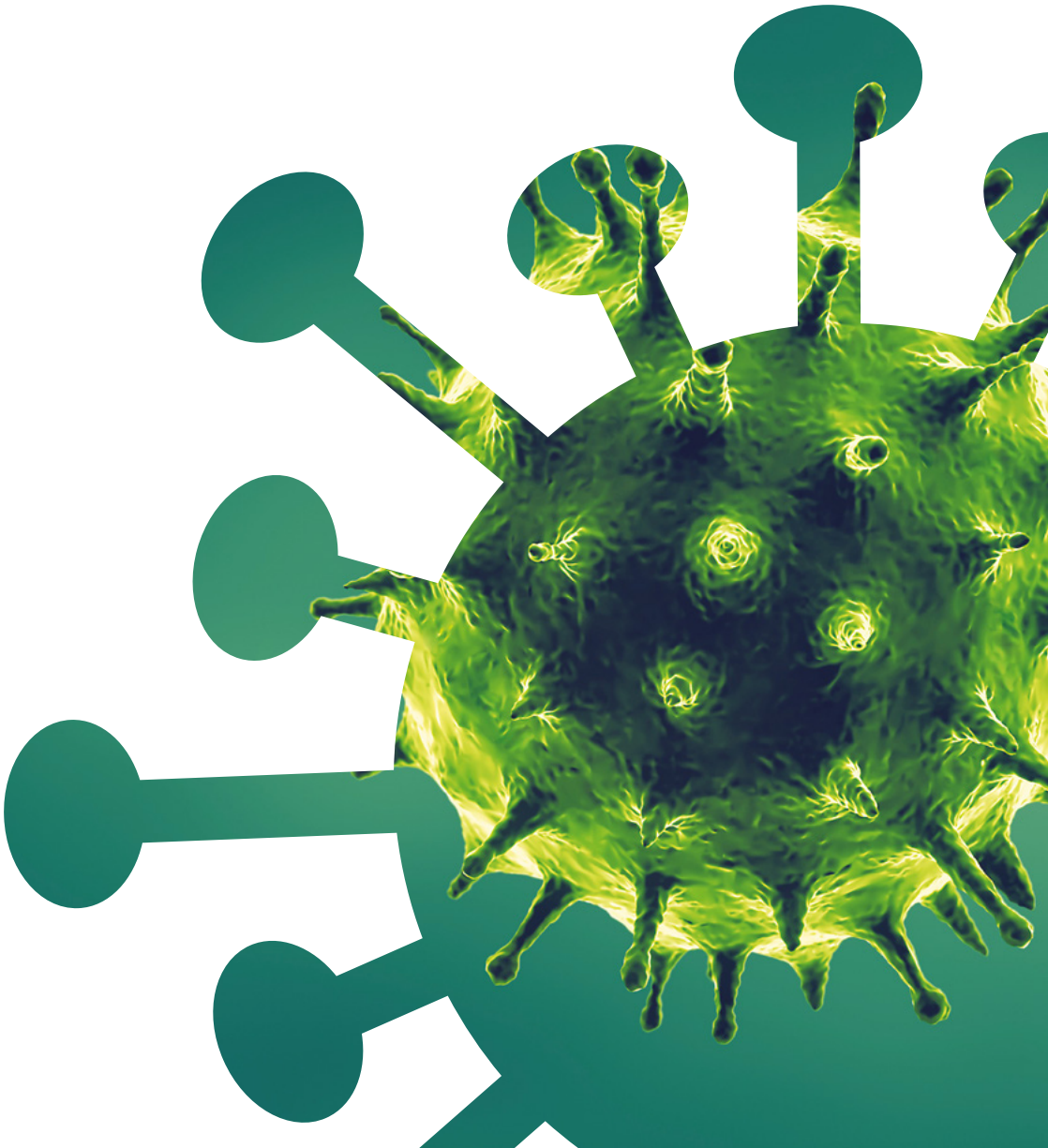
World Health Organization
REGIONAL OFFICE FOR Europe

TECHNICAL WORKING GUIDANCE #1

STRENGTHENING THE HEALTH SYSTEM RESPONSE TO COVID-19

Maintaining the delivery of essential health care services while mobilizing the health workforce for the COVID-19 response (18 April 2020)



Document number: WHO/EURO:2020-669-40404-54161

Address requests about publications of the WHO Regional Office for Europe to:
Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark
Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www.euro.who.int/pubrequest).

