



# Handbook for media: the coronavirus and COVID-19

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**MEDIA ACTION**

TRANSFORMING LIVES THROUGH MEDIA  
AROUND THE WORLD

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Professional tennis player, Bhavika Gundecha, speaks to media outside a hospital in Mumbai.

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## Introduction

The coronavirus that causes COVID-19 can spread rapidly and cause a lot of harm. But if communities respond appropriately and quickly, it is possible to limit its spread and the damage it causes. Mass media and communication have an absolutely vital role to play in this effort.

Media can:

- Provide audiences with crucial information on how to stay safe and help prevent the spread of the coronavirus
- Keep people up to date on the support services available and how to access them
- Counter dangerous rumours and incorrect information and help people to identify and trust the facts
- Hold authorities to account over their responsibility to protect the population
- Provide a platform for those affected or at risk to raise their concerns and needs, ask questions, and explore solutions
- Reassure and motivate people to help themselves and others

BBC Media Action has developed this handbook to help media support their audiences to face this health emergency and manage the infodemic.

Please note that this handbook is for initial guidance and information only. You can find the latest information about the coronavirus and COVID-19 through the websites listed at the end of this handbook, and through the World Health Organization, the Risk Communication and Community Engagement (RCCE) network and your Ministry of Health.

### Above

A production team interviews the Mayor of Freetown, Sierra Leone.

PHOTO: BBC MEDIA ACTION

# 1 Background and basic facts about the coronavirus SARS-CoV-2 and COVID-19

*This information was correct at the time of writing in April 2021.*

*Please keep up to date with the latest learning about the coronavirus SARS-CoV-2 and COVID-19 through reliable sources of information listed at the end of the handbook.*

## a. What is the coronavirus and what is COVID-19?

Coronaviruses are a group of viruses that can cause illness in animals and humans. In late 2019 a new coronavirus started passing from person to person, causing a disease now known as COVID-19.

On 11<sup>th</sup> March 2020 the World Health Organization (WHO) announced that the outbreak of COVID-19 was a pandemic. A pandemic is a global disease outbreak, which means it has reached a lot of people in large areas in a lot of different countries.

**When you are talking to audiences, use the term ‘SARS-CoV-2’ or ‘coronavirus’ when referring to the virus, and ‘COVID-19’ or ‘COVID’ when talking about the disease it causes.**

### How does this coronavirus affect the body?

This coronavirus, with the scientific name SARS-CoV-2, infects (gets into) a person through their mouth, nose or eyes and affects their airways – the passages that you breathe air in and out of, that go from your nose and mouth through the top of your throat and into your lungs.

When someone gets this coronavirus it causes their immune system – the system in the body that fights illness – to try to stop it. The coronavirus, and the immune system’s reaction to it, can cause specific symptoms and signs which indicate that someone has the coronavirus disease known as COVID-19. If the immune system is not able to fight it strongly enough, the coronavirus infects the lungs more severely and leads to breathing difficulties and may also cause serious complications in other parts of the body, and sometimes death. In cases of very severe COVID-19 the immune system occasionally reacts too strongly and can cause something called a “cytokine storm”, which can also cause serious complications and sometimes death.

### Terminology explained

- ‘SARS-CoV-2’ – this is the official name for the new (or novel) coronavirus. SARS-CoV-2 is the virus that causes the disease COVID-19.
- The term SARS-CoV-2 comes from ‘severe acute respiratory syndrome coronavirus 2’.
- The term COVID-19 comes from ‘coronavirus disease 2019’ (because 2019 was the year it was discovered).
- ‘Variants’ or ‘mutations’ is used to describe when a virus changes slightly. It is still the same virus.
- A ‘wave’ is being used to describe when cases of the coronavirus and COVID-19 start to increase in a country or region and keep increasing over several weeks.

### Variants

- All viruses change a little over time. Viruses do this automatically – it is a normal process. These small changes are called mutations and when a virus has a new mutation it is called a variant – it is the same virus but with a slight variation. These variations (mutations) can help a virus to adapt and survive. For example, a variation may help a virus to survive longer outside the body, or cause more people to have symptoms.
- The coronavirus SARS-CoV-2 has changed over the past year and several variants have already been identified. Some of these variants seem to make it easier to pass the coronavirus on to others, and some seem to cause younger people to develop symptoms of COVID-19 when previous variants did not. Scientists are learning about the new variants all the time. Please use the WHO links in the last chapter to get the latest updates on variants.
- When talking about variants, try to avoid calling them “the UK variant” or “the South African variant” as this can lead to misunderstanding and stigma towards people from that country. Try saying things like “the variant first identified in...” instead.

## b. Transmission: how is the coronavirus spread?

The coronavirus SARS-CoV-2 can pass from one person to another through small droplets and aerosols (smaller than droplets) that come out from the mouth or nose when a person has the coronavirus and has become infectious. Aerosols and droplets carrying this coronavirus come out of the mouth and nose when people cough, sneeze and spit, as well as when people speak, shout, sing or clear their throat, or when breathing out heavily. These droplets generally travel less than 1 metre but aerosols can travel a little further. Someone else can then get the coronavirus if:

- They breathe in these droplets.
- These droplets land on objects and surfaces and another person touches those objects or surfaces, then touches their eye, nose or mouth without washing or sanitising their hands well first. The coronavirus can survive for several hours on someone's skin, and up to several days on some hard surfaces, if not properly washed or disinfected.

### When is a person infectious?

We know that people can be infectious (in other words, they can pass the virus on) when they are showing signs and symptoms of COVID-19, as well as 1-2 days before they develop symptoms.

But some people that get this coronavirus never get any symptoms (are asymptomatic) – or only get very mild symptoms – of COVID-19. This means they can have the coronavirus without knowing it and still pass it on.

People stop being infectious once their symptoms have significantly reduced. This can take 2-3 weeks in the case of a milder illness or longer in the case of severe illness. There is more information on how long people might be infectious for in part (e) of this section.

### What creates the most risk for coronavirus transmission?

Some behaviours and activities are riskier than others. It is important to remember that some people may show no, or only mild, symptoms – so the following can be risky even if an individual feels healthy.

Examples of more risky situations include:

- **Someone coughing or sneezing without covering their face, or spitting** so that if someone has the coronavirus, droplets and aerosols containing the coronavirus spread outwards and are breathed in by people close by, or land on surfaces that others touch.
- **Poor hand hygiene.** The coronavirus often spreads when people get the coronavirus on their hands and then they touch their mouth, nose or eyes, allowing the virus to enter the body. This risk can be minimised by washing hands regularly and thoroughly with soap and water or by using an alcohol-based hand sanitiser.
- **Physical or very close contact with someone who has COVID-19**, such as caring for them or sharing close space with them, when no one is following the hygiene recommendations.
- **Being in groups of people**, especially where people are close together, such as at a cafe, restaurant, crowded market or on busy public transport. The risk is even greater when people are indoors. This is because indoors, air does not circulate so any droplets carrying the coronavirus are not dispersed away from people. Droplets will also be landing on surfaces other people are more likely to touch when indoors. This is why good ventilation is very important going forwards.



## Who is the most at risk of getting the coronavirus?

Anyone can get the coronavirus.

Some people may be at greater risk of developing a more serious illness if they get this coronavirus, but anyone of any age, gender, ethnicity, or religion can get it.

Some people may be more at risk of getting this coronavirus because they come into close contact with a lot of people who have or might have the coronavirus and COVID-19, for example:

- Health workers – because they have to care for people who are sick or who have just died.
- Family members or others who usually take responsibility for caring for others who are sick – often women.
- Anyone coming into contact with a lot of people every day and who cannot physically distance and/or wear a face mask, such as people living in over-crowded areas, people using busy public transport, people who cannot work from home, people who cannot stay at home because home is not safe, and people who do not have a home.
- People who cannot follow the prevention measures, such as people with very limited access to water or soap such that it prevents them from following the recommendations about handwashing and household cleaning. Or people who cannot physically distance from others, such as people who need help with self-care or need to go to busy places and cannot physically distance or wear a face mask.

People without access to regular accurate, clear, relevant and practical information in languages or formats they can understand are also at risk as they may not know how to prevent transmission or what to do if they, or someone in their household, gets the coronavirus.

Section (f) on 'Prevention' will talk more about how to reduce these risks, even if you are living with or caring for someone with COVID-19.

## c. Signs and symptoms of the coronavirus SARS-CoV-2 and COVID-19

Most people who get the coronavirus will have a milder illness with symptoms that can be managed at home. But for some people it can cause serious illness and be fatal.

### More on terminology

There are different terms used to talk about the signs and symptoms of illness that someone may have:

- Symptoms – something the affected person can feel but is not visible or audible to someone else e.g. tiredness, a sore throat, aches or the early stages of breathlessness.
- Signs – something someone else can see, hear or feel, such as a cough.
- Asymptomatic – showing no signs or symptoms of illness. This may happen before an illness develops, or someone may not have any signs or symptoms at all.
- Symptomatic – has signs and symptoms of illness.
- Mild illness – means someone can be cared for at home and may still be able to move around and care for themselves.
- Serious or severe illness – means someone is very badly affected by an illness to the point that it stops their body from working properly. They will need medical care quickly.

**Note:** 'Symptoms' is often used to refer to signs and symptoms, so you might choose to use the term symptoms on its own, but it is useful to know the difference in case you need to explain it to your audience at some point.

## How do you know if you have the coronavirus and COVID-19?

The most commonly reported signs and symptoms are:

- Fever
- Tiredness or fatigue
- A persistent dry cough (coughing often or more than usual) and/or shortness of breath
- Loss of sense of taste and/or smell

Some people will not get all of these symptoms. Some people may get one or more additional symptoms or signs, such as a sore throat, muscle aches, a congested or runny nose, headache, and sometimes nausea, vomiting, diarrhoea, loss of appetite and indigestion, conjunctivitis (inflammation of the eye), chills, dizziness and skin rashes (skin rashes have so far been more common in children). Symptoms of severe COVID-19 include difficulty breathing or severe shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest and a high temperature (above 38 degrees Celsius). For less common symptoms please see the WHO links in the last chapter.

