A small zine of compiled resources on:

SAFETY PRACTICES FOR

MUTUAL AID FOOD & SUPPLY DISTRIBUTION during the Coronavirus Pandemic
ABOUT THIS ZINE

This zine is a quick compilation of the following resources accessible online to support mutual aid-based projects providing services for their communities amid the COVID-19 pandemic:

- QueerCare Resources for Support Care In and In Response to the COVID019 Global Pandemic - http://bit.ly/QueerCareResources

Note this zine is NOT meant for those providing direct care for individuals with Coronavirus. Distribute to those who are undertaking the challenging and scary work of navigating this crisis while getting communities the resources they need to survive. To make edits or suggestions, contact mutualaiddisasterrelief@gmail.com.

-- WE KEEP US SAFE --

SAFETY PRACTICES FOR COVID-19/ CORONAVIRUS MUTUAL AID PROJECTS


BACKGROUND

COVID-19/Coronavirus is a contagious virus and can be spread rapidly by people who are unwitting carriers. Infection can be life-threatening, especially for elderly and immunocompromised people.

The virus is believed to be transmitted most commonly person-to-person:

- Between people who are in close contact with one another (within ~6 feet)
- Through respiratory droplets produced when an infected person coughs or sneezes

A person can also get infected by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. The virus can live for up to 3 days on various surfaces (as low as 1 hour for cardboard and fabric, longest for non-porous surfaces like metal).

People are thought to be most contagious when they are most symptomatic (the sickest), but may also be contagious in the 1-14 days before they show any symptoms. As they recover and become asymptomatic, people continue to shed the virus, usually for 8-37 days. People may also be contagious even if they never show symptoms.

This means that someone could become infected by proximity to an infected stranger in a crowded space or by touching a contaminated surface. In the days before they experience any symptoms, they could then unwittingly spread the virus to anyone they come in contact with or touch the same surfaces as.

Accordingly, mutual aid participants should take careful precautions to decrease the risk of contracting the virus or spreading it to others, especially to elderly and immunocompromised people whom the mutual aid effort aims to support.

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GENERAL SAFETY PRACTICES

+ Closely self-monitor your health. If you have been exposed to anyone who is or has become ill or if you experience any symptoms of COVID-19/Coronavirus such as fever or coughing, follow CDC guidance and have someone else pick up your mutual aid tasks.

+ Implement social distancing at all times, including in your personal life.
  • Avoid crowded spaces - public transit, bars, restaurants, gatherings, etc.
  • Maintain 6’ distance with others.
  • Avoid touching the same items as others (like serving spoons, board game pieces, and joints/pipes/cigarettes/vapes).

+ Use additional precautions when handling mutual aid supplies.
  • Pick up supplies at off-peak times from less crowded stores/places.
  • Wear gloves and a mask (or clean bandana) when shopping, sorting, or distributing supplies and interacting with other participants and recipients.
  • Between tasks and after touching any surface that may have the virus (like your face), change out gloves and wash hands for at least 20 seconds.
  • Routinely clean and disinfect storage and transport spaces.
  • Clean and disinfect sealed nonporous items before distributing them.
  • Transport items by bike, car, or foot instead of using public transit.

+ Minimize physical interaction between mutual aid participants.
  • Avoid multiple participants being together to pick up, drop off, or manage supplies. Use individual or small shifts.
  • Instead of handing supplies off directly to recipients, deliverers can leave items outside recipients’ buildings or doors and knock/text/call the recipient; maintain at least 6 feet of distance between deliverers and recipients at all times.
  • Host mutual aid project meetings via phone or video conference.

ADOPTION & COMMUNICATION

+ Ensure each participant understands and agrees to the safety practices of the mutual aid project.
  • This can take the form a list of mutually agreed-upon principles/practices for different levels of participation, so no individual person has to enforce them.
  • For those that don’t or can’t agree to the safety practices (ex. people who must continue to travel on public transit and/or work in close proximity to others, are caring for infected loved one, or personally refuse to adopt safety practices), see if there is a remote/digital role they can play instead.

+ Coordinate distribution of gloves, masks (or bandanas), cleaners, and disinfectants to people who join the mutual aid project.

+ Communicate regularly with other participants about safety practices.
  • Create open channels for concerns and ideas. Keep up-to-date with evolving guidance from health officials.
  • Publicize the mutual aid project’s safety practices and work with other mutual aid projects to develop theirs.