Suggested citation. Strengthening the health system response to COVID-19: Maintaining the delivery of essential health care services while mobilizing the health workforce for the COVID-19 response. Technical working guidance #1. Copenhagen: WHO Regional Office for Europe; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Background

This paper is one of a suite of technical guidance papers developed by the WHO Regional Office for Europe, through the Incident Management Support Team, to provide practical information and resources for decision-makers on measures to strengthen the health system response to COVID-19. The focus of the guidance is on maintaining the delivery of essential health care services across the continuum of care while freeing up resources for the COVID-19 response, including the supports and measures required to ensure that health workforce is mobilized and enabled to deliver the care required. It supports the operationalization of the policy recommendations put forward by the WHO European Region on strengthening the health system response to COVID-19, in particular policy recommendations 7–10 (Table 1).

The guidance will be updated on a regular basis to reflect the best available evidence and emergent country practices.

Table 1. Summary of 16 health system recommendations to respond to COVID-19

1. Expand capacity for communication and proactively manage media relations.	2. Bolster capacity of essential public health services to enable emergency response.	3. Clarify first-point-of-contact strategy for possible COVID-19 cases: phone, online, physical.	4. Protect other potential first contact health system entry points.
5. Designate hospitals to receive COVID-19 patients and prepare to mobilize surge acute and intensive care unit (ICU).	6. Organize and expand services close to home for COVID-19 response.	7. Maintain continuity of essential services while freeing up capacity for COVID-19 response.	8. Train, repurpose and mobilize the health workforce according to priority services.
9. Protect the physical health of frontline health workers.	10. Anticipate and address the mental health needs of the health workforce.	11. Review supply chains and stocks of essential medicines and health technologies.	12. Mobilize financial support and ease logistical and operational barriers.
13. Assess and mitigate potential financial barriers to accessing care.	14. Assess and mitigate potential physical access barriers for vulnerable groups of people.	15. Optimize social protection to mitigate the impact of public health measures on household financial security.	16. Ensure clarity in roles, relationships and coordination mechanisms in health system governance and across government.

Source: ***Strengthening the health system response to COVID-19: Policy Brief***[1]

[1] WHO. Strengthening the health system response to COVID-19 Recommendations for the WHO European Region Policy brief (1 April 2020). Copenhagen: WHO Regional Office for Europe; 2020. (http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/strengthening-the-health-system-response-to-covid-19/strengthening-the-health-system-response-to-covid-19-policy-brief/strengthening-the-health-system-response-to-covid-19-recommendations-for-the-who-european-region-policy-brief-1-april-2020, accessed 15 April 2020).

Policy issues

Health emergencies put health systems and their ability to deliver health care services under strain. Currently, health care services in the WHO European Region are being confronted with increased demand generated by the COVID-19 outbreak.

When health systems are overwhelmed, morbidity is exacerbated, disability intensifies and both mortality from the outbreak (direct) and mortality from vaccine-preventable and treatable conditions (avoidable) increase.

Responding exclusively to COVID-19 cases, without considering how the delivery of essential health care services will be maintained across the continuum of care from prevention to palliation, comes with several risks (Box 1). These risks are exacerbated by isolation, changes in established care pathways, interruptions in communication between providers, interruptions in communication between providers and patients, and interruptions in access to medicines and technologies upon which people are dependent.

Avoiding interruptions in access to treatments and providers is particularly important for patients with chronic conditions (noncommunicable and communicable) for whom continuity of care is vital to reduce the need for treatment intensive and time-sensitive services.

Box 1. Potential risks during COVID-19 outbreak

- ✔ Increased mortality
- ✔ Suboptimal short- and long-term outcomes
- ✔ Outbreak of other communicable and preventable diseases
- ✔ Exacerbation of existing conditions
- ✔ Medical errors and mismanagement of conditions
- ✔ Delays in seeking care
- ✔ Poorer quality of care
- ✔ Suboptimal quality of life
- ✔ Increased burden on care givers
- ✔ Poor self-management

To minimize the consequences of disruptions to the delivery of essential health care services, national health authorities and health service planners will need to ensure dedicated planning structures are in place, population risks are stratified, delivery settings/platforms and provider arrangements are modified or reconfigured, and financial and physical resources are made available accordingly.