Key points to note:

- It usually takes between 1-14 days for someone who has been infected with the coronavirus to show any symptoms but people become infectious (can pass the coronavirus to others) 1–2 days before symptoms show.
- If someone has been exposed to the coronavirus they should NOT go about their daily activities. They must instead isolate from other people for 14 days. This is because people may be able to pass on the coronavirus 1-2 days before they develop any symptoms and it can take up to 14 days to show any symptoms.

As soon as someone feels unwell with symptoms that could be because of the coronavirus and COVID-19, they, or a family member or friend, should contact a health care facility or, if available, their local COVID-19 helpline to get appropriate advice on care as well as on how to avoid transmission to others.

### Length of illness

The length of the illness varies.

- For people with mild illness, signs and symptoms of COVID-19 may last up to 14–21 days. But even with mild illness, after the fever passes, symptoms such as tiredness, cough, mild breathing difficulties and other symptoms like loss of taste or smell may last for a few weeks longer.
- For people who develop more severe illness, some may get seriously ill quite quickly. Others may have more mild symptoms in the first few days and then start to get more seriously ill a week or so after symptoms start. Sometimes a person might start to feel a little better and then get worse and get seriously ill quite quickly. For people who become seriously ill but survive, recovery from most symptoms seems to take around 3-6 weeks, but could take longer.

### What is a fever?

A fever is a higher than normal body temperature. When someone has a fever, their forehead, and sometimes chest or back, feel hotter than usual. They may also feel shivery. On a thermometer, a fever is 37.8 degrees Celsius (just over 100 degrees Fahrenheit) or above.

### TIP

Speak to the Ministry of Health, Risk Communication and Community Engagement Network (RCCE) or WHO to find out what services are planned or available and how people should access them. The Risk Communication and Community Engagement (RCCE) network is activated in response to a health emergency. For this pandemic, the RCCE has set up groups at national, regional and global levels to support coordination, and the sharing of learning and resources within and between countries. For more information visit: [www.rcce-collective.net/](http://www.rcce-collective.net/). Find out who people can contact for advice or to get help, where and when they should go for help, and give this information to the general public. Encourage people to save emergency telephone numbers in their phones, work out travel options to a health centre, and be prepared for what to do if someone displays symptoms.



- Some people who have COVID-19 end up with long-term issues. If these issues last more than 3 months they are sometimes referred to as 'Long COVID'. These can range from ongoing breathlessness, long-term loss of sense of taste or smell, muscle pain, fatigue, difficulty with memory and concentration, anxiety and depression, to damage to the heart and/or lungs, heart attack, stroke and blood clots. For some people these issues have improved after a few months but for others they still have them after a year.

This coronavirus does not stay in the body forever. In mild cases this coronavirus may have left the body once the fever and main symptoms have passed (so after around 14-21 days). For longer or more serious illness it could take several weeks. Please check the resources at the end or with the WHO for updates.

#### **d. Who is more at risk of getting severe illness if they get the coronavirus?**

Many people will only get mild illness, but others may become seriously ill and some may die if they have COVID-19. The following groups of people are more at risk of severe illness if they get the coronavirus:

- People of any age with underlying health conditions, particularly those that affect the body's breathing process and/or weaken the immune system. These conditions include asthma, lung disease, diabetes, cancers, and conditions such as HIV (if someone is not on antiretroviral drugs), as well as obesity and severe under-nutrition.
- People of any age receiving treatment that suppresses the immune system (stops the immune system from working), such as people who have had transplants or who are having or have recently had treatment for cancer.
- People over 60 years old (especially people over 80 years old) – this may be because their immune system is weaker, or because of what happens to the body as it ages, and/or because older people are more likely to have underlying health conditions.
- Pregnant women up to 6 weeks after giving birth – this may be because their immune system temporarily weakens during pregnancy. Please note, pregnancy is sometimes included within definitions of 'underlying health conditions' by health experts.

Information on protecting people at higher risk from the coronavirus is in section (f) on 'Prevention'.

**Younger people and children:** Children and young people can get the coronavirus, but so far younger people and children without any underlying health conditions appear more likely to only get very mild illness, recover more quickly, or be asymptomatic. Some of the newer variants of this coronavirus seem to cause more symptoms in younger people, although we are still learning about this.

#### **Why do some people who seem to be healthy still get seriously ill?**

Sometimes people who do not seem to be in the higher risk group for serious illness with COVID-19 get seriously ill and die. This may be because they had an underlying health condition no one knew about, or it may be because they were not able to rest and recover when they needed to. In the case of health workers it may also be because they are exposed to very high levels of the coronavirus in a short space of time.

Occasionally someone who is otherwise healthy does get seriously ill and sometimes dies due to COVID-19. It is very important to seek medical advice early if someone has breathing difficulties or starts to get worse quickly to help them have the best chance of survival.

## e. What can people do if they think they, or someone they know, might have been exposed to the coronavirus or might have COVID-19?

Many COVID-19 symptoms are very similar to those of other diseases, such as colds, influenza (flu), other respiratory tract infections or the early stages of malaria or dengue fever. It can be easy for people to confuse the symptoms, ignore them or seek a treatment they would normally use. But waiting too long to find out what it might be can greatly affect someone's chances of survival, especially if they have something that has to be treated, such as malaria.

If someone thinks they have been in contact with the coronavirus or is starting to experience symptoms that could be COVID-19 it is really important that they seek medical advice early. This is so that they can:

- Check if it might be COVID-19 or a different illness.
- Get advice on what to do to protect themselves and others.
- Get advice on what to do as symptoms develop and when to seek emergency support.
- Get advice on contact tracing so that anyone they have been in contact with over the last 14 days can be contacted and asked to stay at home in case they also develop symptoms.
- Report their case so that the government and the global response can better understand where the coronavirus is and therefore decide where they need to focus support, such as additional health service provision.

Some countries have COVID-19 helplines for people to call. Check to make sure the helpline is working and speak to the department or organisation managing the helpline to better understand its role, service and capacity. If there is no helpline, you can contact the Ministry of Health, national Risk Communication and Communication Engagement (RCCE) network (or equivalent) or WHO office where you are to find out what services are available and how people can access them.

If someone has been exposed to the coronavirus they need to:

Stay at home, if possible away from others in their household, for 14 days. This is often called 'self-isolation' or 'self-quarantine' if someone is by themselves, or 'household isolation' if a whole household isolates together. This is to see if they develop symptoms of COVID-19 and to prevent the spread of the new coronavirus before symptoms develop, or in case someone is asymptomatic. Everyone needs to follow the recommended hygiene practices and household cleaning to prevent transmission of the coronavirus within the household.

**Note:** 14 days is based on WHO guidance, which most countries are following. If there are differences between government and WHO guidance, please seek information from both so that you can explain the differences to your audiences.

### Understanding the number of cases

The official number of cases of SARS-CoV-2 (this coronavirus) and COVID-19 and deaths due to COVID-19 are dependent on tests. Please note that:

- The numbers reported to the WHO are usually based on the number of cases of the coronavirus confirmed through tests. This means the actual number of people who have the coronavirus, or who have had it, could be substantially higher than the number reported because:
- Many people will not go for a test when they are ill or will be diagnosed over the phone based on a description of symptoms, and so may not be counted in the reported numbers of COVID-19.
- Some people do not get symptoms (are asymptomatic) when they get the coronavirus. Unless a country is doing mass testing regardless of symptoms, people who are asymptomatic are unlikely to get tested.
- The accuracy of death rate figures will depend in part on the proportion of people who die in hospital versus those who die at home, as people will usually be tested at hospital but may not always be tested if they die at home. It will also depend on how a death due to COVID-19 is defined if a test has not been possible.

If someone is suspected of having the coronavirus:

- If the person **does not** have underlying health conditions that put them at higher risk, and does not have breathing difficulties, they will most likely be asked to stay at home for at least 14 days, self- or household isolate, cover coughs and sneezes and follow good hygiene practices, rest, drink plenty of fluids (especially clean and safe water – no alcohol), and eat as nutritious a diet as possible. Some people may be tested to confirm if they have the coronavirus, some may not.
  - The person who is sick will need some help with getting food, water and may need help caring for themselves for a few days. Identify one or two people in a household or a carer who will care for the person who is sick – they should get advice on how to prevent transmission of the coronavirus, such as following more careful hygiene practices, wearing an appropriate face mask and ensuring good ventilation at home.
  - If people are living alone they may need neighbours, friends or family nearby to help deliver food (and water) to their home. They need to explain what they can and cannot manage so that people know how to help. The person or people helping will also need to follow strict coronavirus prevention measures to reduce the risk of spreading the coronavirus.
  - If symptoms worsen or someone has difficulty breathing, they seem confused or start to get bluish or greyish lips contact medical help **immediately**.
- If the person **does** have underlying health conditions that put them at higher risk of serious illness or has breathing difficulties, they may be asked to go to a hospital, clinic or treatment centre immediately so that they can receive additional support. If they go to hospital they should be tested to confirm whether or not it is definitely COVID-19.

If it is **not** COVID-19 or helplines are not available, people can go to a health centre as they may need to receive urgent treatment for an illness such as malaria. Please speak to the Ministry of Health, RCCE (or equivalent) or WHO office in your country for support on how to communicate this through media.

**There are currently no drugs that can cure the coronavirus and COVID-19.**

There is a lot of false and misleading information about treatments and cures for the coronavirus and COVID-19. Different drugs continue to be trialled as possible treatments for COVID-19 to reduce severe illness and improve people's chance of survival. Please visit the WHO website for updates.

Because there is currently no cure, it is really important that people know how to prevent passing on the coronavirus and what to do if they get COVID-19 before they get it. Understanding how to prevent it and what to do if someone gets ill can be lifesaving.

If you do talk about medication being trialled for treatment:

- Be careful how you talk about trials and treatments because it is easy for rumours, misunderstanding and false and misleading information to develop.
- Make sure that it is clear when drugs are only in trial phase, and therefore not yet available to everyone.
- There may be questions about people who take part in drug trials and may develop an illness or do not survive. These can be challenging to answer so always ask a WHO expert to help.
- Speak with the WHO or visit the WHO website to learn more. Make sure what you communicate is accurate and up-to-date, and is not designed to cause alarm or fear.

