



Dipon Group

Handbook COVID-19 Prevention, Control Management and Nursing

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Handbook of COVID-19 Prevention, Control Management and Nursing

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**Table of Content**

Sl. No.	Title	Page	Ref.
	Cover Page	1	
	Document Information	2	
	Table of Content	3	
1.0	Introduction	4	
2.0	Purpose	4	
3.0	Objectives	4	
4.0	Workers Who May Have Exposure Risk	5	
5.0	Identifying Potential Sources of Exposure	5	
6.0	Prevention and Control Management	5	
6.1	Basic Principles	6	
6.2	Know the Latest Facts	7	
6.3	Ensure Safe Site/Project/Workplace Operations	7	
6.4	Establish Procedures If Crew Members or Officials Become Unwell	8	
6.5	Promote Information Sharing	8	
6.6	Address Mental Health / Psychosocial Support Needs	8	
6.7	Standards (OSHA)	8	
6.8	Checklist for Project/Site Management	9	
6.9	Checklist for Crew Members and Officials	10	
7.0	Nursing	10	
7.1	Signs and Symptoms of Covid-19 Infection	10	
7.2	Exposed to or Infected with Covid-19	11	
7.3	COVID-19 Diagnosed	11	
7.4	COVID-19 Treated	11	
7.5	Nursing for Suspected Covid-19, who Present with Mild Symptoms	11	
7.6	Guidance on Donning PPE to Manage COVID-19 Patients	14	
7.7	Guidance on Removing PPE to Manage COVID-19 Patients	15	
8.0	Nutrition Advice (for Adults) during the COVID-19 Outbreak	16	
9.0	Counseling and Psychosocial Support	17	
10.0	References	17	



1. INTRODUCTION:

World Health Organization (WHO) and Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) have formally declared the outbreak of coronavirus disease (COVID-19). The virus has now spread to many countries and territories. While a lot is still unknown about the virus that causes COVID-19, we do know that it is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). While COVID-19 continues to spread it is important that communities take action to prevent further transmission, reduce the impacts of the outbreak and support control measures.

The protection of officials, crew members and site management facilities is particularly important. Precautions are necessary to prevent the potential spread of COVID-19 in workplace settings; however, care must also be taken to avoid stigmatizing crew members and staff who may have been exposed to the virus. It is important to remember that COVID-19 does not differentiate between borders, ethnicities, disability status, age or gender. Measures taken by management can prevent the entry and spread of COVID-19 by crew members and staff who may have been exposed to the virus, while minimizing disruption and protecting crew members and staff from discrimination.

2. PURPOSE:

The purpose of this handbook is to provide a guidance to the all levels and grades, including senior managers, supervisors, officers, directors, employees (whether permanent, fixed-term or temporary or project basis), consultants, contractors, third parties, vendors, crew members, trainees, casual workers, agents or any other person associated with the **sister concerns of Dipon Group, hereinafter referred as “DIPON”**, which includes Dipon Gas Co. Ltd., Dipon Infrastructure Services Limited, DG Infotech Limited, DG Logistics Limited, Dipon Consultancy Services, Danapuri Guinee SARL, Dipon Gas & Infrastructure Private Ltd., Green World Development & Creations Pvt. Ltd., Dipon Group (M) Sdn. Bhd, Danapuri Sdn Bhd, Dipon Gulf General Contracting LLC, Dipon Gulf Infotech Consulting LLC for prevention and control management of COVID-19 and/or in special case the nursing for the suspected or confirmed person (in any case the COVID-19 +ve must be transferred to the hospital or special isolated care by medical doctor) in the workplaces, where DIPON operates.

3. OBJECTIVES:

DIPON is committed to conducting its business and activities in an honest, ethical and by safest manner. This handbook will cover the Infection Prevention and Control (IPC) measures required in order to:

- Be prepared and ready to respond to an outbreak, in particular, the one due to COVID-19.



- Limit human-to-human transmission by way of implementing WHO recommended IPC interventions.
- Identify, isolate and report suspect and confirmed cases.
- Short time nursing to the suspected and confirmed person before shifting to the hospital by authorized professionals.

