

INTERIM GUIDELINES FOR FRONTLINE
WORKERS ON SAFE IMPLEMENTATION OF
HOUSE-TO-HOUSE VACCINATION
CAMPAIGNS (25 JUNE 2020)

IN THE CONTEXT OF COVID-19



POLIO GLOBAL
ERADICATION
INITIATIVE

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Acronyms

COVID-19	Corona Virus Disease 2019
FLWs	Front line workers
GPEI	Global Polio Eradication Initiative
IPC	Infection Prevention and Control
LQA	Lot Quality Assurance
mOPV2	Monovalent Polio Vaccine, type 2
PPE	Personal Protection Equipment
WHO	World Health Organization

Purpose

The purpose of this document is to provide specific guidance to national and sub-national programme managers who will be supporting frontline workers for the safe implementation of house-to-house polio immunization campaigns in the context of the COVID-19 pandemic. Please note that this is an interim guidance and will be updated based on the lessons learned and experience sharing. It is important to highlight that this supplemental guidance assumes that the country team has already consulted the existing technical guidance materials which outline the process for undertaking a risk assessment and decision-making process to initiate supplementary immunization activities. It assumes that based on a thorough assessment of risk, the country team have arrived at a decision that it is safe to implement house-to-house polio vaccination campaigns based on guidance found in the existing technical documents (2, 3, 6, 7, 10) from the WHO and other stakeholders, including the Global Polio Eradication Initiative (GPEI). An additional decision-making guide to support preparedness is also available in Annex 1. This additional guidance was developed to complement the existing polio campaign guidelines, to highlight additional considerations for conducting house-to-house polio vaccination activities during COVID-19. The intention is that the planning team would follow the stages of campaign preparations as outlined in the existing national polio campaign guidelines, taking into account guidelines recommended in this document, which sets out suggested standards of practice within the context of COVID-19.

Guidelines

The following guideline complements the existing WHO and guidance provided by the Global Polio Eradication Initiative (GPEI) tools and guidelines (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11). It proposes recommended practices and logistical considerations for ensuring the safety of both the health workers and the community while conducting house-to-house polio vaccination within the context of COVID-19. It is important to reiterate that this is recommended supplemental guidance and should not supersede National regulations and policies.

Planning for a house-to-house polio campaign

The planning for house-to-house polio campaigns within the context of COVID19 will require additional logistics specific for ensuring the safety of both the health workers and the community while conducting the activity. These additional requirements, including estimates for personal protective equipment (PPE), should be factored into the campaign microplanning. In addition to PPE, the communication for Eradication (C4E) it will be important to ensure community ownership in the context of COVID-19 and to avoid any unnecessary stigma (10, 12, 13).

Guiding principles within the context of COVID-19

Once the national program has defined the level of COVID-19 risk in the proposed response area and made the decision to move forward with the implementation of house-to-house polio

vaccination, the following guiding principles and standards are recommended to ensure the safety of the frontline workers and community protection. The table below outlines the levels of COVID-19 transmission, together with the standards of Infection Prevention and Control (IPC) which should guide decision-making within the country based on the COVID-19 context. IPC plans should involve training in IPC measures; including personal protective equipment (PPE) and understanding of modes of transmission of diseases, including COVID-19 virus.

Recommended IPC Activities for Health Workers

COVID-19 Transmission type	IPC activities in any setting (fixed, outreach, mass campaign)	Personal Protective Equipment
No Cases	<ul style="list-style-type: none"> Adhere to national IPC protocols Always apply standard precautions Screening recommended in all settings Vaccinator should maintain at least 1 meter distance between the client and family members as much as possible Ensure that the recipient and caretaker is positioned sideways to the vaccinator (not face to face) Hand hygiene as much as possible 	<ul style="list-style-type: none"> Adhere to national IPC protocols Additional PPE indicated by the risk assessment
Sporadic or Cluster cases		<ul style="list-style-type: none"> Adhere to national IPC protocols Can consider medical masks for health workers
Community transmission		<ul style="list-style-type: none"> Adhere to national IPC protocols Health workers should wear medical masks throughout shift/campaign