### **When does someone stop being infectious?**

It is currently believed that someone stops being infectious once any fever has gone and symptoms have significantly reduced. We are still learning about infectiousness in people who are asymptomatic but until we know more it is assumed it is the same sort of time period as someone who has symptoms. This is one of the reasons why it is so important for everyone to follow all the prevention measures all of the time – to reduce the risk of spreading the coronavirus in case we are asymptomatic.

If someone is in hospital because of COVID-19 they will need to be able to breathe on their own, move about on their own, have no fever, experience a reduction in any other symptoms, and should get at least two tests several days apart that are both negative for the coronavirus before they can go home. This could mean someone is in hospital for a few weeks.

If someone has had mild illness and so has not needed to go to hospital, it is advisable to take time before they stop isolating:

- It should take around 10-14 days for mild illness to pass, but for some people it may be up to 21 days, sometimes longer.
- Someone can tell they are getting better if they have not had any symptoms for 3 or more days in a row.

**Note:** Even when someone has stopped being infectious, many people will still experience more tiredness, may get shortness of breath or may continue to have a small cough or other mild symptoms for a few weeks and will continue to need more rest as they recover. Some people may continue to have some sort of symptoms for many months – this could be “Long COVID”.

### **Can people get COVID-19 more than once?**

Whilst it is believed that once someone has had COVID-19 they may have some temporary immunity to this coronavirus, it is not known how long any immunity might last. There are already reported cases of people who have recovered from COVID-19 (and tested negative) who have then had COVID-19 again several months later.

Someone who has recovered from COVID-19 must still follow all the hygiene and physical distancing guidance.

## **f. Prevention**

There are two types of prevention: preventing the coronavirus SARS-CoV-2 and then if someone gets the coronavirus, preventing the disease COVID-19. Preventing the coronavirus from spreading involves covering coughs and sneezes, not spitting, improved hand and surface hygiene, physical distancing and wearing face masks at critical times. Preventing COVID-19 involves all of these and vaccination. Vaccination may also help prevent the spread of the coronavirus, but exactly how it will help is still being researched.

The first part of this section will focus on preventing the spread of the coronavirus. The second part will focus on vaccination.

### **For everyone: day-to-day changes in behaviour to reduce the risk of transmission of the coronavirus to stop people getting COVID-19**

- Always covering a cough or sneeze and not spitting
- Frequent, thorough handwashing with soap and water or an alcohol-based hand sanitiser (sometimes called hand rub or hand gel)
- Improved hygiene including cleaning of surfaces at home and work
- Keeping a physical distance from others outside your household



- Wearing a face mask at critical times
- Isolating from others if you might have the coronavirus or COVID-19

### **And to stop people getting COVID-19 if they get the coronavirus:**

- Getting vaccinated

### **Covering a cough or sneeze and not spitting (also called ‘cough & sneeze hygiene’) – this should be done for all coughs and sneezes whatever the cause, not only during this pandemic**

- Always cover your mouth and nose with a tissue or, if you don't have a tissue, the inside of your elbow when you cough, sneeze, clear your throat or blow your nose.
- If using a tissue, throw it in the bin as soon as possible afterwards.
- Wash your hands with soap and water straight away or as soon as possible (remember not to touch the inside of your elbow if you have coughed or sneezed into it until you can wash it or change your clothing).
- Avoid spitting. If you do need to spit, spit into a tissue, put the tissue into a bin and wash your hands immediately afterwards with soap and water. If you do not have a tissue, spit into the sink and clean the sink and area around it straight away as well as washing your hands with soap and water. If you are outside, go well away from others before you spit.

### **Frequent, thorough handwashing with soap and water for at least 20 seconds each time**

You should wash your hands frequently and thoroughly throughout the day in case your hands have touched a surface with the coronavirus (or another infection) on it. Always wash your hands with soap and water for at least 20 seconds. If you do not have water and soap you can use an alcohol-based hand sanitiser or hand rub to clean your hands until you are able to wash them.

Examples of key moments to wash hands:

- Always wash hands before touching your mouth, nose or eyes, before eating or feeding anyone else, or before touching anyone else's face.
- Always wash hands after coughing or sneezing into a tissue and putting the tissue into the bin.
- Wash hands more frequently throughout the day in case they have touched a surface that has the new coronavirus on it. This includes before leaving home and when returning home, arriving at work and before leaving, after going to the toilet, before and after preparing food, before and after eating as well as at other times in the day.

### **Hygiene at home and work**

The coronavirus can survive on surfaces around us for some time. In some cases it can survive for several days. This means that cleaning the surfaces around us, for example at home and at work,

### **Alcohol and the coronavirus**

While alcohol-based hand sanitisers can destroy the coronavirus on the skin, alcohol cannot kill the coronavirus when it is inside the body. Also, frequent drinking and drinking a lot of alcohol can be harmful as well as reducing your body's ability to fight illnesses.

### **▶ TIP**

If people do not have running water at home, more frequent handwashing may mean they need to store more water at home or do more frequent trips to collect water, which could be a challenge or a risk to someone's safety. You can help people decide how much water they need, understand how to keep water containers and water clean in storage, and share stories from others about how they are managing.

more frequently with soap or household cleaner and water, is important for stopping the spread of the coronavirus. This is particularly important for surfaces that people touch often and surfaces that many people may touch, such as water taps, mobile phones, keys, doors and door handles, light switches, tables and chairs, tools used on a daily basis, handles people touch on public transport and so on. If possible, waterproof food packaging should be wiped with a damp cloth and a little soap before being stored and everyone should wash their hands after putting shopping away.

Food hygiene is also very important. While it is not currently known exactly how this coronavirus moved from animals to people, it is a good idea to follow proper food hygiene measures. Those measures include storing raw meat separately from all other food stuffs, and using soap and water to wash any utensils, surfaces and hands (or any other body part) immediately after touching raw meat.

#### ▶ TIP

Many people may not have the money to buy or store food for several days. Share stories of how people are managing this – as households, communities, and with the support of organisations that help people in need.

### **Distancing: reducing physical contact and creating a physical distance while this coronavirus is a risk**

- Avoid physical contact with anyone outside your household – no shaking hands, high fives, touching elbows, kissing, or hugging.
- Physically distance – maintain a distance of at least 1 metre – from people you do not live with whenever possible.
- Reduce your trips outside home. This may mean working from home for those who can, and only going to buy food once or twice in a week.
- If you do need to go to a place of work, consider how you can reduce the risk of coronavirus transmission in the workplace. Look at how spaces are set up to see if physical distancing is possible, improving ventilation and, if it is a busy place or if good ventilation is not possible, everyone who can wearing face masks.
- Avoid sharing drinking cups and utensils with anyone inside or outside your household – cups and utensils must be washed in soap and water before someone else uses them.
- Avoid groups or gatherings of people who you do not live with while the coronavirus is a significant risk. This includes maintaining a distance from others whenever possible in queues and busy places like markets or shops, even if you are wearing a face mask, and not inviting people to your home or visiting other people in their homes. If you do meet up with people, try to do this outside and follow physical distancing and face mask guidelines.

### **Distancing when someone has been exposed to, might have or has COVID-19**

If someone has been exposed to (close to or in contact with) someone who has the coronavirus, has symptoms that might be COVID-19 or is confirmed to have COVID-19, they should stay away from others if possible and seek medical advice.

#### **Social distancing**

You may have heard the terms ‘social distancing’ and ‘physical distancing’. They mean the same thing: creating a physical distance between people in order to prevent the transmission of the coronavirus. The WHO advises staying at least 1 metre away from people you do not live with. Many governments are advising at least 1 metre distancing but some governments are advising 1.5 – 2 metres apart for distancing.

For people who may have been exposed to COVID-19:

- They need to stay at home and away from others whenever possible for 14 days (as mentioned earlier, it can take up to 14 days for COVID-19 symptoms to develop). This is called 'quarantining'.
- Seek advice from recommended sources (such as a helpline) about how to avoid transmission to others during quarantine and what to do if you get sick.
- People may also be asked to quarantine, either at home or a quarantine centre (often a hotel) for 14 days after travelling to another country.

For people who might have or have symptoms of COVID-19, or who have tested positive for the coronavirus and are asymptomatic:

- They should stay at home and away from others whenever possible and seek medical advice immediately from official sources (such as a health service helpline). If they have not had any tests they may be recommended to get tested to find out if it is COVID-19 (or something else) and how to manage any illness.
- Some symptoms of COVID-19 are similar to other illnesses such as malaria, which must be treated early. This is one of the reasons why it is important to seek medical advice quickly.
- If it is COVID-19 and it is mild, then people can be cared for at home. If it is severe, then they will need hospital care.

#### **If it is mild illness and the person can stay at home:**

- Avoid physical contact with others if possible and follow the cough/sneeze and hygiene measures. If physical contact is unavoidable (such as caring for a sick child or someone who is elderly or may have a disability that means they need assistance), carers should also follow the recommended handwashing and hygiene guidelines, and the person doing the caring should wear a face mask.

Helping those at higher risk: People with underlying health conditions and older people who are more at risk of serious illness may be asked to stay at home sooner and longer than everyone else. You might hear this called 'shielding'. As media, you can help audiences think through and discuss how they can support family and community members who may be more at risk and who need to stay at home and physically distance sooner, or people who may need to isolate because they are sick.

#### **Face masks**

Face masks can be a useful tool for reducing the spread of the coronavirus, if they are worn and handled correctly. Not everyone can wear a face mask. Young children should not wear face masks and some health conditions reduce a person's oxygen levels so they should also not wear a face mask, unless advised to by a health worker. For everyone who can wear a face mask, face masks need to be fitted over the mouth and nose.