+ Watch for signs of stress, trauma, and burnout amongst participants. Encourage self-care, breaks, and honesty about individual and group capacity.

QUEERCARE RESOURCES FOR SUPPORT CARE IN AND IN RESPONSE TO THE COVID-19 GLOBAL PANDEMIC


PRINCIPLES & ASSUMPTIONS

This is a list of principles and assumptions to know and act upon for carrying out support work in and during the COVID-19 global pandemic:

1. Anyone could be infected with the virus, and could be spreading it asymptomatically. Anyone could be already infected with other illnesses or have underlying chronic health conditions that could worsen outcomes or cause further problems.
2. The aim of community organisations should be to prevent as many infections happening as possible, and where this isn’t possible, reduce the number of cases that need an ICU.
3. The primary way to do this is to reduce the exposure of people at high risk of developing severe or critical illness as a result of the virus.
4. Public transport is a common location of virus spread.
5. A solution of bleach at 10% can be used for disinfecting surfaces that are clean of visible dirt or contaminants, if left on a surface for more than ten minutes (WHO Guidelines).
6. Washing hands thoroughly with soap or with alcohol based hand
sanitiser is effective at removing the virus, and preventing it being passed onto things touched by those hands, until they touch an infected surface.

7. It is essential that people feel able to, and are able to, reach out to community support organisations, to ensure they have options other than leaving the house and spreading or being infected by the virus. This means they need to feel those organisations can be trusted with their data, and as such it is vital to prevent data from being used for any purpose apart from providing support.

POLICIES FOR DOING SUPPORT WORK

1. People doing support work should have as low a chance of being infected as is possible.
2. If people are infected, they should have as low a chance of passing on the infection as is possible. Systems should be designed on the assumption that anyone is infected.
3. If someone is showing symptoms of infection, it should be easy to trace all contact they have had with at-risk people. They should cease doing support work immediately.
4. The minimum number of people should be able to have direct or indirect contact with at-risk people, in order to reduce their possible exposure to infection.
5. All meetings should be done remotely through digital means where possible. Where it is absolutely necessary for people to meet, they should have minimal contact.
6. Thorough hand washing should be done frequently, and always done following touching the face, or using public transportation.
7. Wearing gloves should be done while handling all items which may be given to people who are immuno-compromised and while in proximity to anyone who may be infected. Aprons should be worn around anyone who may be infected.
8. All items given to someone at risk must be disinfected on all surfaces that will be handled by them.
9. Public transport should be avoided where possible. Where this is unavoidable, public transport should be used by as few people as possible as infrequently as possible.
10. Disinfection must be carried out after items are taken on public transport.
11. Masks should be worn where possible, by both people doing support, and people needing support, but if in short supply should be prioritised for situations where people must come into close physical proximity. Masks should be worn in line with manufacturer recommendations, which for paper masks is no more than 15 minutes of effective use.

12. To ensure people feel safe and secure in asking for help, data must not be shared beyond support groups (e.g. with private companies, political parties, councils, the NHS, or the police) without that person’s explicit consent.
13. Support should be provided without being conditional on sharing someone’s data with another organisation (such as a private company, political party, a council, the NHS or the police).

HOW TO DISINFECT THINGS

Disinfection with bleach

1. This should be carried out in a well-ventilated space, with windows open.
2. Take care to avoid contact between bleach and bare skin. While mixing the solution, it is advisable to wear gloves to protect your skin from bleach splashes. (These gloves should then be changed before beginning to clean the items.)
3. Wash your hands with soap and hot water before beginning. If wearing kitchen gloves which you have previously used, wash your hands with soap while wearing the gloves.
4. Mix 1:9 thin home bleach with cold water, and put it in a spray bottle, squirt bottle, or open topped container. Wipe down the outside of the bleach solution bottle with your bleach solution, leave it for 10 minutes. After ten minutes have passed, the outside of the bottle should be only just dry, or ideally slightly wet to the touch- if it’s not, you must add more bleach to your solution, or use more solution, then try again. Make new bleach solution every 24 hours, as it will degrade rapidly. (WHO Guidelines)
5. Remove any protective gloves you are wearing, wash your hands, and put on (fresh) disposable gloves. If you cannot, you must wash your hands very thoroughly with soap and hot water.
6. When putting on gloves, ensure that you touch only the cuff area with your bare hand, to prevent transmission of virus onto the exterior of the glove. If this is not possible, disinfect the exterior of your gloves before touching the items which you plan to exchange.
7. Wipe down a space to put disinfected items upon once you’ve wiped them down. Leave it for ten minutes.
8. Wipe down the surface of each item you need to disinfect and regularly add more bleach solution to the cloth. Place each item on the disinfected surface.
9. With freshly washed hands, place items in a new unused, or also disinfected, plastic bag until needed. Seal the bag.
Removing some of the virus with soap and water

This is a much less reliable option as compared to bleach solution. Try to get bleach if at all possible.