Decisions will need to be made transparently and should be based on the best available evidence about which health and social care services may be postponed, deferred or delivered differently.

Maintaining public trust in the capacity of the health system to meet people's needs safely and to control infection risk in the community and health facilities is critical to ensuring continued care-seeking behaviours and adherence to public health guidance. For this, communications strategies to build and maintain trust need to be in place early and maintained throughout the duration of the outbreak.

Several factors may impact the availability of health workers to deliver essential services, including redeployment of staff to treat increasing numbers of patients with COVID-19 and absence of health workers in quarantine or infected with the virus or because of their caring responsibilities for affected family and friends. The combination of increased workload and reduced numbers of health workers is likely to pose a severe strain on the capacity to maintain essential health care services. Training the entire health workforce in recognizing and managing the symptoms of COVID-19 and repurposing the workforce for priority services – both for the COVID-19 response and to support essential health care services – will be critical areas that will need attention.

This paper sets out 12 strategic actions and related activities to support health service planners, health care managers and related officials to take the steps necessary to redirect resources to support the delivery of health care services across the continuum of care, while mobilizing the health workforce for the COVID-19 response.

In addition, appropriate attention should continue to be given to population-level services such as shelters for the homeless and victims of domestic violence, school programmes, community-based services for high-risk youth, food and road safety, and continuous protection from chemical, biological, radiological and nuclear (CBRN) hazards. However, these population services will not be covered in this document.

Recommendations and strategic actions

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
POLICY RECOMMENDATION #7 MAINTAINING THE DELIVERY OF ESSENTIAL HEALTH CARE SERVICES WHILE FREEING UP RESOURCES FOR THE COVID-19 RESPONSE	
1. Planning for measures to maintain delivery of essential health care services during COVID-19	• Establish or activate a health care service delivery coordinating structure, that brings health and social care providers together, including public and private, primary, community-based, secondary and hospital care. The coordinator should report to the COVID-19 emergency management team within the overall health system governance structure. • Establish a focal point for essential health care services. The incumbent should be a member of the COVID-19 emergency management team. The focal point will lead on reprioritizing health and social care services, coordinating providers and redefining pathways. The focal point can assist in repurposing human, financial and other resources from routine services and mobilizing additional resources. • Conduct a mapping of available health facilities, including those in the public, private and military systems, as part of overall response planning. • Secure supply chains to ensure continuity of established treatment regimens necessary for patients to access essential health care services.

2. Determine which health and social care services are to be delivered to non-COVID patients along the continuum of care	• Stratify the population to assess the risk of infection by sex and current health conditions.
	• Consider vulnerable groups. This may require attention to neonates, children, older people, people with mental health conditions, refugees, migrants, Roma and homeless people.
	• Develop a framework that lists essential health and social care services across different settings of care and providers. The development should consider continuity of care as well as the entire continuum of care, including prevention, rehabilitation and palliation. This should be done in consultation with senior clinicians and health service managers based on disease burden, country context, patient safety and WHO guidelines and tools. Priority services may include:
	  • prevention for communicable diseases, particularly vaccine-preventable diseases;
	  • care during pregnancy and childbirth;
	  • continuation of critical inpatient therapies, e.g. dialysis;
	  • sexual abuse and treatment services;
	  • needle and syringe programmes and opioid substitution therapies;
	  • management of acute episodes and exacerbations of chronic conditions that require time-sensitive intervention;
	  • provision of medicines and supplies for the ongoing management of chronic conditions, e.g. people with diabetes, cancer, cardiovascular diseases, HIV/AIDS, mental health disorders, pulmonary diseases, TB, etc., ensuring refills for longer periods;