Effective preventive measures:

Although preventive measures may vary according to the context, the following minimum standards should apply:

- All polio household vaccination team members should avoid physical contact and maintain a physical distance (a minimum of 1 meter) between each other, apart from the point of vaccination.
- Perform hand hygiene frequently with soap and water (see Annex 2 for proper hand washing and hand rubbing techniques) or an alcohol-based hand rub where available and cost effective.
- All team members should avoid touching their eyes, nose, and mouth while working.
- Clean and disinfect the environment and other frequently touched surfaces (during meetings and trainings, etc)
- Practice respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue in a waste area (do not throw on the ground) (4).
- Team members should thoroughly wash their clothing when they return to their homes at the end of the day.

Personal Protective Equipment (PPE) Considerations:

- **Masks:** As outlined in the COVID-19 global guidance documents, wearing medical masks when they are not indicated may cause unnecessary cost and a procurement burden and create a false sense of security leading to the neglect of other essential preventive measures, including hand hygiene and physical distancing.
- Use of masks is only required in areas with known or suspected widespread community transmission or large-scale outbreaks of COVID-19 as defined by the existing global guidance documents. In these areas the vaccinator could consider extended use of medical masks, such as using the same mask throughout the campaign day. In areas where transmission is not well known, or surveillance systems are weak, consider use of masks for the vaccination team. (10)
 - Mask Management: For any type of mask, appropriate use and disposal are essential to ensure that they are effective and to avoid any increase in transmission. Use of masks should adhere to all national protocols. The WHO has developed the following [advice on the use of masks in the context of COVID-19](#). (1). As per the guidelines, to be fully effective, continuous wearing of a medical mask by health workers, throughout their entire shift, should be implemented along with other measures to reinforce frequent hand hygiene and physical distancing among health workers in shared and crowded places where mask use may be unfeasible.
 - Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
 - Avoid touching the mask while wearing it.
 - Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
 - After removal or whenever a used mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water.
 - Make sure the medical mask is changed when wet, soiled or damaged.

For more do's and don'ts of wearing a mask see Annex 2.

Any additional IPC requirements should be determined according to the local COVID-19 situation and be aligned with the global IPC guidelines.

Waste Management

All campaign-related waste materials (used disposable masks, swipes, contaminated tissues, etc.) generated during the house-to-house activities should be collected in a disposable bag that the vaccination teams carry and return to the health post at the end of the day. These materials should not be discarded in trash bins, on the street or at the household level. As per the usual guidance, empty, broken vials, separated droppers should be collected separately in Ziploc/sealable bags. They should be returned to field supervisors and vaccine accountability

monitors as per the existing campaign guideline. A designated official at the health post should incinerate the waste along with other health care facility waste. Medical masks should be disposed of at the end of the day as per the global guidance.

Pre-campaign activities: selecting front-line workers for house-to-house campaigns within the context of COVID-19

When selecting members of the vaccination team (vaccinator, recorder, mobilizer, etc), all members should be <50 years of age, healthy, active, with no chronic lung/heart disease or COVID-19 related symptoms, including respiratory illness (cough, difficulty breathing), fever. If any potential team members present with these symptoms at the beginning and at any time during their shift, should not work and should seek care, as recommended nationally. Team members who have family members living in the same household with similar symptoms/ or under quarantine should also be excluded. COVID-19 testing of healthcare worker is not required before the campaign if they are not exhibiting COVID-19 symptoms.

Teams should consist of:

- Vaccinator – Must be selected from the local area
- Recorder – Must be selected from the local area
- Community Mobilizer – Must be selected from same locality/community

Additional campaign members:

- Independent Monitors - Must be selected from the local area
- LQAS Investigators - Must be selected from the local area
- Vaccine accountability monitors (for mOPV2 campaigns) - Must be selected from the local area

Pre-campaign activities: Training guidance

Training on all protocols, including the changes specific to conducting a campaign during COVID-19, should be demonstrated prior to the campaign. It will be important to ensure vaccine teams understand the proper method of administering vaccines within the context of COVID-19.