1. Clean each item or surface of visible dirt, as you normally would. Place items on a surface with no visible dirt or soil on it.
2. Wash your hands thoroughly with soap and hot water.
3. Thoroughly scrub down a clean surface on which you can leave things you’ve cleaned.
4. Wash your hands again, pick up each item, thoroughly scrub the item on all surfaces, and rinse in clean water.
5. Place it on the surface you scrubbed earlier.
6. With freshly washed hands, place items in a new unused, or also washed, plastic bag until needed.

Holding items before use *

Some groups are making a practice of holding all incoming supplies for a minimum of 72 hours before disinfecting as the virus persists less on surfaces over time. Note, however, that the virus can live on some surface types for longer; disinfection with bleach or soap is still necessary.

* This point was added by other mutual aid groups and is not found in QueerCare’s resources.

DELIVERY/COLLECTING PROTOCOLS

These are the protocols for:

- delivering items to someone immuno-compromised or in self isolation
- collecting items from someone who is infected or in self-isolation

They are designed so you do not introduce the virus to their home, or take away virus from an already-infected home. They may appear long and thorough, but it is absolutely essential that virus is not introduced into the home of someone especially at risk, who may need an ICU bed if infected. It is also essential that you do not risk spreading the virus further from the home of someone who is already infected.

In most cases, the person delivering should not even enter the recipient’s home at any point during this process in order to prevent the virus from being spread into or out of the house (on shoes, coats, etc). People receiving deliveries should be aware that anyone who attempts to persuade them into allowing entry is not acting according to protocol.

For situations where it is necessary to enter the recipient’s home, see QueerCare’s ‘protocol for entering a home in self-isolation’ on their website.

How to deliver items to someone in self-isolation

1. You should clean and disinfect each item you’re going to deliver, and place them all in a plastic bag (carrier, ziploc, etc) cleaned both inside and out (or a new unused bag).
2. Disinfect the inside of another bag (or use a new unused one) and place the first bag inside this bag. This is to protect the disinfected items in the inner bag, so someone immuno-compromised can safely touch it. Close the top of the outer bag as much as you can.
3. Try to travel to see the person without using public transport – so by pavement, a private car in which you’ve wiped down all the surfaces you’ll touch with 1% bleach solution, or a taxi. If you cannot do these, and must use public transport, try not to touch surfaces (like handrails or buttons) with your hands, use hand sanitiser after travelling if available, or wear gloves which you can change. If wearing gloves while travelling, remove these without touching the exterior with your bare skin.
4. As you approach the person’s house, call/text/etc them to open the door. Do this before you put on (fresh) gloves, so that you don’t risk contaminating the gloves with any virus that may be on your phone. If they live in a block of flats or other building with a communal entrance accessed by a buzzer, call/text and ask them to buzz you in, rather than pressing the button.
5. Put on (fresh) gloves, ensuring that you touch only the cuff of the glove with your bare hand. This minimises the risk of transmitting viruses to the exterior of your gloved hands. If you have hand sanitiser, use it before putting on the gloves, to further reduce this risk.
6. If there are plenty of masks available in your area, you should wear a mask for this; if not, prioritise masks for healthcare workers and people who must enter houses to assist with personal care. If you do have a mask, put it on before putting on your gloves, to minimise the risk of transferring virus from your face to your gloved hands. (ECDC Guidelines)
7. Ask the recipient to back away from the door at least two meters, and put your bag on the floor immediately inside the doorway. Do not step through the door.
8. Fold out the outer bag so the recipient doesn’t have to touch it. Don’t touch the inner bag.
9. Back away two meters, let them get the items by picking up the inner bag and lifting it out of the outer bag and do not get closer than two meters. (Feel free to shout greetings! But don’t hug/hand off items in person/etc.)
10. When they have backed off, take the outer bag away with you – it’s potentially covered in viruses on the outside.
11. Take your gloves off, without touching the exterior of the glove with your...
WHO PROPER HANDWASHING TECHNIQUE

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over left dorsum with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
7. Rotational rubbing of left thumb clasped in right palm and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry thoroughly with a single use towel.
11. Use towel to turn off faucet.