4. WORKERS WHO MAY HAVE EXPOSURE RISK:

Despite the low risk of exposure in most job sectors, some workers may have exposure to infectious people, including travelers who contracted COVID-19 abroad. Workers with increased exposure risk include those involved in:

- Healthcare (including pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff).
- Deathcare (including coroners, medical examiners, and funeral officials).
- Airline operations.
- Waste management.
- Travel to/from areas, where the virus is spreading.

5. IDENTIFYING POTENTIAL SOURCES OF EXPOSURE:

“Occupational Safety and Health Administration (OSHA)” standards, including those for personal protective equipment (PPE, 29 CFR 1910.132) and respiratory protection (29 CFR 1910.134), require employers to assess the hazards to which their workers may be exposed.”

In assessing potential hazards, Site/Project/Workplace Management should consider whether or not their crew members may encounter someone infected with COVID-19 in the course of their duties. Site/Project/Workplace Management should also determine if crew members could be exposed to environments (e.g., worksites) or materials (e.g., laboratory samples, waste) contaminated with the virus.

Depending on the work setting, Site/Project/Workplace Management may also rely on identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas that indicate potential infection with the virus, in order to help identify exposure risks for crew members and implement appropriate control measures.

6. PREVENTION AND CONTROL MANAGEMENT:

Measures for protecting crew members from exposure to, and infection with, the novel coronavirus, COVID-19 depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and contamination of the work environment. Site/Project/Workplace Management should adapt infection control strategies based on a thorough hazard assessment, using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent crew members’ exposures.



6.1 BASIC PRINCIPLES:

Following basic principles can help keep crew members, site management, clients, third parties, vendors, consultants, casual workers, visitors and others safe at workplace and help stop the spread of this disease. Recommendations for healthy workplaces are:

- Sick or suspected crew members, site management staff, clients, third parties, vendors, consultants, casual workers, visitors and others should not come to the workplaces.
- Site/Project/Workplace Management shall arrange temperature-measuring facility by “Non-contact Infrared Thermometers” at the entry point and must keep records for all individuals (including cell phone number), who are entering work locations. This will help authorities trace people who may have been exposed to COVID-19 if one or more persons become ill shortly after the event.
- Site/Project/Workplace Management should enforce regular hand washing with clean running water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of workplaces by using disinfectant at identified zones, tools, machineries and equipment etc.
- Site/Project/Workplace Management should provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures.
- Site/Project/Workplace Management should promote social distancing (a term applied to certain actions that are taken to slow down the spread of a highly contagious disease, including limiting large groups of crew members coming together at workplace).
- Unnecessary crew members should not visible at workplaces.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Crew members must wear proper PPE along with facemask.
- Site/Project/Workplace Management should plan to use equipment/tools/machines by limiting involving of crew members.
- Individual should clean hands often:
 - Wash your hands often with soap and clean running water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing or sneezing, before eating, after toilet use, after handling animals or animal waste and when hands visibly dirty.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.





- Individual should cover coughs and sneezes:
 - Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
 - Throw used tissues in the trash.
 - Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.
- Avoid close contact with animals.
- Clean and disinfect (refer to 7.5 – Nursing for suspected COVID-19):
 - Clean and disinfect frequently touched surfaces daily/frequently. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. Moreover, this includes also the handle of the machines/tools and the cabin of the equipment.
 - If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.



6.2 KNOW THE LATEST FACTS:

Understand basic information about coronavirus disease (COVID-19), including its symptoms, complications, how it is transmitted and how to prevent transmission. Stay informed about COVID-19 through reputable sources such as IEDCR, WHO, CDC and national health ministry advisories. Be aware of fake information/myths that may circulate by word-of-mouth, online or social media.

6.3 ENSURE SAFE SITE/PROJECT/WORKPLACE OPERATIONS:

Please see 'Checklists' below.

Update or develop Site/Project/Workplace emergency and contingency plans. Work with client management to guarantee Site/Project/Workplace are not used as shelters, treatment units, etc.

Reinforce frequent hand washing and sanitation and procure needed supplies. Prepare and maintain hand-washing stations with soap and water, and if possible, place alcohol-based hand rub (hand sanitizers) in each jobsite, at entrances and exits, and near crew lunch place and toilets.