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
	• rehabilitation services that support independence and quality of life; • long-term care services and home care services for older people and/or people with disabilities; and • maintaining the auxiliary services, such as basic diagnostic imaging, antimicrobial susceptibility testing, laboratory network and services, safe blood supply and blood bank services. • Identify routine and elective services that can immediately be deferred or displaced to other settings or non-affected areas (e.g. elective surgery, outpatient services, routine primary care check-ups, routine dental check-ups and low-risk health promotion visits). • Create a roadmap for a progressive phased reduction, modification or reconfiguration of health care services in line with WHO transmission scenarios,[2] including phasing protocols that progressively restrict or redirect services. • Identify the human and physical resources that have become available for possible redeployment or re-assignment. These are made digitally available. • Strategies for the restoration of essential health care services that have been postponed need to be revised periodically as the outbreak evolves.
3. Optimize service delivery settings/ platforms and coordination of providers	• Consider alternative models of care to move services from hospitals to community-based or home-based care. These may include: • delivering services in a different setting/location; • delivering services on a different platform (telephone or web-based); • delivering similar services by different providers; • exploring task sharing in line with existing scopes of practice, and consider expansion of scope of practice where this is may be practicable; • spacing out the frequency in delivering services; and • increasing the capabilities of and support for informal care givers for strengthening home care. • Reinforce or establish active but safe discharge management for older and social care patients from hospitals to step-down, community and home care settings. • Consider increasing the capabilities of civil society and non-state actors to deliver social care services and home care, e.g. nongovernmental organizations, Red Cross, Red Crescent. • Ensure continued access to medicines and supplies for people with chronic conditions, e.g. allowing pharmacists to extend ordinary prescriptions.
4. Review pathway and patient transitions	• Establish criteria and pathways for patient referrals and counter-referrals aligned with the phased roadmap. • Ensure access to patient records across providers and settings/platforms.

[2] WHO. Critical preparedness, readiness and response actions for COVID-19. WHO/2019-nCoV/Community_Actions/2020.3 (https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19, accessed 15 April 2020).

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
5. Ensure the safety of essential health care services	• Guide safe care-seeking behaviours by disseminating information to the public, including new pathways for services, opening hours, precautions, etc. These should be disseminated through various media outlets including social media, but also through public and community organizations. • Ensure all health and social care services, including those delivering community-based services, are able to practice safely through the provision of personal protective equipment according to their risk, and that resources are provided to train staff in the use of personal protection equipment and how to practice infection prevention and control procedures. • Introduce or reinforce standard operating procedures for facility-based infection prevention and control. This may include separation of patients at the point of entry, dedicated pathways and reserved hospital equipment. • Ensure rapid learning cycles are in place to adjust health care services to respond to risk, population specificities, workforce supply, but also to input from patients and the health workforce. • Ensure acuity-based triage at all sites. • Establish guidance on screening and triage of patients on arrival at health care settings using the most up-to-date COVID-19 guidance and case definitions, e.g. through dedicated tents in the premises, case testing prior to accessing facilities. • Establish mechanisms in all care sites for isolation of patients meeting the case definitions for COVID-19. • Develop and ensure the availability of COVID-19-specific clinical decision aids with staff and for staff. • Establish criteria and protocols for transferring patients between settings. • Establish clear criteria and protocols for transporting patients from the community to hospitals or between services.

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
POLICY RECOMMENDATION #8 **TRAIN, REPURPOSE AND MOBILIZE THE HEALTH WORKFORCE ACCORDING TO PRIORITY SERVICES**	

1. Identify the health workforce available for surge capacity demands and essential health care services	• Map health worker requirements (including critical tasks and time requirements) for WHO transmission scenarios.
	• Consider the following sources for temporary health workforce surge capacity and essential health care services, including public health care services:
	  • part-time staff increasing their hours and full-time staff working remunerated overtime;
	  • staff in quarantine with mild symptoms can support the response by taking on remote tasks such as telemedicine, serving on a hotline to answer questions from concerned citizens, etc.
	  • staff from non-affected areas and health workers available for temporary re-assignment in line with the agreed roadmap for essential health care services;
	  • utilizing registration and certification records to identify qualified candidates (including migrants and refugees) and recruit additional health workers, including licensed retirees and medical trainees for appropriate supervised roles;
	  • mobilizing nongovernmental, military, Red Cross or Red Crescent, and private sector health workforce capacity;
	  • government and other workers from non-health sectors moving to the health sector to support tasks and functions in health care facilities that are expected to be compromised (administration, maintenance and other support services for staff and patients, etc.);
	  • calling for volunteers and/or health workers working outside the health sector.
	• Consider setting up a centralized roster of all available health workforce at the appropriate level (local, municipal, regional, national).
	• A method designated to update the contact information and potential health care service capacity of all people willing and capable to serve. Mobile applications could be used for this, if possible.
	• Identify domestic support measures (e.g. travel, childcare, care of ill or disabled family members) that could enhance staff flexibility for shiftwork.
	• Ensure there are policies in place to manage volunteer workers (vetting, accepting, rejecting, liability issues etc.).
	• Recruitment notices and contracts for emergency recruited staff clearly state what emergency registration status means and the measures regulatory bodies will take in the event that they receive information that they are not fit to practice.

