



Prepared by: Mdm Greece

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## **MDM-GREECE EMERGENCY RESPONSE PROPOSITION FOR COVID19 EPIDEMIC IN MORIA - LESVOS<sup>1</sup>**

### **Situation Highlights**

- No confirmed cases of COVID-19 have been identified so far in Moria Reception and Identification Center, neither in Kara Tepe site. Eight (8) COVID-19 positive cases have been confirmed to date on Lesvos Island according to the National Public Health Organization (EODY)<sup>2</sup>
- Since March 24th, a new emergency operational plan titled “Agnodiki” has been set by the General Secretariat for Reception of Asylum Seekers for the mitigation of COVID-19 risks.
- There are approximately to 19,000 people residing in Moria site, while the maximum capacity of the Reception Center is 2,757 places.
- From March 1<sup>st</sup> onwards, third country nationals who arrive on Lesvos are forced, upon their arrival, to stay in isolated areas, under minimum presence of protection and health actors. As this is established as a measure to protect the island’s population from COVID-19 outbreak, the people staying on the shores have no access to adequate services and sanitation.
- There are several estimations that a few thousands of vulnerable cases of asylum seekers such as 900 unaccompanied children and more than 500 seniors staying in the wider area of Moria with limited access to health services due to lack of administrative documentation as well as understaffing of health services in the site.
- “Vostaneio”, the General Hospital of Mytilene has limited capacity on Intensive Care Units (ICUs) up to 5 units and 6 isolation units, while the population on the Island is estimated up to 110,000 people including the population of migrants and refugees.

### **Key Preparedness and Response**

**The establishment of isolation and treatment facilities has to be set immediately, with underway planning to prepare an area of 100 beds across the site.**

This has to include a plan for expansion of capacity in NHS facilities, including Vostaneio Hospital and support to primary health centers established at Mytilene and Kalloni. In and around the camp of Moria, General Secretariat for Reception of Asylum Seekers along with HEALTH and WASH partners must prepare a separate facility out of the Reception Center in order to mitigate the negative impact of an outbreak within the RIC, while access to healthcare for the population must be ensured immediately, either through PAAYP<sup>3</sup> or other sufficient mechanism. At the same time, all vulnerable cases of elderly persons, people with chronic illness, persons with disabilities, pregnant women, women with new-borns, should be moved to mid-terms alternative reception facilities on the island (apartments, hotels, etc).

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<sup>1</sup> This proposition is already submitted to UNHCR office on Lesvos, to the General Secretariat of Reception of Asylum Seekers and the National Public Health Organization

<sup>2</sup> National Public Health Organization. Covid-19 Daily Country Report of March 29th [Accessed April 8th 2020]. Available from: <https://eody.gov.gr/>

<sup>3</sup> PAAYP: temporary number of insurance and health coverage for asylum seekers in Greece (has not yet provided)



MdM Greece suggest the preparation of at least 100 isolation beds for potential COVID-19 patients, per 6.000 individuals and the rapid identification of appropriate sites close by to the reception center of Moria in order to establish the new isolation and treatment facilities, led by General Secretariat of Civil Protection, EODY and a UNHCR-led inter-agency team along with local authorities. **Setting up of additional beds depends on the availability of funding and medical staff as well as land availability, WASH infrastructure and operational capacity permitting.**

Hygiene promotion has to be scaled up in the area of Moria by increasing the number of hand washing facilities, sanitation facilities, health points, nutrition, community centers and other places where services are delivered are underway. WASH partners have to carrying out disinfection and decontamination procedures and work, including installation of hand-washing points in all the sectors in the RIC and in Olive Grove along with the installation of toilets, with plans to reach all the other areas outside the RIC.

Communication with communities has to be ongoing in all the refugee sites of Lesvos, through recorded messages, videos, posters, leaflets, based on a diversity, gender sensitive and intercultural approach that will disseminated not only by health promoters but also by other community leaders, mediators, networks and volunteers in all of the areas of Moria, Kara Tepe and alternative accommodation facilities on Lesvos, with detailed explanation on how the virus spreads, how people can protect themselves and their families, how to identify symptoms and care-seeking.

### **Basic Challenge**

The enormous overcrowding along with the insufficient water, sanitation and poor hygiene (WASH) conditions are the major factors that could trigger the widespread transmission in Moria, where the contact tracing, self-monitor and household management are impossible in a closing area of 19,000 individuals living under completely inadequate conditions while conjunction with physical distancing measures still remains very difficult to implement.

