

COVID-19 AND VIOLENCE AGAINST HEALTH CARE

SAFER COVID-19 RESPONSE:

CHECKLIST FOR HEALTH-CARE SERVICES

I. BACKGROUND

Who is this checklist for?

Managers of health-care services,¹ individual practitioners and health policymakers worried about the impact of violence against health-care workers, facilities and patients during the COVID-19 response.

What is violence against health care?

By “violence against health care” we mean violence against *health-care professionals, health-care facilities, medical vehicles or patients and their families*. This might include the use of physical force – threatened or actual – against a person, group or community that results in or will likely *result in injury, death, psychological harm, maldevelopment or deprivation*. Blocking access to health care, such as through non-medical discrimination or preventing ambulances from circulating, is also considered an act of violence against health care.

Remember that health-care workers, facilities and vehicles must be properly identified so that they are protected from attack, and health-care workers must always comply with the ethical principles of their profession.

Has there been violence against those responding to COVID-19?

Although health-care workers responding to COVID-19 have generally been met with an outpouring of support and gratitude, there have also been alarming incidents of *health workers being stigmatized, ostracized, harassed or threatened* for allegedly spreading the virus. Isolation and treatment centres have been attacked by communities who do not wish to host them, and health-care professionals have faced aggression when patients don’t understand procedures or refuse to comply with isolation rules.

Who developed this checklist?

The *Health Care in Danger* (HCID) team at the [International Committee of the Red Cross](#) (ICRC). The HCID initiative builds on the experience of the International Red Cross and Red Crescent Movement in various humanitarian contexts all over the world. We also work in collaboration with *partners* such as the World Health Organization (WHO), the World Medical Association, the International Council of Nurses, the International Hospital Federation and many others.

What does this checklist provide?

A practical, actionable summary of important measures for **preventing, reducing and mitigating** the effects of violence against health-care workers and patients during the COVID-19 response. It also contains a series of online references to help you understand and implement these measures.²

¹ A health-care service, for the purposes of this checklist, is *any health-related service directly contributing to the COVID-19 response*: primary-health-care centres, ambulance services, hospitals or quarantine centres.

² Note that web pages may be updated frequently.

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This checklist aims to *encourage local risk assessment, informed response measures and accountability and transparency* towards those receiving care as a means of preventing violence against health-care workers and services. We aim to protect *health-care workers' well-being* and ensure that they apply the *ethical principles* of health care.

What does this checklist NOT provide?

This checklist does not contain technical guidance on preventing or controlling infection among health-care workers, or on isolation and treatment.

II. CHECKLIST OF **RECOMMENDATIONS** FOR PREVENTING AND RESPONDING TO VIOLENCE AGAINST HEALTH CARE

RECOMMENDATION	APPLICATION TO THE COVID-19 RESPONSE
Support health-care workers with high exposure to stress and violence.	<ul style="list-style-type: none"> • Help staff to stay vigilant about protocols by making information easily accessible: provide posters, reminders and checklists. This will help keep everyone protected from infection without escalating stress by requiring staff to memorize new protocols and guidelines. • Create a schedule for rest and meal breaks and follow it as closely as possible. • Remember that health-care staff, patients and their families – especially those who are isolated – have <i>psychological and social stressors</i>. Make sure your service does as much as possible to support the <i>mental health and psychosocial needs of staff and patients</i>.³ • Encourage staff to communicate about their stress, fears, concerns and frustrations. Promote self-care practices, including at work, and create channels of communication between staff and managers to discuss needs and concerns. • Remain attentive to signs of burnout and other stressors, such as harassment outside the workplace. • Do not encourage overworking and “selfless” behaviour: media messages and society’s depiction of health-care workers as heroes might encourage some to push their limits, leading to errors due to fatigue or burnout. • Remember that health-care workers are essential to this effort, so ensuring their safety and well-being must always come first.
Assess the risks and implement preparedness measures. ⁴	<ul style="list-style-type: none"> • While it is important to take into account business continuity and the availability of materials, be sure not to neglect security measures such as: <ul style="list-style-type: none"> • controlling entrances and exits • managing tensions and overcrowding in triage and waiting areas • entering into dialogue with agitated or aggressive patients and/or family members • ensuring staff are able to de-escalate tensions • setting up a focal point to respond to questions from the press and the community in a culturally sensitive manner.⁵

³ For ideas, visit [MHPSS.net](https://mhpss.net) and look for the “Staff care and support” section. Also see the International Federation of the Red Cross and Red Crescent Societies ([IFRC](https://www.ifrc.org/)) website and the ICRC’s mental health and psychosocial support [guidelines](#). Many other resources on mental health are also available online.

⁴ Preparedness measures are actions aimed at enhancing response capacities for crises and/or unusual situations.