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
2. Repurpose and upskill for rapid deployment to meet surge capacity needs and deliver essential health care services	• Ensure all the health workforce in community- and hospital-based services are provided with COVID-19 training (online or in designated community training facilities) including WHO online training.[3] • Ensure that the health workforce is trained and up to date in basic life support according to **WHO Basic Emergency Care**.[4] • Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities and essential infection prevention and control. • Consider establishing pathways for accelerated training and early certification of medical, nursing and other key trainee groups. • Mobilize adequately supported supervision structures and capacity to reinforce and support rapidly-acquired knowledge and skills. • Consider opening or initiating access to existing web-based learning platforms (e.g. management of time-sensitive conditions; syndromic management of common undifferentiated presentations in frontline care; management of select chronic communicable and noncommunicable diseases). • Consider simple high-impact clinical interventions for which rapid upskilling would facilitate safe task sharing and expansion of scope of practice for the entire health workforce, e.g. including pharmacists, nurses, nursing assistants, social workers, physiotherapists, psychotherapists, dentists, community health workers. • Staffing requirements are relaxed in critical care and COVID-19 specialized units in order to make greater use of the multidisciplinary team to help with moving equipment, restocking units, resupplying bed areas and completing administrative tasks.
3. Address contractual and related issues and put in place policies to enable rapid response	• Consider and implement agreed contract adjustments to facilitate upgrading contracts to meet health care service needs (part-time staff working full-time, full-time staff working remunerated overtime, etc.). • Consider and implement agreed contract adjustments to support the re-assignment of health workers to essential services and/or to support the COVID-19 response in hospital-based settings. • Evaluate and allocate financial resources for all contract types to ensure timely payment of salaries, overtime, paid sick leave, incentives and hazard pay. • Adjust liability, insurance and clinical indemnity arrangements in line with changes of assignment across medical sub-specialties and/or in line with agreed task sharing or substitution measures.

3 WHO. Welcome to Open WHO [website]. (https://openwho.org/, accessed 15 April 2020).

4 WHO. Basic Emergency Care. Geneva: World Health Organization; 2018. (https://www.who.int/publications-detail/basic-emergency-care-approach-to-the-acutely-ill-and-injured, accessed 15 April 2020).

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
	• Consider temporary licensing measures, combined with targeted upskilling and adequate supervisory support, if appropriate. • Consider reassuring the health workforce that, if any scope of practice concerns are raised, regulatory bodies will take into consideration the context in which the professional is working.
4. Maintain ongoing communications with health workers	• Establish or reinforce communication platforms so that a workforce notification system is in place to regularly and frequently inform the health workforce of changes in demands, service delivery arrangements, referral pathways and training opportunities, etc. • Work with professional associations and others to maximize communication reach. • Consider issuing a joint statement that joins national health authorities, regulatory bodies, and professional organizations to direct health workers to where to find the most up to date information on signs, symptoms and treatment protocols for COVID-19.

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
POLICY RECOMMENDATION #9 **PROTECT THE PHYSICAL HEALTH OF FRONTLINE HEALTH WORKERS**	
1. Ensure the safety and protection of health workers in the frontline of health care services delivery	• Ensure appropriate hours and enforced rest periods. • Secure and allocate personal protective equipment for the health workforce providing frontline services (in hospitals and communities). • Ensure the health workforce is properly trained in terms of the rational use and disposal of personal protective equipment which is adequate for the risk. • Consider putting in place optional accommodation arrangements for hospital-based health workers to reduce time spent travelling to/from home and to protect health workers' families from indirect exposure. • Consider re-assignment of health workers in high-risk categories for COVID-19 complications to tasks/settings that reduce risk of exposure, including back-filling arrangements to support continuity of essential health care services, while releasing other health workers who are less at risk to provide care for patients with the virus.
2. Address occupational health concerns relating to COVID-19	• Ensure all health workers know how to identify and report any symptoms. • Ensure health workers understand when they must self-isolate. • Establish protocols to assure safe return to work of health workers following quarantine or sick leave. • Consider financial support and expansion of sick leave arrangements to support and encourage reporting of symptoms by health workers.