There are different types of face masks that have different levels of effectiveness. The WHO has detailed information and videos on their website about the types of face masks, how to wear them and how to

#### **A note on contact tracing**

Contact tracing is an important part of preventing widespread transmission of an infectious disease. Contact tracing involves contacting everyone who has been in contact with someone who has an infectious disease to help stop the spread of that disease. If someone starts to develop symptoms that could be COVID-19 then everyone they have been in close contact with over the last few days should be contacted. Those people should stay at home for 14 days in case they have the coronavirus and to see if they get symptoms of COVID-19. If someone does get symptoms then all the people they have been in contact with should also be contacted.

make them. The effectiveness of a face mask in preventing coronavirus transmission depends on how well it fits, the fabric the face mask is made of, how someone handles a face mask, and how face masks are disposed of or cleaned (if reusable) after use. Touching the front of a face mask without washing hands before and after, or moving the face mask so it is sitting under the nose or chin increases the risk of the coronavirus spreading.

Face masks do not replace the need for physical distancing when possible, handwashing, covering a cough or sneeze if not wearing a face mask and cleaning surfaces that are touched frequently more often – all of these measures are still needed. Please see the links in the last chapter for more guidance on how to communicate about when and how to wear face masks.

### **For people caring for someone who might have, or has, COVID-19**

Home care for mild illness: When caring for someone at home who has mild illness but needs help, there are measures people should take to reduce the risk of coronavirus transmission. In addition to keeping the person who is unwell away from others in the house as much as possible, and measures such as increased household cleaning and more frequent handwashing, the carer can wear a face mask when in the room with the person who is unwell. If the person who is unwell can breathe well enough to wear a face mask, they could also wear one when others are in the same room. The WHO has tips on how to care for people at home.

Health workers will receive specific training on how to care for people with COVID-19 and how to prevent transmission of the coronavirus. This will include:

- Training in proper care for patients with or suspected to have the coronavirus.
- Using appropriate protective clothing when caring for others.
- Avoiding touching mouth, nose, eyes or face of self and others, unless hands are sanitised.
- Practicing rigorous hygiene when removing protective clothing.
- Using disposable medical equipment, such as disposable needles etc.

### **g. COVID-19 vaccines**

Vaccines teach a person's immune system how to very quickly stop a particular virus or bacteria from causing infection and illness. There are now vaccines available that can teach a person's immune system to identify and stop the SARS-CoV-2 coronavirus from causing COVID-19, and more vaccines are still being developed.

#### **Vaccine development and variants**

Vaccines go through rigorous trials and tests to ensure they are both safe and effective. This pandemic has helped speed up how quickly vaccines can be developed without losing any of the essential trials to ensure that a vaccine is safe and effective. All the available vaccines are highly effective at reducing the risk of COVID-19 if someone gets early variants of this coronavirus. Research is being done on how effective available vaccines are at stopping newer variants from causing COVID-19. This research will help the vaccines be updated as and when they need to be.

#### **Staying healthy**

Currently there is nothing that is proven to deactivate or 'kill' the coronavirus once it is inside your body other than your own immune system – this is why it is important to stay as healthy as possible. This includes:

- Ensuring you manage any other illnesses and underlying health conditions well
- Eating a nutritious diet
- Drinking plenty of water
- Avoiding too much alcohol
- Trying to minimise stress, and getting plenty of rest and exercise if possible.



## Types of COVID-19 vaccines

There are different types of COVID-19 vaccines using different techniques to teach the immune system how to identify the coronavirus. Vaccines are given in doses. Depending on the vaccine, some may require more doses than others. The number of doses and how regularly people need to get vaccinated will change depending on the pandemic and how the coronavirus changes over time. Please see the WHO links in the last chapter for detailed information about the different types of vaccines and how they work.

## What the COVID-19 vaccines do

A person who is fully vaccinated with a COVID-19 vaccine has a significantly reduced chance of developing mild or severe COVID-19. Research is currently being done on how well the vaccines might also reduce transmission (spread) of the coronavirus. Until we understand this better people who have been vaccinated still need to follow all the prevention measures, to help stop the spread of the coronavirus.

## Vaccine rollout

How the COVID-19 vaccines are distributed depends on a number of factors. The COVAX initiative aims to support equitable access for all countries. Within countries, different groups or populations will be prioritised. Some countries are vaccinating those most at risk of getting the coronavirus and those most at risk of getting seriously ill if they develop COVID-19. Other countries have focussed on vaccinating people who may be most at risk of spreading the coronavirus without realising it because they are more likely to be asymptomatic. Some countries may also focus on offering vaccination early to people in jobs and sectors that are key to providing essential services. Media has an essential role to play in helping audiences to understand the decision-making around global and national vaccine rollout and hold vaccine strategy decision makers to account on roll out and accessibility for everyone.

Media also has an important role to play in equitable access – globally and nationally. Some people may be forgotten or excluded from national vaccination rollout. Refugees, migrants, people who have been displaced within a country and people who are homeless or move often, or people from lower classes, castes, or different ethnicities, religions or people living with disability and those that care for them who are discriminated against or stigmatised may be forgotten or excluded. In addition, people who are different from the majority of the decision makers, for example if most of the people making the decisions about the vaccine strategy are men, then the needs and impact on women may be forgotten, as has been seen at other stages in the response.

## Vaccine terminology

You may hear the following terms used to describe how people feel about vaccines. People may feel differently and change their minds depending on the vaccine and disease, their age, how they see their own or others' risk of ill health, the social, economic and political context, and the stage in a disease outbreak.

'Anti-vax' refers to being against all vaccinations.

'Vaccine refusal' refers to people who would refuse the vaccine if it is offered. People may refuse a vaccine because they do not trust or believe in a vaccine. Or, they may believe in vaccines, but do not trust the people, organisation, government or system providing a vaccine, or use refusal as a way of protesting against an organisation's or government's actions.

'Vaccine hesitancy' refers to people who are not sure about a vaccine. They may have concerns about the vaccines, the development process or the organisations or governments providing it.

'Vaccine confidence' refers to people who trust vaccines and/or the organisation and systems that deliver them.

'Vaccine acceptance' refers to people who would get a vaccine if it is offered to them.

## COVAX

COVAX is a global group co-led by WHO, the Global Vaccine Alliance (Gavi) and the Coalition for Epidemic Preparedness Innovations (CEPI). Its aim is "to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world." For more information visit: <https://www.who.int/initiatives/act-accelerator/covax>

## Helping people make a decision about vaccination

There is already a lot of false and misleading information, as well as conspiracy theories and rumours, about COVID-19 vaccines. Your audiences need you to help them understand, engage with and feel confident about the facts, and get answers to their questions from people they trust.

Whether there are COVID-19 vaccines widely available or not, it can be helpful to start talking about vaccine rollout now. People may already have questions about the vaccines and when they might get vaccinated, and some of the more popular and harmful conspiracy theories may need to be countered now. Consider all the needs of your audience when deciding when and how to talk about vaccines.

Some of the issues that you might want to address are:

- What are the different vaccines and how do they work?
- What happens when you get vaccinated – the process and the possible side effects
- Who might be offered the vaccines first and why, and what strategy is being used where your audience is and why? Is the vaccine strategy and rollout inclusive of everyone?
- ‘Vaccine nationalism’ – helping audiences to understand the politics surrounding vaccine development and rollout
- Vaccines and their effectiveness against newer variants
- What are ‘vaccine passports’? What issues do vaccine passport raise for people’s rights, especially for those who cannot access vaccines?
- The role of vaccines alongside the other prevention measures

It is important to remember that not everyone can get vaccinated – there are some health conditions that mean a person may not be able to get vaccinated. This also needs to be explained, so that people can discuss these issues with health workers and vaccinators, understand why other prevention measures are important, and why suggestions like vaccine passports are an issue.

When you talk about any vaccines, including COVID-19 vaccines, remember:

- False and misleading information about vaccines and vaccination is already doing harm and adding to the infodemic. False and misleading information can stop people from trusting the facts making it difficult for them to make their own decision about vaccination.
- Be very careful about how vaccines, vaccine development, trials and vaccine side effects are talked about as it is easy for rumours, misunderstanding and mis/disinformation to start. Learn about vaccines from appropriate experts before talking about vaccines publicly.
- There may be questions about people who take part in vaccine trials and still get ill. These can be challenging to answer so always ask a WHO expert to help.
- Keep speaking with the RCCE network (or equivalent where you are) and WHO to learn more and make sure that what you communicate is clear, accurate and up to date.

- Vaccines are very important but not a solution on their own – people still need to follow the other prevention measures as well.

There are several resources available to learn more about vaccines and how to communicate about them. Please see the last chapter of this handbook and the WHO website for more information about how the vaccines work (the Vaccines Explained series), understanding effectivity, research and updates on trials and availability.

## **h. Changes to prevention measures as the pandemic progresses**

The longer the COVID-19 pandemic lasts, the greater the impact on people's lives.

As the number of new cases and deaths from COVID-19 increases in a country or in neighbouring countries, many governments implement restrictions on movement. These have included curfews, staying at home, working from home when possible, and closing places like schools, religious centres, restaurants and cafes to reduce the risk of people coming into contact with one another. When countries have enforced staying at home, including the temporary closure of many public places, it is sometimes called “lockdown”. Each government determines the kinds of restrictions implemented to help prevent the spread of the coronavirus.

These restrictions will be lifted, usually when the number of new cases of COVID-19 declines for several weeks in a row. As restrictions lift it is even more important that people follow the personal prevention measures. If new cases of the coronavirus and COVID-19 start to increase, then restrictions on movement may be restarted.

Even after this coronavirus is no longer a risk it will be important to continue handwashing more often, covering coughs and sneezes and avoiding spitting around other people. This will help stop the spread of many existing illnesses that can sometimes be fatal as well as helping reduce the risk of future large-scale outbreaks of infectious diseases.