Clean and disinfect office buildings, crew camp, site office, equipment cabins, etc. at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, equipment/tools/machines, door and window handles, etc.).

Cancel Toolbox meeting by ensuring Job/Tasks/Location Specific Risk Analysis in small groups according to each scope of works. In any meeting, crew members shall stand or sit by maintaining one-meter distance, wearing face mask and basic PPE. Supervisor may use hand mike during speech in the crew meeting at site or assembly point.

6.4 ESTABLISH PROCEDURES IF CREW MEMBERS OR OFFICIALS BECOME UNWELL:

Plan ahead with Site Medic, local health authorities and update emergency contact lists. Ensure a procedure for separating sick crew members and officials from those who are well – without creating stigma – and a process for informing DIPON Emergency Control Manager, and consulting with Site Medic; must follow the **Project Emergency Response Plan**.

6.5 PROMOTE INFORMATION SHARING:

Coordinate and follow guidelines from the Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) and World Health Organization (WHO). Share known information with crew members, providing updated information on the disease situation, including prevention and control efforts at Site/Project/Workplace. Also be sure to address crew members' questions and concerns, including memo, posters, etc. which can be placed on notice boards, in lunch places, and other central locations.

6.6 ADDRESS MENTAL HEALTH/PSYCHOSOCIAL SUPPORT NEEDS:

Encourage crew members to discuss their questions and concerns with supervisors and supervisors to senior managers or site medic. Explain it is normal that they may experience different reactions and encourage them to talk to site medic if they have any questions or concerns. Provide information in an honest, appropriate manner. Guide crew members on how to support their peers and prevent exclusion. Ensure supervisors are aware of Project/Site/Workplace resources for their own well-being. Work with supervisors to identify and support crew members who exhibit signs of distress.

6.7 STANDARDS (OSHA):

There is no specific OSHA standard covering COVID-19. However, some OSHA requirements may apply to preventing occupational exposure to COVID-19. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I) which require using gloves, eye and face protection, and respiratory protection.



- When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134).
 - OSHA has issued temporary guidance related to enforcement of respirator annual fit-testing requirements for healthcare.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

OSHA’s Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.

6.8 CHECKLIST FOR PROJECT/SITE MANAGEMENT

- 1. Promote and demonstrate regular hand washing and positive hygiene behaviors and monitor their uptake. Ensure adequate, clean and toilets for crew members:
 - Ensure soap and safe water is available at hand washing stations
 - Encourage frequent and thorough washing (at least 20 seconds)
 - Place hand sanitizers at major activities areas including but not limited to toilets, lunch camps, office rooms, and near exits where possible
 - Ensure adequate, clean and separate toilets or latrines for males and females
- 2. Clean and disinfect office buildings, site office, camps and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, tools handle, machine handles, door and window handle etc.)
 - Use sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfecting surfaces and 70% ethyl alcohol for disinfection of small items, and ensure appropriate equipment for cleaning staff
- 3. Increase air flow and ventilation where climate allows (open windows, use air conditioning where available, etc.).
- 4. Post signs encouraging good hand and respiratory hygiene practices.
- 5. Ensure trash is removed daily and disposed of safely (or transfer municipality dump area according to waste category wise by ensuring safety standards).



6.9 CHECKLIST FOR CREW MEMBERS AND OFFICIALS

- 1. In a situation like this, it is normal to feel sad, worried, confused, scared or angry. Know that you are not alone and talk to someone you trust so that you can help keep yourself and your site/workplace safe and healthy.
 - Ask questions, educate yourself and get information from reliable sources.

- 2. Protect yourself and others:
 - Wash your hands frequently, always with soap and water for at least 20 seconds
 - Remember – not to touch your face
 - Do not share cups, eating utensils, food or drinks with others

- 3. Be a leader in keeping yourself, your site/workplace, colleagues, family and community healthy
 - Share what you learn about preventing disease with your family and friends, especially with colleagues
 - Model good practices such as sneezing or coughing into your elbow and washing your hands, especially for colleagues

- 4. Don't stigmatize your peers or tease anyone about being sick; remember that the virus doesn't follow geographical boundaries, ethnicities, age or ability or gender.