Training set-up:

- All existing polio campaign training modules should be provided during the training of front-line workers. However, it is anticipated that additional training time will be required to provide COVID-19 related instruction and demonstration.
- Practice physical distancing during training:
 - Training approaches will have to be adapted to ensure that adequate social distancing can take place. This may mean fewer team members can be trained at the same time. Suggested approaches:
 - Multiple trainings at staggered times

- Additional time between trainings for groups to arrive & depart without overlapping
 - Disinfect surfaces in between trainings
 - Select a venue and ensure set-up that allows team members to remain at least 1-meter apart during training
 - Provide training outside, whenever feasible.
- Provide materials for handwashing (e.g. alcohol-based solution, soap/water) in the training venue and practice frequent handwashing, when possible. A hand-washing demonstration would be important during the training to ensure all FLWs understand proper handwashing practice.
- Disinfect frequently touched surfaces in the training facility daily (door handles, tables, chairs, railings, etc.). Where there are multiple sessions scheduled, this should be done after each session. Equipment and surfaces should be cleaned with water and soap or a detergent, followed by a disinfectant;
- Restrict access to training venues in line with the training schedule. Only those participating or facilitating the training should be permitted to enter the venue.
- Avoid/prohibit congregation outside training venues
- Try as possible to use well ventilated meeting venues (with opened windows)
- Anyone displaying COVID-related symptoms should seek immediate medical treatment/following the national guidelines.

Training Topics (in addition to the existing polio campaign training curriculum):

- Supervisors – in addition to the standard supervisor training during polio campaigns, the training should also focus on ensuring an understanding of COVID-19 transmission and infection prevention.
- Vaccinators /mobilizers- in addition to the standard vaccinator & mobilizer training during polio campaigns, the training should also focus on ensuring an understanding of COVID-19 transmission and infection prevention using demonstration techniques. Emphasis must be on ensuring safety of both themselves and the community through physical distancing (everyone remains at least 1-meter apart) as much as possible, and ‘No-touch’ vaccine administration technique.
 - Designation of the roles within the team
 - Additional questions on identifying COVID-19 symptoms and necessary actions.
 - Health education on COVID-19 prevention and to whom family can communicate in case of suspected case among any family member / people they encounter during the campaign.
 - Safe disposal of infectious waste
- Practicing Effective Preventative Measures – following the guidelines outlined above

- Perform hand hygiene every time a new vial is opened, and the dropper is changed. The importance of this should be re-emphasized within the context of COVID-19.
- The training should include a demonstration of the demonstration on the proper handwashing technique.
- Proper use of PPE – following the required PPE guidelines above
- Communication – following the interpersonal communication approach outlined in Annex 4. See resources on community engagement within the context of COVID-19 (12, 13).

At the start of the training, the morale of the frontline workers should be addressed to motivate them as they may have doubts about circulating and moving around in communities. They may have concerns about their own wellbeing within the current context. All team members should understand that participation is voluntary and that they can decide not to participate in the vaccination activity if that is their decision. The frontline worker should be reassured to have access to COVID testing and appropriate health care as per the national protocols.

Supervisor Guidelines

The supervisor will be responsible for ensuring all safety precautions and use of PPE are followed.

- Supervisors should adopt a shift system to stagger teams' arrival and return times to pick up and drop off their materials each day, so as to adhere to national policy about limiting congregation size
 - The system should ensure that all team members can maintain physical distancing while arriving and departing (≥ 1 m apart) Frequently disinfect touched surfaces often and at the end of each day / session if multiple sessions are required on the same day.
 - Avoid congregation/crowding outside the operation site
 - Ensure teams adhere to physical distancing (> 1 m apart).
- Each day, the supervisor will screen the vaccination teams by asking the COVID-19 symptom questions - e.g. presence of cough, shortness of breath, fever, chills, etc. They will also ask the team members if anyone within their family/household are also displaying similar symptoms.
 - Anyone with COVID-19 related symptoms, or has someone within their household with these symptoms will be sent home
 - Follow the national guidelines for managing and reporting suspected COVID-19 cases.
 - Supervisors must remain ≥ 1 m from each person during the screening (PPE might not be necessary during screening if appropriate distance is maintained)
- Repeat messaging about COVID-19 transmission daily
- Restrict access of materials/facility in line with arrival/return schedule of teams
- Require everyone to use their own pen to sign documents/tools