## 2 What makes for effective communication?

Communication around the coronavirus and COVID-19 can enable and motivate people to take action that helps them and their communities. Good communication is:

- **Clear**  
Present clear facts and information on symptoms, transmission, prevention and treatment. Stick to language that people will understand. Avoid using acronyms, complicated terms and jargon. Always explain any terms or phrases that may not be immediately obvious or clear to audience members.
- **Accurate**  
Know your facts. Check out the information and links throughout this handbook and listed below. Stay up to date and learn about the coronavirus and COVID-19 so that what you write or say is accurate and does not contribute to myths and misconceptions that can hinder prevention efforts. Help people to understand actual risks versus their fears, rumours and stigma.
- **Trusted**  
Be a trusted voice. As well as ensuring that your information is reliable, show that you care about your audiences' wellbeing and that you are trying to help them. Work with respected members of the community to help communicate important information. Do not sensationalise or exploit stories of suffering.
- **Consistent**  
Coordinate with other communicators and responders to ensure you are not giving contradictory information to people. If there are inconsistencies in advice or information, find out why and help to correct them.
- **Practical**  
Help manage demand and access to services. Find out what services are available (such as helplines, treatment centres, testing services and processes) and be specific about when and how people can, and should, access them.
- **Realistic and inclusive**  
Invite audiences to do things they can actually do. If people in a community do not have soap and cannot get it, find out from the WHO what people can use instead, and help people to work out what they can do to reduce their risk to the coronavirus and COVID-19.
- **Solution-oriented**  
Help look for solutions to problems. Acknowledge the challenges around prevention and treatment, while ensuring that this does not lead to stigma towards people who have, or are suspected to have, COVID-19. Talk about fears and explore solutions. For example, help find and discuss community-led alternatives to traditional, cultural or religious practices that put people at risk of the coronavirus and COVID-19.
- **Responsive**  
Directly answer the questions communities have and challenge misconceptions about causes, transmission, prevention, treatment. Challenge stigma towards people with COVID-19, people from areas with larger outbreaks of COVID-19 and health workers. Make clear what is fact, what is someone's opinion and what information is incorrect. Make sure your content is relevant to your audience's needs.
- **Timely**  
Communicate early on. If you are in an area that is less affected by the coronavirus you have the opportunity to help prepare the population by providing timely and accurate information and prevent the spread of the coronavirus. Use this opportunity!



- **Adaptive**

As the outbreak evolves, new mis/disinformation may circulate, a new response to the outbreak may be introduced or a new challenge may arise. Your communication must adapt to the changing situation and to the changing needs of your audiences.

- **Engaging**

Grab the attention of your audiences. There is a huge amount of information available about the coronavirus and COVID-19, and therefore a risk your audiences will get communication fatigue. Find new ways to keep them listening and talking about the coronavirus and COVID-19 without creating panic.

- **Positive**

Try not to dwell on the negatives. It is very easy for fear and hysteria to spread. Communication interventions that use fear and shock as tactics may result in increases in people's awareness, but they can also result in stigma and denial, and prevent the behaviour change needed to stop the coronavirus. When covering limitations and restrictions on everyday life, try to explore what people can do, as well as what they cannot do.

- **Empathetic**

Tap into people's emotions and humanise health workers, responders, people suspected to have the coronavirus and COVID-19, people with COVID-19 and survivors. Having symptoms that could be COVID-19 can be frightening and having confirmed COVID-19 even more so. Having COVID-19 or being a survivor may also be scary due to fears of how family and community will react. The same goes for health workers. Communication activities can provide space for people to talk about their fears, build understanding and reduce harm towards others.

#### **A note on information style**

A lot of information is being shared as instructions or a 'message' to do something, without helping people understand why they need to make changes and how they can do that in their situation. Think about how you can go beyond telling people a message or instruction, and help people to engage, understand and feel able and motivated to make changes (this includes leaders as well as the wider public).

#### **A note on interactivity**

Audience interaction is critical for effective 'COVID-19 Response' programmes. It brings people together (remotely) and helps move from knowledge to motivating people to take appropriate action. Audience interaction:

- Gives people a platform to express their needs and raise their queries and concerns
- Creates a sense of community and connectedness when in-person contact is not possible
- Strengthens the public's sense of partnership with the media and each other
- Helps identify gaps in the response and holds authorities to account
- Helps identify and correct mis/disinformation
- Facilitates the flow of information between experts and people
- Helps de-stigmatise people with suspected COVID-19, people with COVID-19 and people from areas with larger outbreaks of the coronavirus
- Humanises the programme and the subject
- Enables you to know your audience better and to adapt your content to that audience

Consider how you can include audience interaction in your programmes without putting people at risk. Select contributors who have good questions to ask, useful ideas to share or positive stories to add. Steer clear of people who might call up to agitate or spread incorrect information.

## 3 Content ideas for media

The pandemic and response can impact almost every area of people's lives – from daily living, personal relationships and mental health, to jobs and access to food. For many people, the coronavirus may not be the biggest challenge that they face. The range of issues to cover in programming is vast. Consider when you need to talk about the coronavirus, COVID-19 and the response, and when you need to talk about the wider impacts or other issues affecting people's lives (as well as when people might need a break from hearing about the pandemic). Here are just a few ideas:

- **The basics**

Help your audiences get to grips with the facts around the coronavirus and COVID-19. Remember that even the basics may require a lot of explanation and role modelling to be properly understood, so allow plenty of time to explore each of these issues in depth. Make sure the information is coming from a qualified health professional. Key information would include:

- What is this coronavirus and what is COVID-19?
- Signs and symptoms
- How to prevent transmission of the coronavirus and prevent COVID-19 (including vaccination)
- What to do in case of symptoms
- How the prevention measures help others as well as the individual

*Putting guidance in context*

In some situations, it can be very difficult for people to follow guidelines on prevention measures. For example, isolating may be complicated in crowded households, and physical distancing may be impossible in slums or refugee camps. Explore how recommended measures can be applied in different contexts, seeking advice from local health experts and help make guidance relevant and doable for everyone.

- **Official measures and advice**

Keep audiences up to date on local, national, and international measures in place and the reasons for them.

- **Audience questions**

Invite audiences to send you their questions about the coronavirus, pandemic, response and the impact of the response, and invite experts to answer them. Your audiences are diverse and different people have different needs. Can you invite audiences from different groups and communities to help ensure everyone's needs are met?

- **Infodemic management**

The mass of information – factual and false – related to the pandemic is called an 'infodemic'. This infodemic is harmful as people find it difficult to identify what is true and what is not. They may share misinformation, take actions that may be harmful based on the misinformation, are stressed and fatigued by the amount of information, and disengage from the accurate information. Help your audiences to manage the infodemic without contributing to it. Alert your audiences to the fact that a lot of information being shared around the coronavirus and vaccines is not correct. Help build your audiences' fact-checking skills, link to existing reliable information (to avoid unnecessarily duplicating it) and engage with your audience to better judge when they need information about the

▶ **TIP**

The Ministry of Health, RCCE (or equivalent) network and WHO in your country should have information on what different organisations are doing to help people. You can contact them to find out what support they are providing and how people can access it.

pandemic, about the wider impacts and when they might need different styles, formats and content. You could create a regular rumour-busting segment in which you explore incorrect information that is circulating and set the record straight with the help of experts. Or you could feature audience and expert tips on how to fact-check and other ways of managing the infodemic.

- **Vulnerable people**

‘Vulnerable people’ includes not only people with a greater vulnerability to getting the coronavirus, or seriously ill if they get the coronavirus, but also people who are already vulnerable and whose situation may be worsened by some response measures, or people who cannot take some prevention measures. Someone may be vulnerable because of their gender, age, disability, an existing or higher risk of violence in or around home, food scarcity, water scarcity, economic insecurity, religious or cultural beliefs, or a lack of permanent shelter, refugee status or migration. Some of these issues are addressed below.

- **Higher risk**

‘Higher risk’ may be used to refer to people who are at higher risk of getting the coronavirus, for example health workers or people working in busy places. It may also refer to people with underlying health conditions and older people who are more at risk of serious illness if they get the coronavirus and may be asked to stay at home sooner, and for longer, than everyone else. When communicating, be clear about what type of risk you are talking about. You can help audiences think through and discuss how they can support family and community members who may be at higher risk.

### **Context, priorities and wider impacts**

For many people, COVID-19 is not a priority. They may be dealing with food, water and income insecurity, conflict and instability – dangers that threaten their and their family’s survival on a daily basis. As media you need to consider all the issues your audiences face, what their priorities are and how your content can best help them in their context. Some examples of wider impacts are below. You can also contact the national or regional RCCE networks to discuss wider impacts and issues of concern that may make communication about COVID-19 challenging:

- **Access to water**

We are all being asked to wash our hands more frequently, and clean our homes more frequently. This means people need more water than they usually do, which may be a challenge for many who do not have running water at home. People still need adequate water for drinking, bathing and cooking, so how can people store more water and how should water for handwashing or cleaning be stored separately from water for drinking or cooking? What can media do to help communities engage with government, organisations and one another to increase access to water?

- **Access to food**

Many people cannot afford to buy a lot of food in one go or store it for several days at home. The availability of food is dependent on people being able to travel from food producers (farms) to markets. Explore how food supplies will be affected and how people can help maintain access to food, especially nutritious food. What can people (individuals, communities and government) do to support those who may lose their income because of the pandemic and so cannot buy any food?

- **Income**

Many people have already lost their jobs, either permanently or temporarily, because of the response to the coronavirus and COVID-19. The risk to jobs and income is extremely challenging. What can governments, organisations, communities and individuals do to support people who have no income or savings, and how can media help connect people affected with people who can provide the support?

- **People who have to keep working**

Even in official lockdowns, where people are told to stay at home, many people still need to keep going out into the community to work. This includes health workers and carers, as well as those who work for organisations that provide electricity, water, sanitation, rubbish and waste collection, street cleaning, mobile phone networks and data, internet access, and food sources. It also includes people working for organisations managing the COVID-19 response. Media can help audiences understand who needs to keep working and why, the role they play in the response and how people staying at home so that others who need to can continue to work helps everyone and reduces the wider impacts of the pandemic.

- **Staying at home**

For some, staying at home may be a challenge – they may need to work, collect water or buy food often, go out to pay bills in person (such as for electricity) or get fuel for generators. For others, home is not safe, and may present a risk of physical, sexual, emotional or verbal violence. What options do people have? What services are available? Media can talk to organisations and government to find out what advice or help is available to those who cannot stay at home.