- 5. Tell your colleague, supervisor or accountability or site medic if you feel sick.

7. NURSING:

IEDCR and WHO recommend that all laboratory confirmed cases be isolated and cared for in a health care facility.

In Dipon Sites/Workplaces, if the case of COVID-19 infection is confirmed, immediately s/he must be transferred from work location/camp to the hospital or in a special isolated care by medical professionals. Dipon management is committed to ensure proper medical care to the patient. In addition, all the crew members, who contacted with the infected confirmed person, shall go for quarantine. Dipon management shall monitor all cases closely.

7.1 SIGNS AND SYMPTOMS OF COVID-19 INFECTION

Patients with confirmed COVID-19 infection have reportedly had mild to severe respiratory illness with symptoms such as fever, cough and shortness of breath.



7.2 EXPOSED TO OR INFECTED WITH COVID-19

Alert the site medic or the healthcare provider immediately if you think you may be infected with COVID-19, including if you have been exposed to someone with the virus and have signs/symptoms of infection. If you are experiencing symptoms, you should tell the site medic or your healthcare provider about any recent travel to areas where COVID-19 is spreading.

If you believe you have been exposed on the job, alert your supervisor or site medic immediately.

7.3 COVID-19 DIAGNOSED

Site Medic or the healthcare provider can determine if your signs and symptoms are explained by other causes, or if there is reason to suspect you may have COVID-19. If laboratory testing is appropriate, Site Medic or the healthcare provider will work with government health officials nearby the Site/Project/Workplace, who in turn will work with IEDCR, to collect and test any clinical specimens for diagnosis.

The IEDCR and WHO webpages provide detailed information and interim guidelines for collecting, handling, and testing clinical specimens from patients under investigation and also provides laboratory biosafety guidelines for handling and processing specimens associated with COVID-19 infection.

7.4 COVID-19 TREATED

No vaccine or specific treatment for COVID-19 infection is available. Hospitals can provide supportive care for infected people.

7.5 NURSING FOR SUSPECTED COVID-19, WHO PRESENT WITH MILD SYMPTOMS

If there are patients with only mild illness, providing care at crew camp isolated area at project/site or at home may be considered, as long as they can be followed up and cared for by experienced hands (HCW - Health Care Worker) at crew camp isolated room or by family members at home.

In cases in which care is to be provided at home, if and where feasible, a trained HCW should conduct an assessment to verify whether the residential setting is suitable for providing care; the HCW must assess whether the patient and the family are capable of adhering to the precautions that will be recommended as part of home care isolation (e.g., hand hygiene, respiratory hygiene, environmental cleaning, limitations on movement around or from the house) and can address safety concerns (e.g., accidental ingestion of and fire hazards associated with using alcohol-based hand rubs).

If and where feasible, a communication link with healthcare provider or public health personnel, or both, should be established for the duration of the home care period or camp



care period – that is, until the patient’s symptoms have completely resolved. More comprehensive information about COVID-19 and its transmission is required to define the duration of camp/home isolation precautions.