- To the extent possible, require everyone to maintain at least 1 m apart

Supply Preparations:

- Bleach disinfectant solution with at least 1000ppm sodium hypochlorite should be prepared each day. (see Annex 5)
 - Vaccine carriers to be thoroughly washed/disinfected before the start of the campaign each day.
 - Facility surfaces to be disinfected each day if vaccination is going to be administered at a fixed location. All other guidelines for fixed site immunization should be followed.
- Polio vaccine vials should be stored in standard, vaccine carriers with frozen icepacks.
- If PPE is required, it should be provided for each SIA day before the teams depart (see PPE requirements above).
- When teams return to the agreed take-off point at the end of the day, all used and unused vaccines should be counted by the supervisor to ensure they are stored and accounted for following standard vaccine management guidelines.

Supply planning for personal protective equipment:

- ✓ Medical masks – where needed plan for 1 per team member per day
- ✓ Hand sanitizer / soap - one per team member
- ✓ Garbage waste bag – one per day

During campaign implementation: House-to-House Visit Guidelines

House to House Visit Guidelines

- Avoid any unnecessary contact with others as much as possible. All members to maintain physical distance (> 1 m) from each other and the people they encounter. The vaccinator is the only team member who should approach a child to administer the vaccine keeping as much distance as possible and using a ‘no touch’ approach.
- The vaccinator and recorder will enter the house together.
- Change oral vaccine droppers with each new vial.
- Perform hand hygiene during natural times, such as when the vaccine droppers are changed, or when there has been any physical contact with a child, caregiver, etc.
- Team members should not share pens, phones, and other personal items.

Vaccination and finger-marking approaches in areas with sporadic cases or clusters of COVID-19 as defined by the global guidance.

- No touch approach: Only designated vaccinator to vaccinate and fingermark the child who should be held by the caretaker. The vaccinator should NOT touch the child. The caregiver should be requested to hold the child where necessary and open the child's mouth.
- The vaccinator would ask the caregiver to hold the child's finger firmly to enable them to fingermark without touching the child.

Although not the recommended approach for a quality campaign, as a last resort in areas where the campaign is being implemented in areas with known or suspected widespread community transmission or large-scale outbreaks of COVID-19, finger-marking could be excluded.

Vaccinators

- Approach the door with the recorder and mobilizer, remaining >1m apart at all times. All members to maintain physical distance (> 1 m) from each other and the people they encounter. The only point of departure from the physical distance of >1 m should be when the vaccinator administers the polio vaccine to a child. The vaccinator should look for a well-ventilated area if possible and use a 'no touch' approach to vaccinate and mark the child.
- Follow Communication Guidelines for COVID-19 and the campaign as instructed in training (12,13)
 - Reassure the caregiver that the polio immunization process is safe and the importance of having all children <5 immunized.
- Follow PPE Guidelines as listed above
- Ask the caretaker to hold the child and to open their mouth.
 - Make every effort to avoid touching the child, if feasible.
- Keep the dropper from touching the child's mouth.
- Vaccinator will be the only one to carry the vaccine carrier and vaccine.
- Practice hand hygiene frequently.

Recorder

- Approach the door with the vaccinator, remaining >1m apart at all times
- Enter the home with the vaccinator
 - Avoid contact with anyone in the home, if possible
 - Avoid touching anything in the home, if possible

- Mark the door and record any vaccination using the standard tally sheet; the team may also consider noting any COVID-19 related information, including rumours, any issues with public acceptance. This should be documented and shared with the supervisor during the evening meeting.
- Follow PPE Guidelines and preventive measures as listed above
- The recorder will be the only one to carry the finger-marker, tally sheet, chalk for house marking
- Practice hand hygiene frequently.