STRATEGIC ACTIONS	WHAT MAY THIS INVOLVE?
POLICY RECOMMENDATION #10 **ANTICIPATE AND ADDRESS MENTAL HEALTH NEEDS OF THE HEALTH WORKFORCE**	
1. Provide mental health and psychosocial support for health workers	• Establish a dedicated hotline for psychological support. • Review work schedules and ensure distributed workloads, as far as possible. • Monitor health workers for illness, stress and burnout. • Team arrangements that include non-professionals and professionals are considered to alleviate stress and help distribute tasks. • Consider introducing psychological first aid training for volunteers and community members to support staff in high stress areas, using digital and other platforms. • Consider child care and other care support options for health workers, e.g. when schools close due to spatial/social distancing measures or for health workers with caring commitments for older relatives.

CHECKLIST

Maintaining the delivery of essential health care services while freeing up capacity for COVID-19 response

7. Maintaining the delivery of essential health care services while freeing up capacity for the COVID-19 response

This checklist should be completed in close consultation with the guidance outlined in Technical Working Guidance #1: Maintaining the delivery of essential health care services while mobilizing the health workforce for the COVID-19 response

7.1. Planning for measures to maintain delivery of essential health care services during COVID-19

	YES	IN PROGRESS	NO
A health care service delivery coordinating structure that brings health and social care providers together has been established or activated.	☐	☐	☐
A focal point for essential health care services has been established.	☐	☐	☐
A mapping of health facilities has been completed, including those in the public, private and military systems.	☐	☐	☐
Supply chains have been secured to ensure patients have access to treatment regimens necessary to ensure the continuum and continuity of essential health care services for patients.	☐	☐	☐

CHECKLIST

Maintaining the delivery of essential health care services while freeing up capacity for COVID-19 response

7. Maintaining the delivery of essential health care services while freeing up capacity for the COVID-19 response

7.2. Determine which health and social care services are to be delivered to non-COVID patients along the continuum of care

	YES	IN PROGRESS	NO
The population has been stratified to assess the risk of infection by sex and health conditions.	☐	☐	☐
Vulnerable groups have been considered.	☐	☐	☐
A framework has been developed that lists essential health and social care services across different settings of care and providers and considers: a) continuity and b) the entire continuum of care including prevention, rehabilitation and palliation.	☐	☐	☐
Routine and elective services have been identified which can immediately be deferred or displaced to other settings or nonaffected areas.	☐	☐	☐
A roadmap has been developed for progressive phased reduction, modification or reconfiguration of health care services in line with WHO transmission scenarios.	☐	☐	☐
The Human and physical resources have been identified, that become available for possible redeployment or reassignment.	☐	☐	☐
Strategies for restoration of essential health care services which have been postponed are revised periodically as the outbreak evolves.	☐	☐	☐

7. Maintaining the delivery of essential health care services while freeing up capacity for the COVID-19 response

7.3. Optimize service deliery settings/platforms and coordination of provider

	YES	IN PROGRESS	NO
Alternative models of care have been considered to move services from hospital to community-based or home-based care.	☐	☐	☐
Active but safe discharge management has been initiated to move older and social care patients from hospitals to stepdown, community and home care settings.	☐	☐	☐
The capabilities of civil society and non-state-actors to deliver social care services and home care have been increased, e.g. NGOs, Red Cross, Red Crescent.	☐	☐	☐
Continued access to medicines and supplies for people with chronic conditions has been secured.	☐	☐	☐

7. Maintaining the delivery of essential health care services while freeing up capacity for the COVID-19 response

7.4. Review patient pathways and transitions

	YES	IN PROGRESS	NO
Criteria and pathways for patient referrals and counter-referrals have been established in line with the roadmap.	☐	☐	☐
Access to patient records across providers and settings/platforms is facilitated.	☐	☐	☐

CHECKLIST

Maintaining the delivery of essential health care services while freeing up capacity for COVID-19 response