### **Infection Prevention and Control (IPC) plan for Moria RIC**

According to World Health Organization IPC strategies<sup>4</sup> to prevent or limit transmission in health care settings include the following procedures:

1. Ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19)
2. Applying standard precautions for all patients
3. Implementing empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19
4. Implementing administrative controls
5. Using environmental and engineering controls

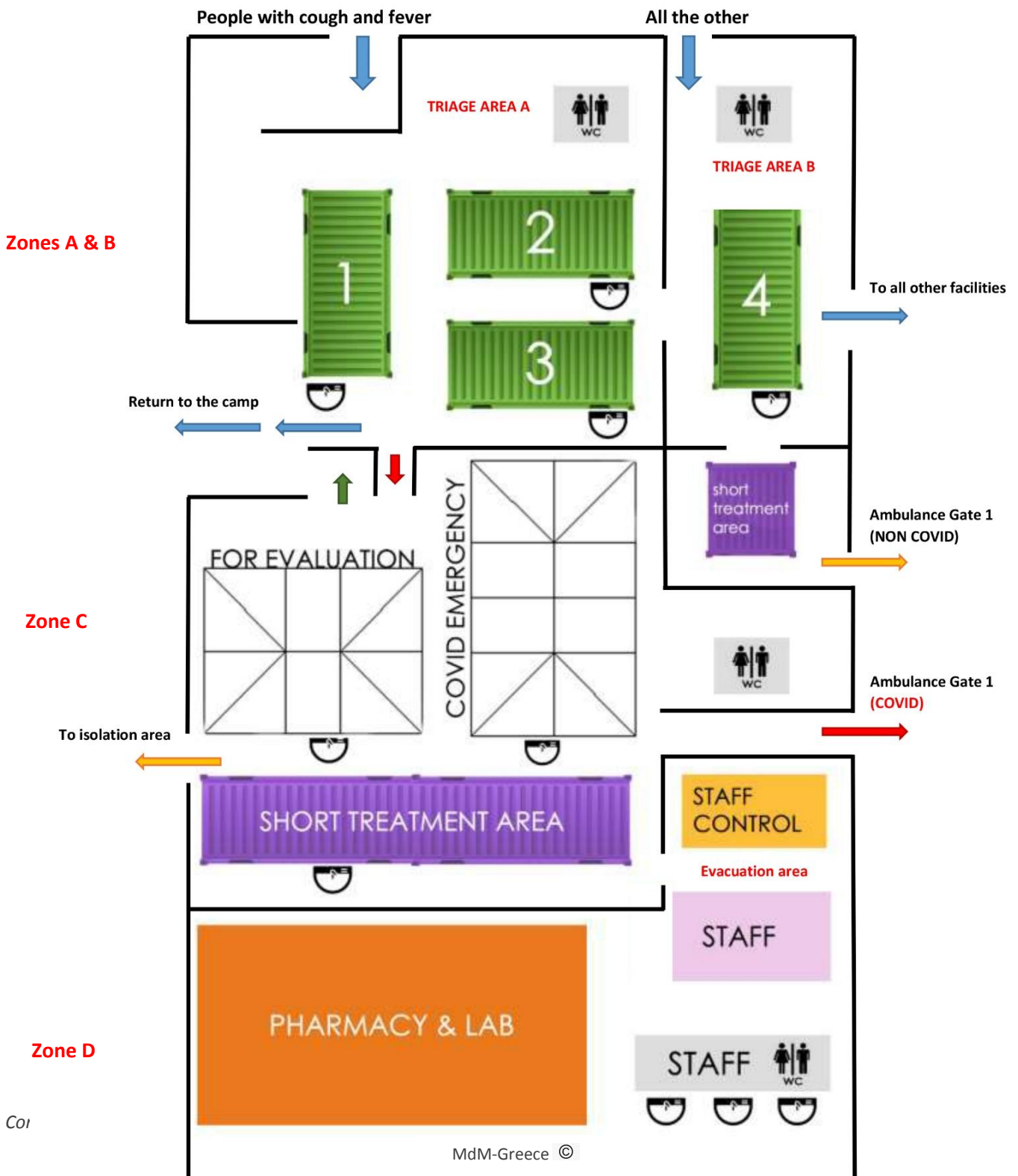
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<sup>4</sup> World Health Organization. *Infection prevention and control during health care when COVID-19 is suspected*. 21 March 2020. *Interim guidance*. [Accessed April 8th 2020]. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

**MdM-Greece proposal**

MdM Greece field team on Lesbos was asked to contribute to COVID-19 prevention and response plan for Moria RIC, via their expertise, knowledge of the context and experience regarding COVID-19. In this aspect, the following floor plan represents a realistic procedure based approach, in order to ensure minimum working standards as per MdM SOP's, and also in order to prepare the best response approach and process of cases.