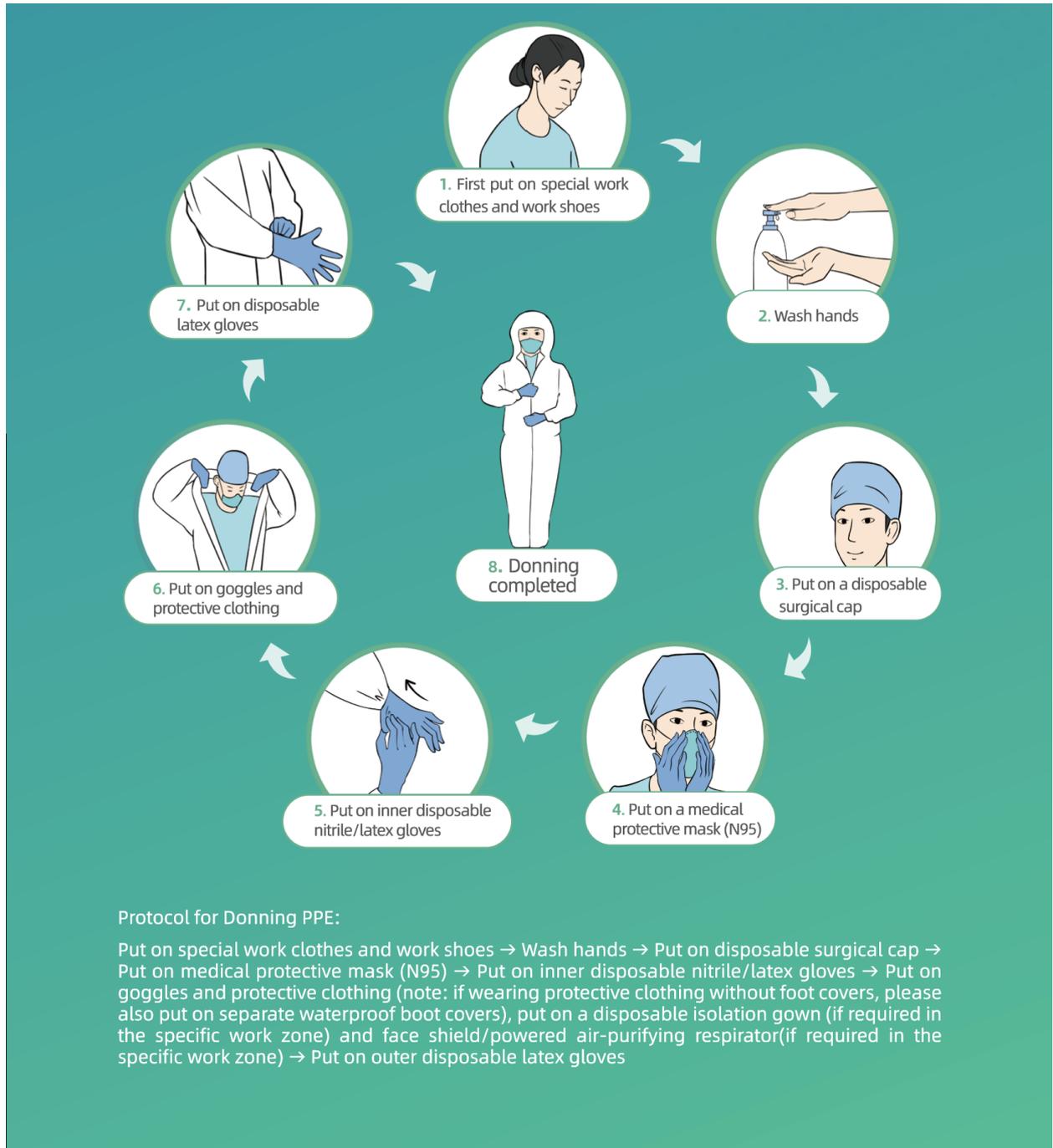
Household members should adhere to the following recommendations:

- Place the patient in a well-ventilated single room (i.e. with open windows and an open door).
- Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (keep windows open).
- Household members should stay in a different room or, if that is not possible, maintain a distance of at least 1metre from the ill person (e.g. sleep in a separate bed).
- Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immune-compromising conditions. Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19.
- Perform hand hygiene after any type of contact with patients or their immediate environment. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly dirty, an alcohol-based hand rub can be used. For visibly dirty hands, use soap and water.
- When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.
- To contain respiratory secretions, a medical mask should be provided to the patient and worn as much as possible and changed daily. Individuals who cannot tolerate a medical mask should use rigorous respiratory hygiene; that is, the mouth and nose should be covered
- with a disposable paper tissue when coughing or sneezing. Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).
- Caregivers should wear a medical mask that covers their mouth and nose when in the same room as the patient. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it. Discard the mask immediately after use and perform hand hygiene.