7. Maintaining the delivery of essential health care services while freeing up capacity for the COVID-19 response

7.5. Ensure the safety of essential health care services

	YES	IN PROGRESS	NO
Information is disseminated to the public, to guide safe careseeking behaviours.	☐	☐	☐
All health and social care services, including those delivering community-based services, are provided with resources to function safely.	☐	☐	☐
Standard operating procedures for facility-based infection prevention and control are introduced or reinforced.	☐	☐	☐
Rapid learning cycles are in place to adjust health care services are able to respond to risk, population specificities, workforce supply but also input from patients and the health workforce.	☐	☐	☐
Acuity-based triage is introduced at all sites.	☐	☐	☐
Guidance on screening and triage of patients on arrival using the most up-to-date COVID-19 guidance and case definitions are in place.	☐	☐	☐
Mechanisms for isolation of patients meeting the case definition for COVID-19 are established.	☐	☐	☐
COVID-19 specific clinical decision aids are developed with staff and available for staff.	☐	☐	☐

CHECKLIST

Maintaining the delivery of essential health care services while freeing up capacity for COVID-19 response

	YES	IN PROGRESS	NO
Clear criteria and protocols have been established for transferring patients between settings.	☐	☐	☐
Clear criteria and protocols have been established for transporting patients needing transport from community to hospitals or between services.	☐	☐	☐

8. Train, repurpose and mobilize the health workforce according to priority services

This checklist should be completed in close consultation with the guidance outlined in *Technical Working Guidance #1: Maintaining the delivery of essential health care services while mobilizing the health workforce for the COVID-19 response*

8.1. Identify the health workforce available for surge capacity demands and essential health care services

	YES	IN PROGRESS	NO
Health worker requirements for the four WHO transmission scenarios (no cases, individual cases, clusters of cases and community transmission) are mapped.	☐	☐	☐
Sources for temporary health workforce surge capacity and essential health care services, including public health services have been considered.	☐	☐	☐
A centralized roster of available health workforce is in place.	☐	☐	☐
A function to continuously update roster (contact information and service capacity of the available health workforce) is secured.	☐	☐	☐
Domestic support measures for staff have been identified and communicated to all staff in regards of accessibility and safety.	☐	☐	☐
Policies to recruit volunteer workers are in place.	☐	☐	☐
Recruitment notices and contracts for emergency recruited staff clearly state what emergency registration status means and the measures regulatory bodies will take in the event that they receive information that they are not fit to practice.	☐	☐	☐

8. Train, repurpose and mobilize the health workforce according to priority services

8.2. Repurpose and upskill for rapid deployment to meet surge capacity needs and deliver essential health care services

	YES	IN PROGRESS	NO
All health workforce in community and hospital-based services are provided with COVID-19 training (online, or in designated community training facilities) including WHO online training.	☐	☐	☐
All health workforce is trained and up to date in basic life support according to WHO Basic Emergency Care.	☐	☐	☐
Rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities and essential infection prevention and control are initiated.	☐	☐	☐
Pathways for accelerated training and early certification of medical, nursing and other key trainee groups have been established.	☐	☐	☐
Adequate supported supervision structures and capacity to reinforce and support rapidly-acquired knowledge and skills have been mobilized.	☐	☐	☐
Open access to web-based learning platforms has been established.	☐	☐	☐
Simple high-impact clinical interventions for which rapid upskilling would facilitate safe task sharing and expansion of scope of practice have been identified.	☐	☐	☐
Staffing requirements have been relaxed in critical care and COVID-19 specialized units in order to make greater use of the multidisciplinary team to help with moving equipment, restocking units, resupplying bed areas, completing administrative tasks.	☐	☐	☐

8. Train, repurpose and mobilize the health workforce according to priority services

8.3. Address contractual and related issues and put in place policies to enable rapid response

	YES	IN PROGRESS	NO
Contract adjustments to facilitate upgrading contracts to meet health care service needs are implemented.	☐	☐	☐
Temporary licensing measures have been introduced where appropriate.	☐	☐	☐
Financial resources for all contract types have been reviewed and evaluated to ensure timely payment of salaries, overtime, paid sick leave, incentives, hazard pay.	☐	☐	☐
Liability, insurance and clinical indemnity arrangements have been adjusted in line with changes of assignment across medical sub-specialties and/or in line with agreed task sharing or substitution measures.	☐	☐	☐
Regulators have reassured the health workforce that, if any scope of practice concerns are raised, they will take into consideration the context in which the professional is working.	☐	☐	☐
Contract adjustments are implemented to support the re-assignment of health workers to essential services and/or to support the COVID-10 response in hospital-based settings.	☐	☐	☐