- **Other health needs**

Other health needs do not stop. That includes everything from managing chronic health conditions, seeking treatment for new illnesses that develop, managing existing or new mental health issues, to difficulties in getting vaccinations for children according to the schedule. Other challenges might be difficulties in getting sanitary pads, tampons or pain medication or challenges to accessing sexual and reproductive health services and products (such as contraception), care during pregnancy, support when giving birth, and accessing safe abortion services. Media can help people to continue to access the support they need, such as sharing information about what services are available, when and how to access them, understanding health terms and what questions to ask during a health service visit, and what to expect when you attend those services. It could also include the actions being taken to prevent the spread of the coronavirus at those services. Media can also help people to take actions to prevent them needing additional health support, such as sleeping under an insecticide-treated bed net to protect against malaria or using condoms when having sex to protect against sexually transmitted infections.

▶ **TIP**

The WHO website has tips on how to cope with stress <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> during the outbreak that can be adapted so that it is useful for different groups and situations.

- **Managing stress and uncertainty**

For many, life has changed. The speed of change, the restrictions to normal life, the mass of information – known as an ‘infodemic’ – (especially false and misleading information and poor quality communication), the perceived and actual risks to people’s health and lives, combined with inevitable uncertainty (lockdowns may start suddenly without a clear ending) can be emotionally stressful. This stress can result in people doing things that may physically or emotionally harm themselves and/or others. At times of stress, violence at home often increases. Media can help reduce people’s anxiety by exploring ways to stay physically and emotionally healthy, manage stress and anger without causing harm to self and others, offer helpful ways of identifying and dealing with distress, grief, trauma and depression, and by sharing helpful stories, features and discussions with relevant experts.



- **Gender**

The impact of the pandemic and restrictions to movement may impact people differently. Women and girls often face greater risks during a disease outbreak. For example, women and girls are more likely to experience violence at home, are more likely to take on the greater quantity of housework, and are more likely to care for family members who are sick, which means they are more likely to be exposed to the coronavirus. In some places, women and girls are also more likely to already have restrictions on their movement, which means that they may be less able to seek medical care themselves, and some families may be less likely to seek medical care for a woman or girl if she is sick. In places where schools have closed and girls' education may not be as well supported as boys' education, being at home may cause girls to be drawn into house chores while boys are given time to learn or play. Through interviews with positive role models and childcare specialists, discuss how to create equal access to time for learning, play and helping with chores. What are the different risks that men, women, boys and girls face based on their gender – risks that might not be considered in the response? Media can help address these challenges so that everyone gets the help they need and is treated positively.

- **Children**

Children may be scared and confused about what is happening around them. If schools close, many families worry about the impact on their children's education as well as the challenge of trying to care for children all day at home. Invite childcare experts to provide tips for parents on how to talk to children about the coronavirus and the changes to daily life. Discuss topics such as how to manage time, set routines and reduce and manage children's stress and fear.

- **Age**

Elderly people are at greater risk of getting seriously ill if they get the coronavirus. Younger people and children seem to be less likely to get very ill or even get any noticeable symptoms. This has caused some young people and parents to think young people and children are immune and therefore think they do not have to follow any prevention measures. Meanwhile, many older people are either very frightened and isolate themselves too much, or assume the worst will happen to them and ignore the guidance, putting themselves and others at risk. Think about ways your programmes can help people to understand the actual risks and positively motivate them to make changes that support everyone as well as themselves.

### Advice from the Centers for Disease Control and Prevention (CDC) on talking to children

This is the kind of guidance you could look at in your programmes, with the help of a childcare professional. *For the full advice, see: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>*

#### Remain calm and reassuring.

- Remember that children will react to both what you say and how you say it. They will pick up on cues from the conversations you have with them and with others.

#### Make yourself available to listen and talk.

- Make time to talk. Be sure children know they can come to you when they have questions.

#### Avoid language that might blame others and lead to stigma.

- Remember that viruses can make anyone sick, regardless of a person's race or ethnicity. Avoid making assumptions about who might have COVID-19.

#### Pay attention to what children see or hear on television, radio, or online.

- Consider reducing the amount of screen time focused on COVID-19. Too much information on one topic can lead to anxiety.

#### Provide information that is honest and accurate.

- Give children information that is truthful and appropriate for their age and developmental level.
- Talk to children about how some stories on COVID-19 on the Internet and social media may be based on rumours and inaccurate information.

- **Meeting different communication needs**

Different people have different communication needs. As media, it is important for us to help meet the diverse needs of our audiences. Consider not only the language needs of your audience, but also the communication needs of people with different literacy levels, and who may have conditions or disabilities that affect their sight, hearing or cognition. Can you include sign language and subtitles in visual content? How might you include different languages and dialects to reach as many people as possible? What information might carers need to help them in the support they give? What other ways can you be more inclusive?

- **Relationships and isolation**

Whilst movement restrictions may separate and isolate some people, others may be forced to spend much more time together than usual. The media can play an important role in helping people manage in a variety of different living situations and relationships. Your programmes could look at different ways people can stay connected and communicate with each other if they are not together. Consider sharing positive stories of loved ones managing to keep in touch from afar, or you could have a segment where people who are separated from each other share their messages over the airwaves. Programmes could also feature stories of how different types of households are managing – from people living on their own, to friends, partners and large families who may be living together.

- **Access to soap, hand sanitiser and tissues**

Guidance around covering a cough or sneeze or washing hands is linked to other products that may be difficult or impossible to get. Most factory-produced soaps and liquid soaps (e.g. hand soap, or liquid soap for doing dishes or hard soaps used for doing laundry) will be effective at deactivating or ‘killing’ the coronavirus, but this means needing to buy more, which may be difficult. Hand sanitiser is much less commonly available. Ash, which has traditionally been promoted when soap is not available, has some antibacterial properties but there is no evidence it is also antiviral (kills viruses). Tissues may not be commonly used or may be too expensive to buy – so people’s spending, as well as beliefs around what is ‘clean’ and what is ‘dirty’, will be challenged. Media can talk with governments, organisations, communities and individuals to help support access to these products and help people to use them correctly.

- **Accountability and rights**

Supporting accountability of government, responders and leaders is important during a public health emergency. Media audiences include government, responders and leaders as well as the wider public. As media, consider how you can help people to have a clear understanding about the coronavirus and governments’ and organisations’ responses to it, and help government and responders to have a clear understanding of the needs and impacts of the response on your audiences. This includes understanding the services and infrastructure needed to cope with the coronavirus, and reducing as much as possible the immediate and long-term harmful impact on food, water and income security as well as health and wellbeing. Media also has a role in supporting people’s rights, particularly the rights of the most vulnerable, and making it clear what restrictions or actions may be needed while challenging potential abuses of power. Which people and communities might be most vulnerable? Think about gender, age, ethnicity, disability and socioeconomic status as well as people who may be displaced between and within countries, and citizenship status. How can media address accountability issues in a way that is supportive and helpful to audiences in a practical way? The tips on communicating highlighted in section 2 can be applied to accountability content as well. Further information can be found in the resources section at the end.

- **Lifting of movement restrictions**

As the pandemic continues, governments will plan when to lift restrictions on movement, including reopening schools, businesses and places of work. As restrictions on movement are lifted it is even more important that everyone follows the personal measures of covering coughs and sneezes, avoiding spitting when near others, frequent hand washing, and physical distancing when around people they do not live with. If people do not follow these measures we will see further increases in the spread of the coronavirus and so more cases of COVID-19. This can mean re-starting restrictions on movement. Media can help audiences understand what happens at each stage in the pandemic, what they need to do to continue to prevent transmission of the coronavirus, and how these actions will help prevent the need for further restrictions. Helping audiences understand and cope with this uncertainty is really important for ending the pandemic.

### **Possible formats**

People engage with different media formats. The following are suggestions for format styles you could use:

- Information bulletins – a presenter simply explains what has happened and offers clear instructions on what to do. This is often suitable immediately after a sudden major emergency.
- Interviews – suitable subjects might be experts involved in the response such as doctors and psychologists. The voices of those directly affected can be included if appropriate (see the next section on 'Programme contributors').
- Illustrated bulletins – including packages and interviews.
- Spots or public service announcements – short segments of information on single topics, interspersed with regular programmes.
- Magazine programmes – with a range of the above, perhaps including phone-ins if appropriate.
- Drama – a useful tool for dealing with complex or sensitive themes, usually best suited to longer-term programming.
- Discussion or Q&A style programmes – these can be useful for helping audiences engage with government and organisations working on the response.

## 4 Programme contributors

Choosing the right contributors is crucial to producing media content that can help people.

It is important for all journalists, presenters and media producers to know the basics about prevention, transmission and management of the coronavirus and COVID-19 – but they are not the experts. Find qualified, appropriate experts who can provide the accurate, clear information that audiences need. Also see the last section in this handbook, which provides a list of authoritative sources of information on the coronavirus and COVID-19.

As well as seeking subject-matter experts, you should seek contributors who have the trust and influence to motivate people to change their behaviour, and who can offer insight into the everyday realities people are facing.

### Institutions

The World Health Organization (WHO) is the main source for health information and guidance on what actions people need to take to prevent the spread of the new coronavirus and manage when people get sick. Additional useful sources include Ministries of Health and organisations such as Unicef and the International Federation of the Red Cross and Red Crescent Societies. Other United Nations agencies and local and international NGOs may also be able to provide helpful contributions. Remember, in particular, those organisations that may be able to offer specialist advice in relation to vulnerable groups, such as the elderly or people with disabilities. A range of government institutions are likely to be your first port of call for wider questions around government measures and response.

Many countries have set up a Risk Communication and Community Engagement network. These networks are co-chaired between WHO, the International Federation of the Red Cross (IFRC), Unicef and government representatives. Many networks include a social mobilisation pillar or communication group. These networks can help build connections between media and experts. Contact one of the partners mentioned above to get connected.

### Frontline teams

People directly involved in the coronavirus and COVID-19 response. This could include health workers, community workers, as well as the police and military. They will be in a position to provide a perspective from the frontline and help people understand what is happening around them and why.

### ► TIPS FOR WORKING WITH CONTRIBUTORS

On-air access is very powerful and can be used for good change or bad change. It is our responsibility to ensure that our airwaves are used for good.

