

# Protection of Family Links during COVID-19

## INTRODUCTION

As the COVID-19 outbreak expands, the International Committee of the Red Cross (ICRC) recognizes the enormous challenges authorities are facing and the pressure under which public services are operating as they seek to respond to the pandemic. As measures to contain the spread of COVID-19 are being implemented across the globe (movement restrictions/curfews, closure of State borders, quarantine and confinement policies, etc.), the ability of families to maintain contact is negatively impacted. Likewise, the ability of those traditionally providing services aiming at restoring and maintaining family contact (RFL), including the Red Cross and Red Crescent (RCRC) Movement, are sometimes dramatically reduced.

Meanwhile, ensuring strong links between families remains crucial to the wellbeing of many as fear and anxiety grow over the likely impact of the disease, and this need must be considered as a key part of the response to the crisis. Indeed, in times where so many people must be isolated, finding themselves in quarantine, in hospitals, in elderly homes, or deprived of their liberty, without the possibility to receive visits from their loved ones, efforts to help them stay in contact with their family members are of vital importance for their ability to cope with this extremely challenging situation.

**This note provides general guidance to stakeholders whose actions while responding to the pandemic might impact families' ability to maintain or re-establish contact.**

## TAKE THE RESPONSIBILITY TO ENABLE FAMILIES MAINTAINING LINKS DURING COVID-19

All stakeholders are encouraged to analyse the potential impact on the increased needs for protection of family links related to COVID-19 and its consequences. As the actions and decisions of a large variety of stakeholders directly or indirectly affect families and their ability to keep in touch, enabling them to maintain links during COVID-19 is a shared responsibility. It concerns organisations specialised in the provision of **family links services** (RCRC Movement's Family Links Network, specialized International Organizations, civil society organisations, etc.); actors in the **health-sector** who attend patients (ambulance services, hospitals/clinics, quarantine centres, etc.); stakeholders in the **social welfare sector** (elderly homes, specialized educational centres, childcare institutions, homes for persons with disabilities, migrant shelters, etc.); **law enforcement bodies and connected institutions** (police, border control agencies, armed forces, penitentiary services, etc.); and many other institutions that provide **specific services**, such as morgues, cemeteries, religious organisations, organizations in charge of the management of camps or shelters hosting IDPs or migrants, including refugees, etc.

Precisely because it is affected by multiple actors, and given its crucial importance, the issue of ensuring family contacts should be streamlined in all the phases of the response to the crisis, ranging from the elaboration of Contingency Plans and Disaster Management Plans to the implementation of concrete measures.

The Family Links Network, comprised of the ICRC and its Central Tracing Agency, and the RFL/Tracing departments of all National Red Cross and Red Crescent Societies (National Societies), continues to provide services to re-establish and maintain family links. Whilst doing so it regularly reassesses and adapts them to the evolving situation, so as to keep the right balance between the continuity of its programmes and prevention of further spreading of the virus. It also ensures compliance with the principle of duty of care by paying careful attention to the health and safety of staff, volunteers and affected people<sup>1</sup>.

## PREVENT FAMILY SEPARATION UNLESS IT IS NECESSARY ON HEALTH GROUNDS

States are entitled to take measures to ascertain and manage public health risks. Exceptional measures, including restrictions of movement and emergency border measures adopted by States to respond to the COVID-19 pandemic must comply with international law. They must be non-discriminatory, as well as necessary, proportionate and reasonable to the aim of protecting public health. Access to asylum and humanitarian exceptions to travel restrictions should be maintained, including border crossings, for instance to allow access to life-saving or otherwise

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<sup>1</sup> See also the section **ADAPT FAMILY LINKS SERVICES TO ENSURE SECURITY OF STAFF/VOLUNTEERS AND AFFECTED PEOPLE** below.

critical medical care, or for family reunifications, when a person is highly dependent and requires help to conduct daily activities (e.g. children, persons with disabilities, vulnerable elderly, etc.)<sup>2</sup>.

In these exceptional circumstances, States and other stakeholders are called upon to take measures to **preserve family unity**, unless physical separation is required from a public health perspective or otherwise in contradiction with the best interest of concerned family members. In such case, all efforts must be made to ensure that separation is managed in a humane manner and that its duration is limited to the strictly necessary amount of time.

#### MITIGATE THE IMPACT OF FAMILY SEPARATION WHEN IT IS NECESSARY ON HEALTH GROUNDS

Measures taken to avoid or limit the further spread of the virus should be accompanied by mitigation measures to enable families to maintain a minimum level of contact, if they wish so, even when restrictions are required in terms of face-to-face or physical contact. Any person at risk and/or placed in hospitals, quarantine facilities, shelters, elderly homes or any other site and who cannot be visited by their family (anymore) should be provided with the possibility and means to swiftly inform their family about their whereabouts and well-being, and to stay in touch during the entire time of the separation (e.g. regular phone or video calls, oral/written messages). When someone is suspected or confirmed infected with COVID-19, separation represents an additional extreme stress factor for the patient and the family. The ability to maintain meaningful and regular humane contacts is particularly important in such situations, as it contributes to the resilience of the affected persons and alleviates the suffering of their relatives.

Attention should be paid to the situation of elderly people in hospitals or elderly homes and their families, as the lack of information on their fate and well-being might lead to immense suffering.