Based on WHO, ECDC and EODY recommendations and SPHERE standards, MdM Greece is proposing the establishment of the following structure (design 1). Spaces 1 & 2 can also be tents. The areas in total are separated in Zones A, B, C and D.





In order for the proposed plan to be effective and realistic, all relevant actors should acquire a specific role in the process, always under the approval and guidance notes of EODY. MdM proposal is based on emergency and proactive response in the current situation regarding C19 outbreak, but also taking into account the sustainability of the whole plan for the future. The plan includes graphical representation of the suggested flow of cases to receive screening, triage, assistance and in certain cases healthcare services to treat the virus. Under this scope the following conditions are to be established. It is important to note that all COVID-19 health activities should be restricted in a specific designated area, in order to prevent possible spread of the virus in other areas in RIC.

### Screening and triage<sup>5 6</sup>

**Screening:** An area in which an individual is evaluated and screened using the case definition; if the person becomes a suspected case, refer to COVID-19 protocol.

**Isolation:** If the case definition is met, the patient should immediately be given a mask and directed to a separate area (an isolation room if available). At least 1 m distance should be kept between suspected patients and other patients.

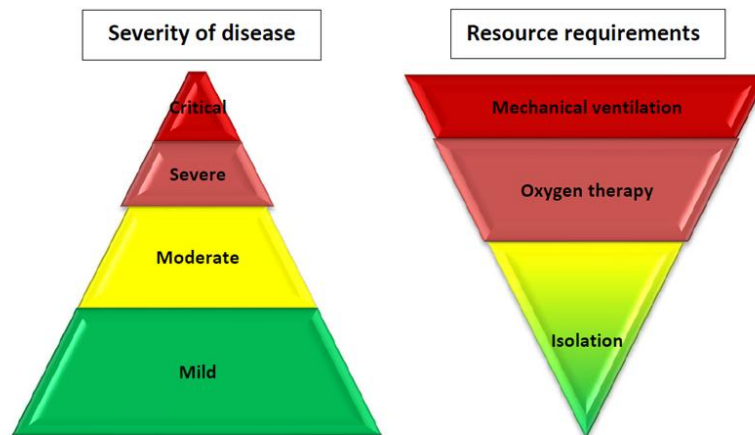
**Triage:** Acuity-based triage is the standard method of sorting patients in the medical setting. This is used as the basis for identifying patients who require immediate medical intervention, patients who can safely wait, or patients who may need to be transported to a specific facility based upon their condition. A standard, validated tool should be used to assess for severity of patients and designation to the appropriate part of the facility or the health care system (such as the Integrated Interagency Triage Tool).

**The triage procedure is described in arrows where the intake takes place.** The cases are screened and then characterized as **green (no covid19 case / safe)** and **red (covid19 case / risk)**. In **Triage Area A** people with symptoms receive screening and are allocated in the three containers represented as 1, 2 & 3 above. If patients are classified as **green/ safe case**, then they use a specific exit point and return to the camp site. If patients are classified as **red / risk case** proceed to **Evaluation and C19 Emergency Zone**. In **Triage Area B** people without obvious symptoms receive screening in container 4 after the possibility of COVID-19 infection is excluded, the health visitors inform the cases of the relevant prevention and protection measures that need to be applied, as well as guidelines regarding other medical conditions. The cases are then forwarded to any other facility within Moria RIC. If people show symptoms of any other type of illness that requires emergency response (not relevant to C19), such as serious chronic illness, heart conditions, heart attack, ect. They proceed to the Short Treatment Area, where they receive clinical treatment until the arrival of an ambulance (**at Ambulance Gate 1 for NON C19 cases**). Protection measures for prevention of virus spread are also applied in **Triage Area B**. If a possible case is identified, is guided to the relevant area, according to the procedure in place.