- **Selection:** Make informed choices about your selection of sources. Find out more about them from trusted partners, or through desk research.
- **Pre-interviewing:** Talk with each guest or interviewee for a few minutes off-air as a way to get a sense of their point of view, to vet them for their agenda or if they carry any potentially damaging viewpoints.
- **Pre-recorded interviews:** If in doubt, pre-record. Especially for sources that command wide respect and following, if you have any doubt about them, pre-record the interview.

Remember to make sure you are not the one spreading misinformation:

- Do desk research in advance.
- Verify reliability of sources.
- Prepare for interviews and discussions – being aware of possible myths, misinformation and rumours that may be raised and have the right source / expert to debunk them.

You may want to speak with someone or a family affected by COVID-19. But you do not want to put yourself or others at risk of getting or passing the new coronavirus on to others. See the section below on safety for more suggestions on this topic.

**Figures of influence**

Religious leaders, community leaders, youth leaders, celebrities and leaders of local groups may all have influence and the trust of audiences. Including their voices may help increase audience support for preventative measures, as well as give reassurance and motivation during difficult times. Just be sure to select people who are positive role models who endorse the correct information and lead by example – not those who may be spreading false or misleading information, or causing harm.

**Ordinary people**

People directly or indirectly affected by the outbreak. Personal stories can be very powerful and help people to realise the changes they need to make, overcome challenges they may be having, feel less alone, and take the pandemic seriously but without being frightened. Include voices of people from the audience you are trying to target. Showcase positive stories and role models to help give people a sense of hope.



## 5 Questions to ask a health specialist in an interview

It is essential that the specialists you interview are specialists on the topic you need to get more information about. Some health specialists are very good at using clear and simple language to talk about health, but some find it quite difficult to avoid complicated medical terminology. Please make sure you ask health specialists to explain any terms or phrases that are not immediately obvious or clear to your audience.

Examples of questions to ask specialists during an interview include:

- What is the coronavirus?
- What is COVID-19?
- How is the coronavirus transmitted?
- How can people help prevent the coronavirus from being transmitted?
- What about in situations where it is difficult to follow the guidelines, for example, if you live in a crowded space, or if you don't have easy access to soap and water for handwashing?
- How can someone know if they might have the coronavirus or COVID-19?
- What should someone do if they think that they, or someone they know, might have the new coronavirus?
- From where and how can people get help and advice?
- How do the COVID-19 vaccines help?
- Is there treatment available?
- How can people support those who have recovered from COVID-19?

For further ideas and information take a look at the Frequently Asked Questions provided by the WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub>

## 6 False and misleading information

We are in the middle of an ‘infodemic’ (information epidemic) – a word used to describe the immense amount of information about the coronavirus.

While some of this information is accurate, the facts swim in a vast sea of more dubious content – rumours, misinformation, disinformation, conspiracy theories, unproven cures and bad health advice. It is increasingly difficult for people to identify what is fact and what is myth or rumour, especially when it may be coming from people we trust.

This is where journalists can play a key role – helping audiences understand what is true and what is not, and being a source of trusted, accurate information for communities.

So, what can we do to stop the spread of misinformation to friends, family, audiences and contacts? This applies to us both as journalists and programme-makers, but also as individuals in our private communications. Here are seven key tips from the BBC:

### 1. Stop and think:

You want to help keep people in the loop. So when you receive new advice – whether by email, WhatsApp, Facebook or Twitter – you might want to quickly forward it on to them. But the number one thing you can do to prevent misinformation spreading is to simply stop and think. If you have any doubts about the information you have received, pause, and check it out further.

### 2. Check your source:

Before you forward it on, ask some basic questions about where the information comes from. It is very suspicious if the source is “a friend of a friend” or “my aunt’s colleague’s neighbour”. Even a message that claims to be from “a friend of a friend who’s a doctor” or another government may be false.

### 3. Ask yourself, could it be a fake?

Appearances can be deceptive. It is possible to impersonate official accounts and authorities, including BBC News, the World Health Organization and the government.

### 4. If you’re unsure whether it’s true... don’t share.

Don’t forward things on ‘just in case’ they might be true. You might be doing more harm than good.

### 5. Check each fact individually.

When you get sent long lists of advice, it’s easy to believe everything in them just because you know for certain that one of the tips (for instance, about hand washing) is true. But that’s not always the case.

### 6. Beware of emotional posts.

It’s the stuff that gets us fearful, angry, anxious, or joyful that tends to really go viral. Urgent calls for action are designed to ramp up anxiety – so be careful.

### 7. Think about biases:

Are you sharing something because you know it’s true – or just because you agree with it?

Coronavirus misinformation is flooding the internet and experts are calling on the public to practise ‘information hygiene’. Think of it as the digital equivalent of washing your hands.

You can read more about each of the seven tips here: <https://www.bbc.co.uk/news/blogs-trending-51967889>

And this is a link to the WHO (World Health Organization) where you can find a regularly updated list of COVID-19 myth (or rumour)-busters: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>



## 7 Production safety for programme-makers and contributors

Your health and safety and that of your production teams and contributors are the most important factors when considering production during the COVID-19 outbreak. You must ensure that all your activities avoid exposing people to risk and do not cause harm.

This section sets out the best health and safety advice as it is understood today. The COVID-19 response is evolving all the time, so please try and keep up to date with the latest guidance from WHO and your Ministry of Health.

### Working remotely

This new coronavirus is making us redefine how we work. Many working in the media are having to work from home. The ambitions of your programmes and content gathering may therefore be severely limited.

- Think of different ways to produce content. Can you use audio and stills instead of video?
- Conduct interviews on free apps which are available to your audience such as Facebook Messenger, WhatsApp, Telegram, Skype or Zoom. Remember to consider digital security and data privacy when using these kinds of tools in order to protect you and your contributors.

#### Above

A journalist films a nurse at an intensive care unit for COVID-19 cases in Italy.

PHOTO: ALBERTO PIZZOLI/AFP VIA GETTY IMAGES

## Working in the office/studio

If your team continues to operate from the office or studio, here are some recommendations for ensuring safety in your workplace

- Ensure all team members declare themselves fit to attend work and that they do not have any symptoms, nor have they been in contact with anyone who has symptoms within the past 14 days.
- If any team member reports symptoms make sure they go home immediately and report to the station manager via text or phone.
- Ensure all team members follow the preventive measures explained in section (f) and regularly wash their hands. This means on arrival at the office (before touching door handles etc.), regularly throughout the day and before leaving. Encourage visitors/contributors to do the same. Provide plenty of water, soap and hand sanitiser so that people can do this.
- Wipe down all equipment immediately before and after use with soap and water (if electrical use a damp cloth with a little soap) or household cleaner/disinfectant if appropriate (be careful as some cleaners can damage touch screens and some materials), especially if sharing equipment. Be careful not to allow water, cleaners or disinfectants to get inside electrical equipment.
- Depending on how well ventilated an office is, even with distancing everyone who can may need to wear a face mask inside, sometimes outside or when with contributors or guests.
- Cover your mouth and nose with a tissue or the inside of your elbow (not your hands) when you cough or sneeze.
  - Put used tissues in the bin straightaway.
  - Wash your hands with soap and water or use a hand sanitiser before touching anything.
- Avoid close contact with people who are unwell.
- Avoid touching your eyes, nose or mouth with unwashed hands. Wash your hands before eating or smoking.
- Observe physical distancing: think of keeping as far away from others as possible to prevent the spread of the coronavirus – the World Health Organization (WHO) advises at least a 1 metre distance and so some countries advise 1.5 or 2 metres. You may need to rearrange the office furniture accordingly.

Some organisations are offering coronavirus testing every few days before entering the office. For productions such as films or TV series, some teams are being asked to isolate together for the duration of the series. Discuss with your managers and teams what might be possible and how best to support people. This link contains guidance from WHO on keeping different types of workplaces safe: <https://www.who.int/news/item/09-03-2020-covid-19-occupational-health>

## Using transport for work

- Try to avoid crowded public transport or vehicles where you are in close contact with the driver e.g. motorbike taxis.
- Think about how your contributors are getting to the studio/location. **Do not ask them to put themselves at risk.**
- If you have a shared office vehicle: all surfaces inside should be wiped down using soap and water or a household cleaner or disinfectant at regular intervals, including at the beginning and end of a journey. This includes door handles, steering wheels and driving controls.

- Vehicle hygiene kits: if possible, your vehicle should carry a hygiene kit containing antibacterial and antiviral wipes, gloves and hand sanitiser. If none of these are available, carry soap and water for people to wash their hands and the vehicle, or carry water and a household cleaner to clean the vehicle with (do not use household cleaner to wash hands).

## Mobile phone hygiene

- Mobiles can carry the coronavirus if they are touched with unwashed hands.
- Don't forget to keep your mobile phone clean by wiping it down with antibacterial and antiviral wipes or with a damp cloth or tissue and soap.
- Watch this video from the BBC to see the best way to do it: <https://www.youtube.com/watch?v=XwPVqXrjtl&feature=youtu.be>

## Studio discussion programmes

If a lockdown is in place, studio programmes in front of live audiences should not go ahead. If you are not in lockdown and choose to do some form of studio programme, make sure that:

- A minimal number of staff are present.
- There is no studio audience (you could use social media or call-ins instead).
- Physical distancing of at least 1 metre (or the distance recommended by the government where you are working) and wearing of face masks by everyone in the studio.
- Hygiene measures as set out in section (f) in this handbook are followed.

## Working on location

Going out to record will not always be an 'essential journey' so you need to carefully consider whether or not this recording is necessary or could be obtained by other means.

You should also think about local attitudes and perceptions to people arriving and producing content on location. Due to the pandemic, perceptions of people from outside a community may change. Accreditation may be necessary to prove to the authorities why you are on the streets.

Audiences have been complaining when they think that the media have broken physical distancing rules or are otherwise setting a bad example, so be mindful to always set a good example.

If you are working on location, the following steps are recommended:

- Check that everyone in the team is aware of the risk and is up to date with the latest guidance or policies and are complying with government policy locally e.g. wearing a face mask, lockdown, physical distancing.
- Check that no member of the team is showing symptoms of COVID-19.
- Check that no member of the team has been in contact with anyone who has, or is suspected to have, COVID-19 within the past 14 days.
- Ensure adequate hand cleaning facilities are within easy reach.
- Respect physical distancing requirements.
- Wipe down all surfaces at the beginning and end of the session. Be aware of any shared surfaces that have been touched such as door handles, tables, desks – these also need to be cleaned.