⁵ If you don’t know what is expected in terms of security preparedness, you might find it useful to look at [this reference document](#) or [this survey](#), both of which were created especially for facilities in violent environments. The WHO has a [safety index for hospitals](#), which also touches on aspects beyond safety and security preparedness.



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RECOMMENDATION

Assess the risks and implement preparedness measures.⁶

Understand and promote the *rights and responsibilities* of staff to provide respectful and ethical care.

Engage, listen and communicate with the public.

APPLICATION TO THE COVID-19 RESPONSE

- Create or contribute to an emergency contingency plan, and ensure that it covers: availability and use of essential resources, isolation measures and/or staff rotation, what to do if there is a security threat or incident, and the protocol for managing it.
- Conduct a risk analysis of your particular context, as each health-care service faces a unique set of risks. When all potential risks have been identified, list possible actions (including the ones mentioned above) to prevent them or mitigate their consequences for people and workflow.
- Closely monitor the likelihood of violence against health-care workers, facilities, vehicles or patients in connection with the COVID-19 response. It is important to keep in mind:
 - Indirect forms of violence should not be neglected (for example, access to health care is blocked even though no violence is directed against a person or persons).
 - Quarantine and isolation enhance tensions and separate people from their loved ones. Be sure to take gender and other factors into account when directing people to isolate.
 - The presence of armed forces or security personnel may cause health services to be negatively perceived and generate resistance in the community.
- Ensure that protocols for triage and care comply with the ethical principles of health care: **prioritization based solely on clinical need, impartiality, confidentiality, do-no-harm, patient autonomy and informed, voluntary consent by the patient.**
- In situations where patient autonomy conflicts with public health imperatives, make sure that all decisions are fully disclosed and discussed with the patient(s), staff and management. Provide information to justify your decisions.
- Take cultural factors into consideration. Do not discriminate based on gender, age, disability, race, legal status or ethnicity, among other factors. Remember that stigma linked to diagnosis with COVID-19 might require stronger confidentiality.
- Health-care staff are not police officers. Though they may coordinate with security agents when needed, they must always follow health policies and comply with the ethical principles of health care and their professional code of ethics.
- Do not neglect the needs of vulnerable groups such as children, women, the elderly, people with mental health conditions and ethnic minorities.
- **If you disagree with the ethical boundaries applicable to the COVID-19 response or find yourself struggling to apply them, contact your managers to discuss it!**
- Communicate risks in a culturally sensitive, transparent manner with the help of this [material from the WHO](#), and this [guidance note](#) on the inclusion of marginalized and vulnerable people.
- Remember that the public's perception and acceptance of health-care services and staff is key to this effort. Be attentive to how health workers are perceived. Patients may also be at risk of stigmatization or ostracization. If you identify such risks, make sure to discuss ways to mitigate them with managers and other authorities.

⁶ Preparedness measures are actions aimed at enhancing response capacities for crises and/or unusual situations.



RECOMMENDATION	APPLICATION TO THE COVID-19 RESPONSE
<p>Engage, listen and communicate with the public.</p>	<ul style="list-style-type: none"> • Communicate clearly about the parameters and protocols your service has adopted, in the interest of openness, transparency and accountability. Consider putting up posters that can be easily understood by the community, explaining which services are being offered to which categories of people and how they can seek care. • Where possible, set up communication channels for patients, their families and the public to ask questions and express concerns. • Decide if and how your service can deliver updates on the COVID-19 response while maintaining patient confidentiality. Updates may need to be restricted to official (government) channels.
<p>Coordinate with security forces and other services.</p>	<ul style="list-style-type: none"> • Stay up to date on your country's policies regarding restriction of movement and the use of police and/or military to enforce it. If you are a health policy adviser, it is very important to incorporate ethical concerns into such restrictions. • If military forces are present where you work, you may need to inform them of these <i>good practices</i> for protecting health-care workers, facilities and vehicles. • Consider forming a contingency plan to evacuate patients, and coordinate with security forces accordingly. Make sure that they are aware of infection prevention and control measures. • If you are in contact with your country's professional health associations, seek their advice on best practices, ethical challenges and guidelines to follow.
<p>Document and monitor violent incidents.</p>	<ul style="list-style-type: none"> • Report any violent incidents, blocked access to care, discrimination and/or stigmatization happening in areas where health-care teams are working.⁷ • If possible, set up a system to document such events. This will make it easier to make informed changes to security measures.

7 Such violence may be directed against health-care staff or patients themselves, but may also include public resistance to the COVID-19 response (including isolation measures) in the form of protests, attacks outside the workplace or even cultural practices or local policies that limit people's access to health care.

The ICRC helps people around the world affected by armed conflict and other violence, doing everything it can to protect their lives and dignity and to relieve their suffering, often with its Red Cross and Red Crescent partners. The organization also seeks to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.