role regarding the recovery.

5.2 Risk assessment: As part of its recovery process, management should understand the threats and vulnerabilities relevant to the resources required by parliamentary activities, particularly those resources required by activities identified as a high priority.

5.3. Resource requirements: The following areas of resource requirements may be considered:

5.3.1 People – Incident response: Human resources should be of critical consideration. Personnel may be assigned to teams according to their demonstrated competence in, for example:

• recovery of ICT systems;

• training appropriate for incident response and business recovery personnel includes:

• incident assessment;

• arrangements at alternate worksites;

• techniques for handling internal and external communications effectively.

5.3.2 Information and data: Any information or data required to enable the parliament's response and recovery should have appropriate confidentiality, integrity (reliable and trusted), available

5.3.3 ICT Systems: Due to the importance of ICT systems, every effort should be made by management to ensure that the ICT infrastructure should be up and running. Due to the lessons drawn from the COVID-19 experience, management should invest appropriately, ensuring the availability of essential IT equipment and resources and enforcing a technology culture within Parliament.

5.3.4 Safety & Welfare During Recovery: Special attention should be paid to members and staff with physical and learning disabilities or other specific needs (e.g. pregnancy, temporary disability due to injury or COVID related incidences). The long-term impacts of incidents should not be underestimated. Management should develop appropriate solutions, including **a mandatory test** to stop re-occurrence and promote safety and wellbeing.

5.4 Recovery Checklist

- Operate at recovery facilities
- Restore the ICT infrastructure
- Institute mandatory test
- Undertake risk assessment
- normalise operations
- enhance internal and external communication
- Take into consideration resource requirements
- conduct a post-recovery review

A: Visitors Annex Declaration Form

Name:	
Organisation:	
Mobile Number:	
Visiting:	
Date:	
Have you been to/in any quarantine home?	Yes/No
Have you been in contact with any confirmed or suspected COVID-19 case?	Yes/No
Are you suffering from any flu-like symptoms/symptoms of Covid-19?	Yes/No
Are you experiencing any fever like/Temperature symptoms? Yes/No	
If response to 3 or 4 is yes, did you consult a medical practitioner?	Yes/No
How are you generally feeling Healthwise?	Well/Unwell
NOTE: When within the confines of Parliament, please adhere to our on-site standard processes/procedures regarding infection control, i.e. hand washing/hand sanitising and general coughing/sneezing etiquette (Please circle your answers above) Signature of Visitor:	

Annex B: Risk Assessment Model

Note: This takes into account the process of identifying and assessing the risks to our operations in Parliament and prioritising our resources to reduce or eliminate the most significant risks.

	Likelihood				
	Very Unlikely	Unlikely	Possible	Likely	Very Likely
	1	**2**	**3**	**4**	**5**
Negligible – 1	1	2	3	4	5
Minor – 2	2	4	6	8	10
Moderate – 3	3	6	9	12	15
Major – 4	4	8	12	16	20
Extreme – 5	5	10	15	20	25
Severity					

Annex C

Risk	L	S	Score	Control	L	S	Score	Responsibility	Monitoring
Closure due to outbreak amongst staff	5	5	25	√Communicate risks to all staff; √Advise staff of the need to stay at home if showing symptoms or in contact with those with symptoms; Consistent washing of hands and use of alcohol-based hand sanitizer by all staff √Social distancing encouraged at all time; √Emphasis on the proper use of face masks/safety glasses and other Safety pieces of equipment; Staggered Canteen breaks; Sanitisation of shared equipment/ areas.	3	5	15	Head of Departments/Units	**Facilities Manager** **Director** **Sergeant-at arms**

Annex –D COVID-19 CASE ASSESSMENT FORM 2020

PROFILE CASE 1D…………………………..

NAME		COMMENT
ADDRESS		
GENDER		
AGE		
MOBILE NUMBER		
OCCUPATION		
PLACE OF WORK		
ADDRESS OF WORK PLACE		
PRESENTING SYMPTOMS		
DATE OF ONSET		
PLACES VISITED 3 DAYS BEFORE SYMPTOMS START		
QUARANTINE STATUS		
CONTACT WITH ANY SICK PERSON		
CONTACT WITH CONFIRMED CASE		

VISIT ANY HEALTH FACILITY IN THE LAST 2 WEEKS		
	EXPOSURE AND TRAVEL HISTORY	
TRAVEL IN LAST 2 WEEKS		
DISTRICT		
COUNTRY		
FLIGHT DETAILS		
AIRLINE NAME		
DATE OF ARRIVAL		
DATE OF DEPATURE FROM FOREIGN COUNTRY		
DATE OF DEPARTURE FROM HOME		
NAME OF NOK		
ADDRESS		
CONTACT NUMBER		
NAME OF PERSON COMPLETING THE FORM		
DESIGNATION		

MOBILE NUMBER		

AUTHORS' NOTE

This policy is developed and drafted through the collaborative effort of Mr. Gilbert N'habay—(Deputy Director Parliamentary Research Unit) and Mr. Momodu-Lamin Deen Rogers—(Deputy Director Department of Parliamentary Assistance   Coordination) to serve as a workplace protection guide for the Parliamentary Community in the age of COVID-19 Pandemic.

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