Community Mobilizer

- Approach the door with the vaccination team, remaining >1m apart at all times
- Enter the home with the vaccination team
 - Avoid contact with anyone in the home, if possible
 - Avoid touching anything in the home, if possible
- Wear appropriate PPE when necessary (see PPE Guidelines above)
- Follow PPE Guidelines as listed above
- Well equipped with the existing polio campaign key messages as well as COVID-19 messages (12). The mobilizer can share any local COVID-19 messages as well as other health related information. The mobilizer should make any attempt to resolve polio vaccine related refusals.
- Practice hand hygiene frequently.

Independent monitors, LQAs surveyors

- Avoid contact with others as much as possible. Maintain physical distance (> 1 m) from each other and the people they encounter.
- Perform hand hygiene during natural times, such as when there has been contact with a child, caregiver, etc.
- Team members should not share pens, phones, and other personal items.

Fixed site vaccination activities

Fixed site vaccination activities and planning should follow the same guidance as outlined in the document, Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19 Interim Guidance, 22 May 2020 (10).

If a campaign strategy includes a temporary established vaccination center or the regular EPI centers, the following should be considered:

- Follow the standard vaccination center roles and responsibilities;
 - Apply the Effective Preventative Measures, Communication Guidelines, and PPE Guidelines listed above
- Specific area or room is to be designated for vaccination – appropriate physical distancing measures and markings on the floor should be in place

- Only one caretaker and child should be in the vaccination room at any given time.
- Outside areas must have appropriate floor markings to ensure physical distancing
- Any doors should be kept open to prevent touching of common touch points
- One person in the fixed center should be available to organize the movements of the clients and prevent crowding.
- It is preferable to have a basin and soap for handwashing or sanitizers
- Vaccinators should ask the caregiver to hold the child's mouth open so they don't have to come in contact with the child
- The fixed center should be cleaned with bleach disinfectant solution
 - Surfaces touched by child or caretaker in the vaccination room should be cleaned after each child (in front of the next child, if feasible).

Meetings/Evaluation: Daily morning and evening meetings

- Morning Meetings
 - Conduct before the campaign and distribute related materials as described above
 - Follow the effective preventive measures (Above), including hygiene promotion.
 - Supervisors scan all front-line workers for COVID-19 symptoms; anyone with any of the symptoms should not participate in the campaign and should follow the national guidelines. The supervisor should also ask if the teams have any family members with symptoms. They should also be dismissed and follow the guidelines for referral.
 - Remind all FLWs of the necessary IPC guidance.
- Evening Meetings
 - Conducted after all campaign related materials are returned, adhering to guidelines above to maintain physical distance and management of congregations of team members and health staff.
 - Verbal report of refusals or hesitancy to vaccinate, including reasons for refusals as per the usual campaign guidance.
 - Report any potential issues related to COVID-19 in the community, supervisors should convey these to the health authorities. This should include any information on population acceptance, attitudes toward health workers, how PPE is being done and what works and doesn't work. This information should be compiled and shared with the national team.
 - Follow the Effective Preventive Measures (above)

Annexes

Annex 1 – Decision making framework example

Preparedness and Operational Decision Framework

Consideration of on-ground challenges and preparedness for field implementation of campaigns is critical to ensure activities do not contribute to COVID19 spread, capacity is in place (i.e. vaccinators and supervisors are available), appropriate monitoring can occur, and community perceptions related to polio vaccination campaigns have been addressed