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<sup>5</sup> Idem

<sup>6</sup> World Health Organization. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). Interim Guidance. 19 March 2020. Accessed April 8th 2020]. Available from: [https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))



In **Evaluation and C19 Emergency Zone**, people are separated depending on the types and seriousness of their symptoms. If they have light symptoms they proceed to an isolation area (to be specified) and remain in quarantine for 14 days, as per EODY guidelines. If they have stronger symptoms, they proceed to C19 Emergency container, where they remain and receive clinical treatment, if required. If such cases are identified, then they need to be separated according to how serious each case is, therefore a **Short Term Treatment Area** is also foreseen, until a C19 special ambulance arrives to transfer them to the appropriate medical facility on the island **(at Ambulance Gate 2 for COVID cases)**.

The lower part of the plan shows the required secondary spaces for the staff and additional services. In the **Staff Control area**, all staff arriving at work gets checked and then proceeds in the **STAFF rooms** where they put on the protective gear in order to start triage. In this area personal lockers should exist in order for staff to leave their personal belongings and clothes. After they finish their shifts, they return to **STAFF rooms**, where is a separate room within the container they proceed in changing clothes and disposing of the contaminated clothing and protective gear. Next to **STAFF rooms** are the WASH facilities for staff.

The **Pharmacy and Laboratory area** will contain the medicines, pharmaceuticals, some medical equipment and medical consumables. Moreover, it is foreseen that this area may also include a laboratory in order to process the samples taken from the potentially positive cases to be tested.

The proposed plan is sustainable also for future usage, as the **Evaluation and C19 Emergency Zone** can be shorted out to include up to 25 clinical beds. Moreover, the **Short Term Treatment Area** can include doctors of different specialties (pediatrician, gynecologist, ect.) and also mid-wives. The **Pharmacy and Laboratory area** can include some medical equipment, such as x-ray machines, ultra sound devices, ect, in order to better assist the residents of the camp site.

**The types of services offered in the proposed plan include:**

- Triage and information guidelines
- Preventive medicine
- Primary healthcare
- Emergency response and treatment




**In terms of required staff, the following are estimated for one day shift. For more shifts per day, more staff needs to be recruited per shift. These include:**

- 1 doctor for triage area A, 2 to 3 doctors in the area for COVID-19 screening at Evaluation and C19 Emergency Zone and 1 doctor at triage area B
- 3 nurses (one to assist each doctor) for triage area A, 2 nurses in 2 triage area B and C19 evaluation and emergency response
- 3 assistant nurses for triage area A, and 1 assistant nurse at triage area B and C19 evaluation and emergency response
- 2 nurses for the short treatment area
- 1 pharmacist
- 3 health promoters
- 1 ground control officer
- 5 Arabic speaking interpreters
- 5 Farsi speaking interpreters
- 3 French speaking interpreter
- 3 administrators for the intake procedure
- 1 head admin for the whole team
- 2 supply and logistics officers
- 3 security officers
- 1 medical coordinator
- 1 field coordinator

The coordinators will be responsible for all services and activities regarding the pandemic (screening, triage and quarantine), in order to achieve better coordination of activities and services offered.

**Other types of services required should include:**

- WASH and SANITATION facilities for beneficiaries as per plan
- WASH and SANITATION facilities for staff as per plan
- It is very important to have the appropriate water basins where seen on the plan 
- Arrangement for private ambulance service
- Arrangements for staff transport service
- Arrangement for decontamination and disinfection **of all working spaces on a daily basis**, especially in the triage and treatment zones

An important component of the MdM-EL response plan is the assurance of the necessary protection and administrative measures related to health care workers (HCWs) as these are recommended by World Health Organization<sup>7</sup>:

- Provision of adequate training for HCWs;
- Ensuring an adequate patient-to-staff ratio;
- Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 virus among HCWs;
- Ensuring that HCWs and the public understand the importance of promptly seeking medical care;
- Monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed.

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<sup>7</sup> Idem



Annex: Triage form in Greek and English

Ημερομηνία / Date

/ /2020

Ώρα / Time: .....

COVID-19 – Ιατρικός Έλεγχος & Διαλογή / Medical Control & Triage

Κλιμάκιο Ιατρικού Ελέγχου Γιατροί του Κόσμου / MdM Medical Control Unit



|                             |                      |   |
|-----------------------------|----------------------|---|
| Όνομα /<br>Name             | Επίθετο /<br>Surname | Πατρώνυμο/<br>Fathers' Name                 |
| Φύλο/ Sex                   | Ηλικία / Age         | Αριθ. Μελών Οικ. /<br>No of Family Members: |
| Εθνικότητα /<br>Nationality | Αρ. Φακ: 05/000      |   |