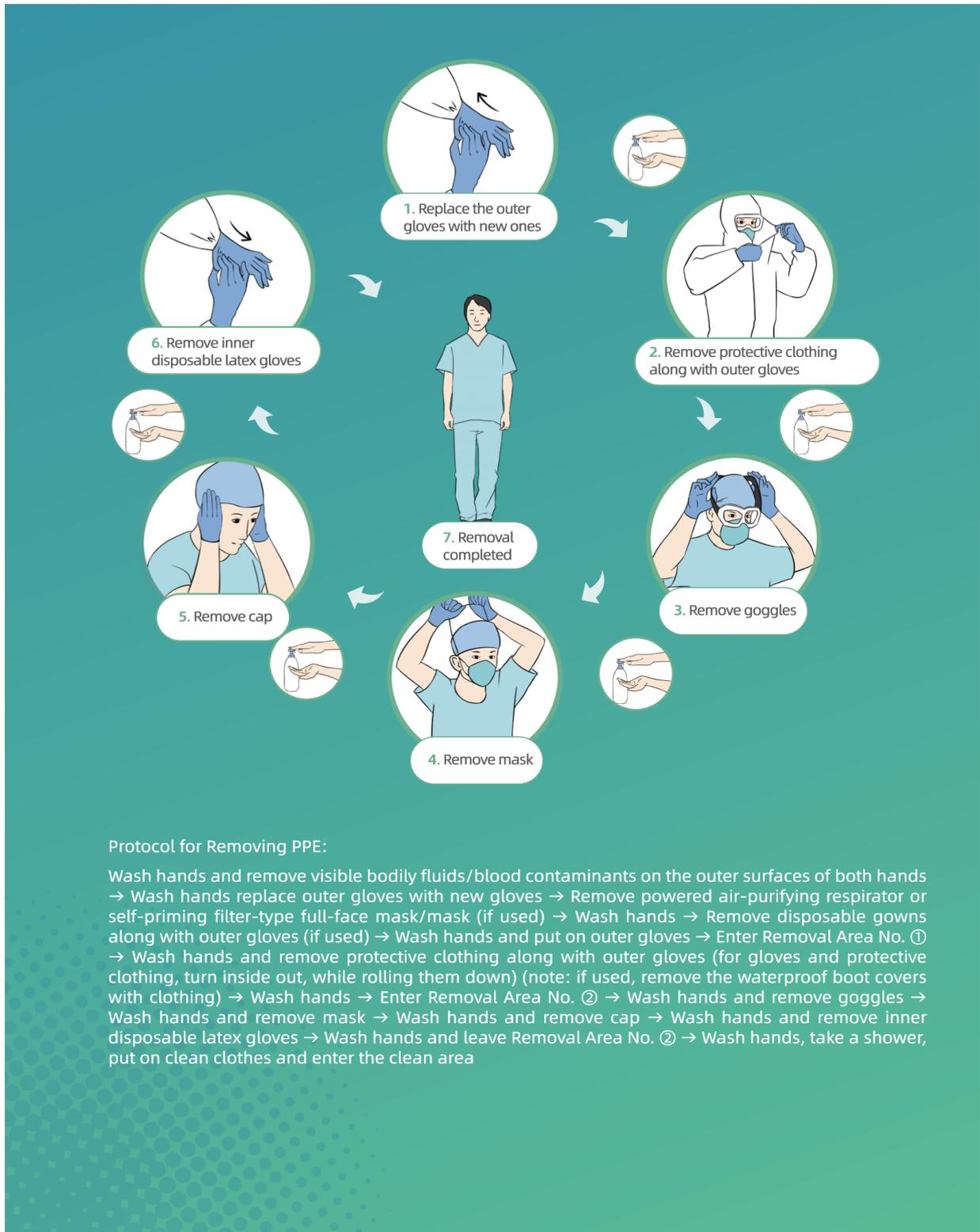


- Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine, and other waste. Perform hand hygiene before and after removing gloves and the mask.
- Do not reuse masks or gloves.
- Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and water after use and may be re-used instead of being discarded.
- Daily clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bedframes, and other bedroom furniture. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite (i.e. equivalent to 1000 ppm) should be applied.
- Clean and disinfect bathroom and toilet surfaces at least once daily. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite should be applied.
- Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C (140–194 °F) with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.
- Gloves and protective clothing (e.g. plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Depending on the context, either utility or single-use gloves can be used. After use, utility gloves should be cleaned with soap and water and decontaminated with 0.1% sodium hypochlorite solution. Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.
- Gloves, masks, and other waste generated during home care should be placed into a waste bin with a lid in the patient's room before disposing of it as infectious waste. The onus of disposal of infectious waste resides with the local sanitary authority.
- Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths, or bed linen).
- When HCWs provide home care, they should perform a risk assessment to select the appropriate personal protective equipment and follow the recommendations for droplet and contact precautions.