Operational category	Sub-Category	Activity	Final decision
Partnership	Agreement of MOH, health partners		Implement
	Disagree Senior COVID19 Country Level Decision Makers	Advocate for the implementation, if agreed	Implement
		Continue disagree	Postponed
Accessibility	Fully accessible		Implement
	Previously inaccessible but now accessible due to COVID19 and willing to adopt/ accept program guidelines		Implement
	Inaccessible or unwilling to adopt/ accept program guidelines	Negotiate with community influencers, if agreed	Implement
		Failed negotiation	Postponed
Lockdown	Free movement		Implement
	Evening Curfew		Implement
	Complete lockdown	Wait and see	Postponed
Staff Safety	Enough PPEs & trained staff		Implement
	Shortage of PPEs	Obtained enough PPEs	Implement
		No source for PPEs	Postponed
	Untrained staff	Train the staff	Implement
Training not done		Postponed	
Community Acceptance	Communication activities done enough time prior implementation with community acceptance		Implement
	No communication and community accept SIAs despite of COVID19		Implement
	Community leader resistance	Negotiate for COVID19 & polio, if agreed	Implement
		Negotiate for Polio & Pluses (see section below)	Implement
		If the areas are scattered & vaccination team will not be at risk	Implement
		If it is the whole cluster and/or vaccination team will be at risk	Postponed this area only
	Refusal due to COVID19	Negotiate with Community influencers + add COVID19 preventive tools and/or	Implement

		communication materials, if agreed	
		If failed	Postponed
Vaccine distribution center	Can distribute vaccine and non-vaccine supplies to all teams within 2 hours		Implement
	Needs more than 2 hours for distribution	Establish new distribution center	Implement
		Not possible to establish another center	Postponed

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://www.who.int/epi-win)

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



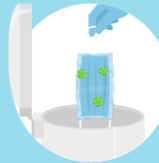
Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not use a ripped or damp mask



Do not wear the mask only over mouth or nose



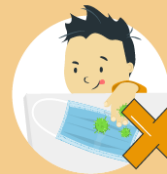
Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

Annex 3 - Protect yourself through hand hygiene


- Clean your hands regularly.
- Wash your hands with soap and water and dry them thoroughly.
- Use alcohol-based hand-rub if you don't have immediate access to soap and water.

How do I wash my hands properly?

Washing your hands properly takes about as long as singing "Happy Birthday" twice, using the images below.

HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds

1a

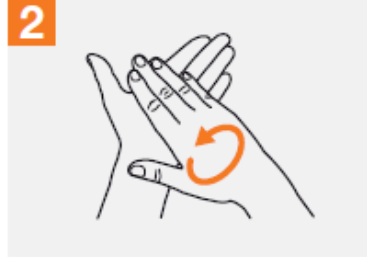


Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

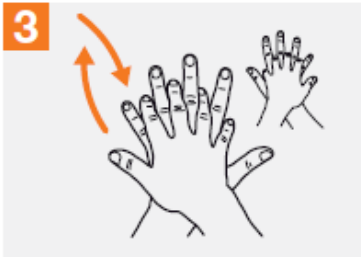


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



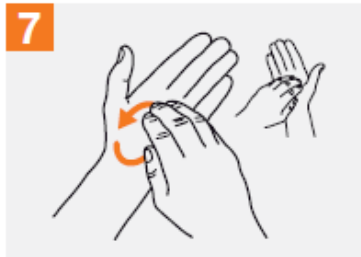
Backs of fingers to opposing palms with fingers interlocked;

6



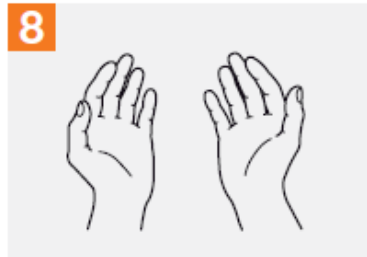
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



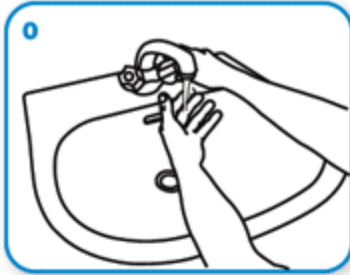
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8

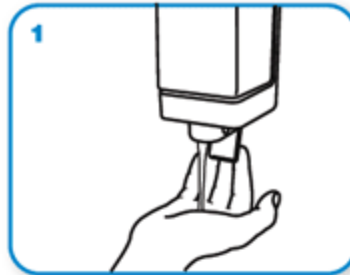


Once dry, your hands are safe.