8. Train, repurpose and mobilize the health workforce according to priority services

8.4. Maintain ongoing communications with health workers

	YES	IN PROGRESS	NO
A workforce notification system is in place to regularly and frequently inform the health workforce of changes in demands, service delivery arrangements, referral pathways, training opportunities, etc.	☐	☐	☐
Professional associations, unions and colleges have been identified, contacted and are updated continuously to maximize communication "reach".	☐	☐	☐
A joint statement has been issued that joins national health authorities, regulatory bodies, and professional organizations to direct health workers on where to find the most up to date information.	☐	☐	☐

9. Protect the physical health of frontline health workers

9.1. Ensure the safety and protection of health workers in frontline of health care services delivery

	YES	IN PROGRESS	NO
Appropriate working hours and rest periods are enforced.	☐	☐	☐
Personal Protective Equipment (PPE) for the health workforce providing frontline services (in hospitals and communities) has been secured and allocated.	☐	☐	☐
Health workforce are properly trained in terms of the rational use and disposal of PPE.	☐	☐	☐
Optional accommodation arrangements are in place for hospital-based health workers to reduce time spent travelling to/from home and protect health workers' families from indirect exposure.	☐	☐	☐
A process of reassignment of health workers in high-risk categories for COVID-19 complications has been rolled out to reduce risk of exposure, back-fill arrangements to support continuity of essential health care services, and release other health workers less at risk to provide care for patients with the virus.	☐	☐	☐

9. Protect the physical health of frontline health workers

9.2. Address occupational health concerns relating to COVID-19

	YES	IN PROGRESS	NO
All health workers know how to identify and report any symptoms.	☐	☐	☐
All health workers know when they have to self-isolate.	☐	☐	☐
Protocols are in place to assure safe return to work of health workers following quarantine or sick leave.	☐	☐	☐
Financial support and expansion of sick leave arrangements are in place to support reporting of symptoms by health workers.	☐	☐	☐

10. Anticipate and address mental health needs of the health workforce

10.1. Provide mental health and psychosocial supports for health workers

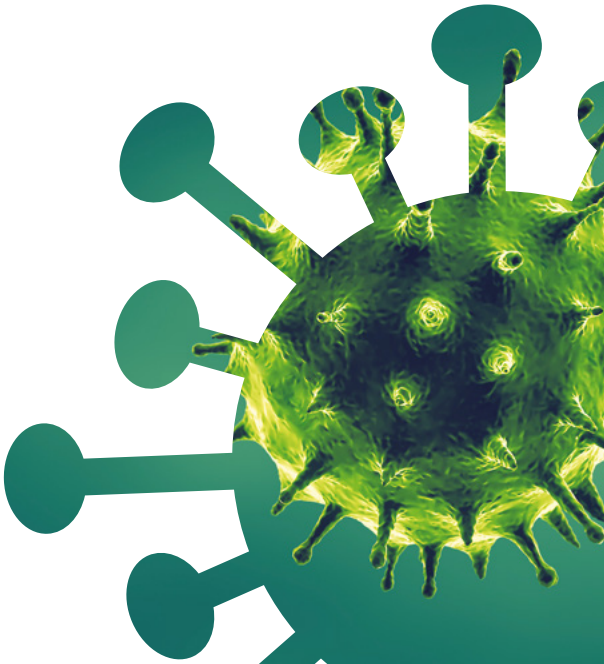
	YES	IN PROGRESS	NO
A dedicated hot line for psychological support been set up for health workers.	☐	☐	☐
Work schedules are reviewed.	☐	☐	☐
Health workers are being monitored for illness, stress and burn-out.	☐	☐	☐
Workload is distributed to the extent possible in teams and with other health professionals and non-health professionals.	☐	☐	☐
Psychological first aid training is available for volunteers and community members to support staff in high stress areas, using digital and other platforms.	☐	☐	☐
Child care and other care support options for health workers are available.	☐	☐	☐

WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan



World Health Organization
Regional Office for Europe
UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int

WHO/EURO:2020-669-40404-54161