- Wipe mics before and after each use – as they may be used by many different people during the day. If wipes and sanitisers are not available, you should clean mics with soap and a wet cloth or tissue, which you can bin immediately after use.
- Use boom mics if you have them, to help you keep a safe distance from contributors.

### High risk sites

If you intend to go to sites that are high risk for the coronavirus (e.g. hospitals, care homes for the elderly, the home of a sick person) to gather material, you will need to undertake extremely thorough preparation. Make sure you obtain the necessary authorisations to be present, and seek guidance from local health authorities on what protective measures are required, including personal protective equipment (PPE). If you have any doubts about your ability to ensure the safety of yourself or others, do not go to these locations.

## Working with contributors

All contributors and guests should be asked *before* an in-person interview if they have symptoms that could be the coronavirus, such as a high temperature and/or a persistent dry cough and/or loss of sense of taste or smell. You or the contributor may feel embarrassed or awkward, but explain that each team member has been asked the same question and that it is to help protect everyone.

Ask: *Do you have a fever, a new continuous cough, or feel unwell and have lost your sense of taste or smell, or have you been in contact with anyone who might have or has the coronavirus within the past 14 days?*

If the answer to this is “yes” or the contributor refuses to answer, you will probably need to cancel the interview – or undertake it remotely – as that person should be self-isolating.

When you undertake interviews in-person:

- Ensure adequate handwashing facilities are within easy reach for use immediately before and after the interview.
- BBC advice is to stay 2 metres away from all contributors. WHO guidance is that people should stay at least 1 metre apart, and some organisations and governments are suggesting at least 1.5 or 2 metres distance. The further the better.
- Only use boom mics held at a suitable distance. Again, the BBC recommendation is at least 2 metres. If no boom pole is available, you can improvise using a broom handle or pole and some gaffer/sticky tape.
- If possible, keep a barrier (e.g. window, glass door) between the interviewer and the contributor. If this is not possible, the interviewer at least must wear a face mask. If the contributor can, they should too. The exception might be if the interview is outdoors and the contributor is distancing but in this case the interviewer and any production team should still wear a face mask whenever possible.
- The mic must be used without a windshield and wiped down before and after use.
- Avoid filming and recording in crowded places.
- Stand at an angle to the contributor rather than facing them.
- If you use an earpiece or headphones, wipe them down before and after use. Do not share them.
- Never make any physical contact with the contributor. Do not pass/receive objects or documents to/from them or touch shared surfaces (e.g. door handles, table-tops etc.). If you do need to use documents place them in a cleanable plastic wallet.
- If you accidentally touch the contributor or a surface/object that could be contaminated, wash or sanitise your hands as soon as possible.
- If the contributor has access to a face mask, encourage them to wear it.



## Consent

It is good practice to ensure that contributors or people appearing in your programme fully consent to participating, particularly if they are in a situation which makes them vulnerable, for example if they have COVID-19, have lost their job due to lockdowns or are recently bereaved.

- Patients should not be identifiable without their consent – and medical staff who may feature should also give their consent to be included.
- Don't ask individual doctors/nurses to record video diaries from their workplace without consent from the medical facility.
- When seeking contributions from children, parental consent is a must. A parent or guardian should be present during any recording. Consent from a parent, adult child or guardian may also be needed if an adult has a learning disability or condition that affects their ability to understand or make decisions, depending on the severity of the condition.

Informed consent is essential and the wellbeing and safety of your contributors comes first when considering whether or not a contributor is able to give consent, or who might be providing consent on their behalf.

## Working with people who are at higher risk if they get the coronavirus

The coronavirus poses significant risks for everyone. Older people and people with underlying health conditions are most vulnerable to serious and fatal illness if they get the coronavirus. It is essential that your activities do nothing that could expose contributors, participants, freelancers and staff to any increased risks posed by the coronavirus and COVID-19.

In addition:

- Medical and related support services for many people with underlying health conditions may be seriously compromised during the COVID-19 outbreak, affecting both staff and contributors, as health services become overwhelmed with cases. This means that they have to be even more careful about protecting their health.
- Many people with disabilities rely on close personal contact from carers which can make some safety measures more challenging to apply effectively.

You should never do anything that puts anyone at increased risk of harm.

Please consider these factors when planning editorial and production activities that might involve different groups of people, particularly those more vulnerable to COVID-19 complications.

This is a guide from the Committee to Protect Journalists on safety while covering the coronavirus outbreak, which contains further, useful advice: <https://cpj.org/2020/02/cpj-safety-advisory-covering-the-coronavirus-outbr.php>

## 8 For further information

The sources listed below are reliable and are recognised as the authority on the subject. Please note that because of the fast pace of learning, information and developments related to the coronavirus and COVID-19, some organisations are reorganising their websites more often than usual. If one of the links does not work, please use a search engine to find the website. There are links to training courses at the end of this chapter.

You may also find these BBC Media Action handbooks (available in multiple languages), which include guidance on broadcasting in public health emergencies and in humanitarian crises, useful:

<https://lifeline.bbcmmediaaction.org/>

### Information and fact checking

#### World Health Organization – COVID-19 websites

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Links to the latest news updates, global situation updates, advice for the public, technical advice, downloadable posters and infographics, ‘mythbusters’ and Q&As about this coronavirus, COVID-19 and related issues such as COVID-19 and breastfeeding are on this site.

‘Mythbusters’ and ‘Fact or Fiction’ series (global and regional) – graphics explaining some of the misinformation and giving correct advice for the public:

Global: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Q&As – on the coronavirus, COVID-19, vaccine and treatment developments, guidance for the public on prevention and related health information:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub>

WHO guidance on steps employers can take to make workplaces safe:

<https://www.who.int/publications/i/item/getting-your-workplace-ready-for-covid-19-how-covid-19-spreads>

Infodemic management – information and links to webinars and resources:

<https://www.who.int/teams/risk-communication/infodemic-management>

Guide on how to report misinformation online:

<https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online>

Vaccines and the COVAX initiative:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines>

WHO’s Information Network for Epidemics (EPI-WIN) website provides resources and regular updates, answering pertinent questions as epidemics unfold:

<https://www.who.int/teams/risk-communication>

Epi-Win’s webinar series, including webinars on variants, vaccines, vulnerable populations, wider impacts and infodemic management:

<https://www.who.int/teams/risk-communication/epi-win-webinars>

**Risk Communication and Community Engagement (RCCE):**

<https://www.rcce-collective.net/>

Information about the Collective Service and the Risk Communication and Community Engagement (RCCE) mechanism

**International Federation of the Red Cross and Red Crescent (IFRC):**

<https://media.ifrc.org/ifrc/emergency/global-covid-19/>

Scroll down for infographics, guidelines and resources for media and communities.

**London School of Hygiene and Tropical Medicine:**

<https://hygienehub.info/covid-19>

Website containing resources, information and access to experts on COVID-19 through a chat function.

**UNICEF:**

<https://www.unicef.org/coronavirus/covid-19>

For updates on activities and resources aimed at supporting children and helping adults talk with children about the new coronavirus and COVID-19.

**Social Science in Humanitarian Action:**

<https://www.socialscienceinaction.org/>

For research and updates on community needs and engagement.

**UN Refugee Agency (UNHCR):**

<http://reporting.unhcr.org/covid-19>

Updates and resources to support organisations working with people who are displaced.

**ReliefWeb:**

<https://reliefweb.int/topics/covid-19>

Updates, resources and information on COVID-19, particularly for countries with humanitarian situations.

**First Draft resource hub**

<https://firstdraftnews.org/>

Resource hub for journalists reporting on the coronavirus including tips and resources about addressing false and misleading information.

**Internews**

<https://internews.org/covid-19/journalists>

Tools, guides and resources for journalists for communication about COVID-19, managing mis- and disinformation and related issues.

**UNESCO**

<https://en.unesco.org/covid19/communicationinformationresponse/mediasupport>

Resources for media on COVID-19 and the impact of the pandemic on education.

## Additional resources on accountability and stigma during the COVID-19 pandemic

### UNICEF:

<https://www.unicef.org/documents/social-stigma-associated-coronavirus-disease-covid-19>

Guidance on addressing and preventing stigma.

### UN Inter Agency Standing Committee:

<https://interagencystandingcommittee.org/covid-19-resources-relating-accountability-and-inclusion>

List of resources related to accountability and inclusion.

### International Committee of the Red Cross (ICRC):

<https://shop.icrc.org/accountability-to-affected-people-institutional-framework-pdf-en>

ICRC's framework on accountability to people affected by crisis.

### IMF:

<https://www.imf.org/~/-/media/Files/Publications/covid19-special-notes/en-special-series-on-covid-19-keeping-the-receipts.ashx?la=en>

Report on transparency and accountability related to government spending on the COVID-19 response.

### UN:

[https://www.un.org/sites/un2.un.org/files/un\\_policy\\_brief\\_on\\_human\\_rights\\_and\\_covid\\_23\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf)

Report on the role of human rights and responsibilities within the response to the coronavirus and COVID-19.

## Additional resources on COVID-19 vaccines

### WHO:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines/explainers>

### Wellcome Trust:

<https://wellcome.org/what-we-do/our-work/covid-19-vaccines-information-hub>

### Gavi (the Vaccine Alliance):

<https://www.gavi.org/covid19>

## Training courses

### London School of Hygiene and Tropical Medicine:

<https://www.futurelearn.com/subjects/healthcare-medicine-courses/coronavirus>

Free short courses about this coronavirus and COVID-19 on the Future Learn website.

### WHO:

<https://openwho.org/courses/eprotect-acute-respiratory-infections>

Short course on the new coronavirus and respiratory tract infections (in multiple languages).

### UNESCO and the Knight Centre for Journalism:

<https://en.unesco.org/vaccinemoooc>

Free courses on journalism during the pandemic and on communicating about COVID-19 vaccines (in multiple languages).

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