7.6 GUIDANCE ON DORNING PPE TO MANAGE COVID-19 PATIENTS



7.7 GUIDANCE ON REMOVING PPE TO MANAGE COVID-19 PATIENTS





8. NUTRITION ADVICE (FOR ADULTS) DURING THE COVID-19 OUTBREAK:

Proper nutrition and hydration are vital. People who eat a well-balanced diet tend to be healthier with stronger immune systems and lower risk of chronic illnesses and infectious diseases. So, you should eat a variety of fresh and unprocessed foods every day to get the vitamins, minerals, dietary fibre, protein and antioxidants your body needs. Drink enough water. Avoid sugar, fat and salt to significantly lower your risk of overweight, obesity, heart disease, stroke, diabetes and certain types of cancer.

Eat fresh and unprocessed foods every day

- Eat fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice or starchy tubers or roots such as potato, yam, taro or cassava), and foods from animal sources (e.g. meat, fish, eggs and milk).
- Daily, eat: 2 cups of fruit (4 servings), 2.5 cups of vegetables (5 servings), 180 gm of grains, and 160 gm of meat and beans (red meat can be eaten 1–2 times per week, and poultry 2–3 times per week).
- For snacks, choose raw vegetables and fresh fruit rather than foods that are high in sugar, fat or salt.
- Do not overcook vegetables and fruit as this can lead to the loss of important vitamins.
- When using canned or dried vegetables and fruit, choose varieties without added salt or sugar.

Drink enough water every day

- Water is essential for life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of waste, and lubricates and cushions joints.
- Drink 8–10 cups of water every day.
- Water is the best choice, but you can also consume other drinks, fruits and vegetables that contain water, for example lemon juice (diluted in water and unsweetened), tea and coffee. But be careful not to consume too much caffeine, and avoid sweetened fruit juices, syrups, fruit juice concentrates, fizzy and still drinks as they all contain sugar.

Eat moderate amounts of fat and oil

- Consume unsaturated fats (e.g. found in fish, avocado, nuts, olive oil, soy, canola, sunflower and corn oils) rather than saturated fats (e.g. found in fatty meat, butter, palm and coconut oils, cream, cheese, ghee and lard).
- Choose white meat (e.g. poultry) and fish, which are generally low in fat, rather than red meat.
- Avoid processed meats because they are high in fat and salt.
- Where possible, opt for low-fat or reduced-fat versions of milk and dairy products.



- Avoid industrially produced trans fats. These are often found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads.

Eat less salt and sugar

- When cooking and preparing food, limit the amount of salt and high-sodium condiments (e.g. soy sauce and fish sauce).
- Limit your daily salt intake to less than 5 gm (approximately 1 teaspoon) and use iodized salt.
- Avoid foods (e.g. snacks) that are high in salt and sugar.
- Limit your intake of soft drinks or sodas and other drinks that are high in sugar (e.g. fruit juices, fruit juice concentrates and syrups, flavoured milks and yogurt drinks).
- Choose fresh fruits instead of sweet snacks such as cookies, cakes and chocolate.

9. COUNSELLING AND PSYCHOSOCIAL SUPPORT:

While proper nutrition and hydration improve health and immunity, they are not magic bullets. People living with chronic illnesses who have suspected or confirmed COVID-19 may need support with their mental health and diet to ensure they keep in good health. Seek counselling and psychosocial support from appropriately trained health care professionals.

10. REFERENCES:

1. *Bangladesh Institute of Epidemiology, Disease Control and Research (IEDCR) COVID-19 articles and guidelines.*
2. *World Health Organization (WHO) COVID-19 articles and guidelines.*
3. *Centers for Disease Control and Prevention (CDC) COVID-19 articles and guidelines.*
4. *Occupational Safety and Health Administration (OSHA) Safety and Health Topic/COVID-19 guidelines.*
5. *Handbook of COVID-19 Prevention and Treatment, Prof. Tingbo LIANG, Chairman of The First Affiliated Hospital, Zhejiang University School of Medicine.*