HOW TO HANDWASH?



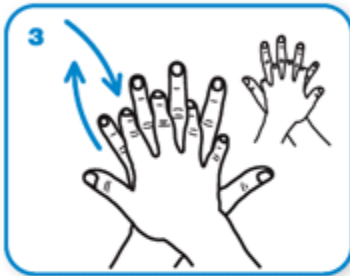
Wet hands with water



apply enough soap to cover all hand surfaces.



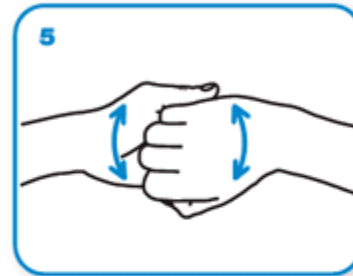
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



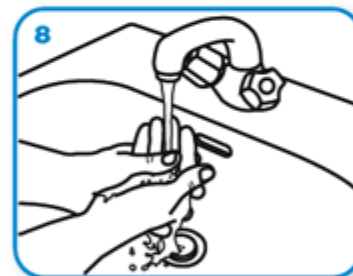
backs of fingers to opposing palms with fingers interlocked



rotational rubbing of left thumb clapsed in right palm and vice versa



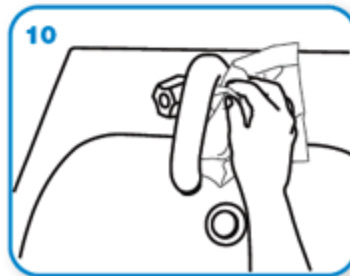
rotational rubbing, backwards and forwards with clapsed fingers of right hand in left palm and vice versa.



Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Annex 4: Support to trainers on Interpersonal communications

Ask and listen: What is two-way communication?

- Two-way communication happens when two or more people discuss an issue, create dialogue and exchange ideas.
- You should use your listening skills and ask open-ended questions, to make the parents and caregivers of children want to talk more.

Discuss: Importance of IPC

- IPC provides a two-way opportunity to exchange information. One individual can get clarification or additional information from another.
- IPC is more persuasive for addressing a strongly held practice, attitude or belief.
- IPC provides an opportunity to model a recommended practice or behavior in a realistic setting such as an individual's home or community, showing people like them engaging in desired activities.

Discuss: Why is empathy important?

- Showing empathy and understanding helps us to treat people with respect and kindness regardless of who we are. Your understanding allows caregivers to express themselves, to be comfortable and honest with you and to discuss their concerns. This will create a positive environment for them to trust health facilities and take the care they need for themselves and their children.
- Remember emotions can work in your favor, can be insightful to your work and make you proactive, turning it into something positive.

Ask and listen: What can happen if people have too much information?

They may become fearful and mistrust health recommendations. They may ignore lifesaving advice, they might refuse help from health workers, and they may mistreat people who seem to be sick even when cured.

ASK: What are some of the most important communication skills?

Facial appearance	
Do	Do not
Smile	Frown
Nod in agreement (appear neutral)	Appear as if you disagree
Look interested, honest and reliable	Look distracted or intimidating
Clothes and appearance	
Do	Do not
Dress cleanly and professionally	Wear strong perfume / natural oils
Be culturally sensitive and well groomed	Wear too much makeup or jewellery
Body language	
Do	Do not
Look calm and attentive	Appear to be impatient
Look organized and neutral	Do multiple things at the same time (focus on the client)

Things to remember to do before you visit a household
Make sure you are dressed appropriately in clean and professional attire and wash your hands with soap
Review the area you are to visit using your area map and micro-plan
Review your guiding messages on polio so that you can answer parental queries confidently
Make sure you have all the appropriate tools and materials with you, including your tally sheet

Annex 5: Bleach Disinfectant Mixture

Prepare a bleach solution (at least 1000ppm sodium hypochlorite) by mixing:

- 5 tablespoons (1/3rd cup) bleach per gallon of water or
- 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.

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