...and your hands are safe.
How to collect items from someone in self-isolation

1. If someone is self-isolating because they have been exposed to infection, or if it is confirmed that they are infected, the same procedures apply if it is necessary to collect cash or other items from the house. Items must only be removed from a potentially-infected house if there is no alternative.
2. The self-isolating person should clean and disinfect each item, while wearing gloves, according to the protocol for disinfecting things above. Remember that the majority of bank notes are now plastic and can be washed.
3. Place clean items in a new unused plastic bag, or a bag which has been disinfected inside and out, then place this bag inside another bag.
4. When the person collecting arrives, the self-isolating person should place the double-bagged items on the floor, fold the outer bag down, and back away two metres (Feel free to shout greetings! But don’t hug/hand off items in person/etc.)
5. The person collecting should put on gloves and pick up the inner bag without touching the outer bag.
6. After leaving, the person collecting should remove gloves without touching the exterior, and wash their hands as soon as possible.

PUTTING GLOVES ON PROPERLY

1. Take out a glove from its original dispenser, holding only the cuff.
2. Hold glove at opening with one hand and slide fingers and thumb of opposite hand into glove.
3. Pull towards wrist to fully don glove using only knuckles to avoid fingernail puncture.
4. Hold glove at opening and slide fingers and thumb into glove. Pull glove towards wrist using knuckles of gloved hand.
5. Take second glove out of dispenser with bare hand, holding only the cuff.
TAKING GLOVES OFF PROPERLY

1. Grasp outside of glove with opposite gloved hand and peel off.

2. Hold removed glove in gloved hand.

3. Slide fingers of ungloved hand under remaining glove at wrist.

4. Peel second glove off over first glove.

5. Discard gloves in appropriate waste container.

FOOD HANDLING DURING OUTBREAK

GENERAL SANITATION GUIDELINES FOR VOLUNTEERS:

- Volunteers should take their temperature before EVERY shift. If you have an elevated temperature or any symptoms, do not volunteer onsite or with deliveries.
- Volunteers with ANY symptoms of ANY kind (even if not respiratory) should stay home and help with distance/dispatch tasks.
- Volunteers with any known contact with people who are symptomatic should stay home.
- Clean all surfaces with CDC-approved disinfectant before doing anything with food on the surface, even if the food is packaged and sealed.
- Always tie long hair back before handling food. Always wear a hat while handling food.
- Always wear plastic gloves while handling food. Use a fresh pair of gloves for EACH delivery.
- Wash hands with running water if possible, or use hand sanitizer if no running water is available (during deliveries), every time you put on a fresh pair of gloves while delivering food. Clean hands immediately before putting on gloves, and put on fresh gloves immediately before interacting with food or food bags.
- Wear bandana over nose and mouth at all times while interacting with food. Use a clean bandana for each shift, and do not remove it until you are finished with your shift.

FOOD BAGGING ZONE PROTOCOL:

- Food Bagging Zone must be thoroughly wiped with CDC-approved disinfectant and a disposable towel at the beginning and end of every shift and once every hour while in continuous use.
- Put bandana over nose and mouth before entering food bagging zone.
- After putting on bandana, wash hands with soap and water immediately before entering food bagging zone.
- Put on fresh, sterile gloves once inside Food Bagging Zone.
- Do not touch anything that could be cross-contaminated by people who have not washed hands with your Food Bagging gloves on, including doors, light switches, fridge/freezer doors, etc. If you touch anything, dispose of gloves, wash hands again, and get a fresh pair of gloves.
- When volunteers are ready to take deliveries, place the bags in their car or bike without touching anything but the bags. Let them open the doors for you.
PUTTING ON A MASK PROPERLY

1. Choose a small or medium-sized face-piece that fits the face. Pull the head bands loose. The metallic strip should be uppermost. Pass the hand through the head bands.

2. Put on the mask. The head bands should be around the head and neck.

3. Press the metallic strip on both sides with the forefingers and middle fingers of both hands.

4. Seal Check:
   - **Positive pressure checking** — cover the mask lightly with both hands. Breathe with deliberation. Air should not leak out from the side of the mask.
   - **Negative pressure checking** — cover the mask lightly with both hands. Suck in air with deliberation. The mask should depress slightly inward.

**Note:** Masks don’t seal well if you have facial hair. If you can shave, it’s recommended to ensure a tighter seal.