**A facemask should be given to patients with respiratory symptoms as soon as they get to the facility if they do not already have one. All patients in the "respiratory waiting area" should wear a facemask.**

**Επίπεδο διαλογής 1 / Level 1**

| Συνεχή φροντίδα/<br>Continuous care | Εκτίμηση / For<br>evaluation | Triage A - MD | Triage B | Ολοκλήρωση /<br>Completed |
|-------------------------------------|------------------------------|---------------|----------|---------------------------|
|                                     |                              |               |          |                           |

Θ: .....°C SatO<sub>2</sub>:.....%

**Κλινικά Ευρήματα / Clinical findings:**

| Συμπτώματα/ Symptoms:  | ΝΑΙ /YES | ΟΧΙ / NO | Εάν Θ> 38°C ή/και SatO <sub>2</sub> < 95 και τουλάχιστον ένα από τα άλλα συμπτώματα χρήζει περαιτέρω έλεγχο. Οδηγήστε τον ασθενή στην πράσινη ζώνη |
|--|----------|----------|--|
| Πυρετό / Fever   |          |          | Εάν Τ> 38°C and/or SatO <sub>2</sub> < 95 and at least one of the other symptoms needs further examination.<br>Drive the patient to the green zone |
| Δυσκολία στην αναπνοή / Breathing difficulty   |          |          |  |
| Ταχύπνοια / Tachypnea  |          |          |  |
| Βήχα / Cough   |          |          |  |
| Καταβολή / Weakness  |          |          |  |
| Αρθραλγίες / μυαλγίες / Arthralgias  |          |          |  |
| Νοσηλεία ή/και επαφή με ύποπτο κρούσμα ή/και ταξιδέψατε τις τελευταίες 14 ημέρες / Hospitalization and / or contact with an suspected case and / or you have traveled for the last 14 days |          |          |  |

**Επίπεδο διαλογής 2 / Level 2 ( Triage A - MD)**

| Συνεχή φροντίδα/<br>Continuous care | Εκτίμηση / For<br>evaluation | Triage B | Ολοκλήρωση /<br>Completed | Απεβίωσε / Died |
|-------------------------------------|------------------------------|----------|---------------------------|-----------------|
|                                     |                              |          |                           |                 |

Παρεμβάσεις /Interventions at triage :

Παρατηρήσεις / Notice:

Υπογραφή Υπεύθυνου Ελέγχου /  
Signature of Control Manager



Ημερομηνία / Date  
/ /2020  
Ώρα / Time: .....

COVID-19 – Ιατρικός Έλεγχος & Διαλογή / Medical Control & Triage  
Κλιμάκιο Ιατρικού Ελέγχου Γιατροί του Κόσμου / MdM Medical Control Unit



**Επίπεδο διαλογής 3 / Level 3 (Εκτίμηση / For evaluation – MD)**

| Συνεχή φροντίδα/<br>Continuous care | Παρακολούθηση/<br>Continuous care |    |    |     | Καραντίνα /<br>Isolation | Triage B | Ολοκλήρωση<br>/ Completed | Απεβίωσε /<br>Died |
|-------------------------------------|-----------------------------------|----|----|-----|--------------------------|----------|---------------------------|--------------------|
|                                     | 15                                | 30 | 60 | 120 |                          |          |                           |                    |
|                                     |                                   |    |    |     |                          |          |                           |                    |

Παρεμβάσεις /Interventions at triage :

Παρατηρήσεις / Notice:

Υπογραφή Υπεύθυνου Ελέγχου /  
Signature of Control Manager

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**Επίπεδο διαλογής 4 / Level 4 (Συνεχή φροντίδα/ Continuous care - MD)**

| Διακομιδή /<br>Transfer | Παρακολούθηση/<br>Continuous care |    |    |     | Καραντίνα /<br>Isolation | Triage B | Ολοκλήρωση<br>/ Completed | Απεβίωσε /<br>Died |
|-------------------------|-----------------------------------|----|----|-----|--------------------------|----------|---------------------------|--------------------|
|                         | 15                                | 30 | 60 | 120 |                          |          |                           |                    |
|                         |                                   |    |    |     |                          |          |                           |                    |

Ώρα κλήσης EKAB /  
Time of EKAV call: .....

Ώρα παραλαβής /  
Time of EKAV arrival: .....

Παρεμβάσεις /Interventions at triage :

Παρατηρήσεις /Notice:

Υπογραφή Υπεύθυνου Ελέγχου /  
Signature of Control Manager

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