#### PREVENT PEOPLE FROM GOING MISSING

States and other stakeholders involved should take all feasible measures to prevent that people go missing, including during management of border crossings, medical evacuations, and the application of quarantine and other measures in response to COVID-19. These include providing, without delay, persons in health or quarantine facilities a secure means to communicate and maintain family contact; if not possible, informing family members of the person's admission as soon as possible, provided that the concerned person consents or does not object; ensuring minimum best practices in terms of the management of the dead<sup>3</sup>; and ensuring that admitted patients do not go unaccounted for within the healthcare/quarantine system by recording information such as patient transfers, and the necessary information to prevent disappearance and to maintain familial contact<sup>4</sup>. Such records should be centralised, and their content and form standardized to ease the search of information when necessary.

#### FACILITATE HUMANITARIAN ACCESS TO AFFECTED POPULATIONS

Recalling the humanitarian mandate of the RCRC Movement components, National authorities are called upon to provide them with and facilitate access to affected populations to carry out their humanitarian work in accordance with the applicable international rules, including those stemming from IHL<sup>5</sup>. Measures of control and other technical arrangements based on health considerations in order to regulate humanitarian activities cannot, in practice, unduly delay these activities, or make their implementation impossible. Existing measures impeding access of some vulnerable groups to the RCRC Movement or other relevant actors' tracing and family links services should be addressed as a matter of urgency. In particular, requirements that shelters, other essential services providers and humanitarian actors report migrants in an irregular situation to law enforcement or migration authorities should be lifted, as they may deter migrants from seeking help to re-establish or maintain family links.

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<sup>2</sup> Border management measures should be closely monitored and be compliant with requirements under various bodies of international law such as International Human Rights Law (IHRL), International Refugee Law (IRL) and International Humanitarian Law (IHL, in situations of armed conflict) to minimize their humanitarian impact. See ICRC [Note on the protection of migrants in the face of the COVID-19 pandemic](#).

<sup>3</sup> Refer to the section **HANDLING DECEASED PERSONS** below, and [General guidance for the management of the dead related to COVID-19](#).

<sup>4</sup> When collecting information to prevent disappearances, patients should be informed of all reasons for collecting and/or sharing their personal information and the personal data collected should not be used for other incompatible or nonhumanitarian purposes (such as law enforcement, immigration or border control). Personal data protection standards, including proportionality of data processing, should apply. Refer to the section **ENSURE PROTECTION OF PERSONAL DATA** below.

<sup>5</sup> See [IHL Rules on Humanitarian Access and Covid-19](#).

## COORDINATE THE RESPONSE

National authorities and other stakeholders are encouraged to approach their respective National Societies<sup>6</sup> to obtain detailed information on the RCRC Movement's humanitarian response to the pandemic, as well as for coordination purposes. They are also encouraged to refer persons who need support to restore or maintain contact with their families to the National Society, drawing on their expertise in this field and the Family Links Network's global outreach. Support is often required in situations where national systems struggle to absorb exceptionally high numbers of patients and deceased persons, and when hospitals, morgues and cemeteries function beyond their usual capacity, resulting in a higher risk of families not being informed (anymore) about the fate and whereabouts of their relatives.

National Societies, as well as the ICRC and its Central Tracing Agency can contribute to the functioning of referral systems at national and international levels (in line with the applicable data protection and confidentiality principles) in various ways, e.g. by supporting its coordination or by ensuring that interested stakeholders (authorities, medical staff, personnel in charge of the medical/quarantine facilities, international organizations, NGOs, etc.) know how to approach them in case of need.

Independently from the nature of the referral system in place, it is important that the response in terms of ensuring family contacts is coordinated amongst all relevant actors, including State authorities and components of the RC/RC Movement, and that stakeholders remain mutually updated of significant developments. In addition to that, relevant stakeholders should regularly inform the public about the measures taken, including the availability or possible suspensions of services, as well as on how to access them.

## ADAPT FAMILY LINKS SERVICES TO ENSURE SECURITY OF STAFF/VOLUNTEERS AND AFFECTED PEOPLE<sup>7</sup>

Stakeholders offering family links services are encouraged to assess or revise and adapt the way they deliver their services. This might imply adjusting the response to avoid face-to-face contact when possible and feasible and take sanitary and other precautionary measures while remaining accessible to affected people and be proactive as much as possible. Such measures will allow to ensure continuity of at least a minimum response to the needs of affected people while not contributing to further spread of the virus.

Sanitary recommendations provided by the World Health Organisation (WHO)<sup>8</sup> should be observed in all circumstances, and in particular when face-to-face contact with affected people is indispensable. Moreover, any actor whose staff is exposed to contact with affected people should regularly update the staff on measures to be taken for their and the affected person's protection, and equip them with the utensils as required by the situation (hand-sanitizers, disposable protective material, disinfection material, soap, etc.).

More precisely, the following recommendations should be considered:

- Avoid gathering people unless respect for the recommended distance between persons can be ensured;
- Limit face-to-face contact as much as possible and privilege alternative ways of communicating (phone, video call, e-mail, etc.), when possible and feasible.
- When face-to-face contact cannot be avoided, and if possible and feasible, give individual appointments to beneficiaries to limit any gathering of people. Personnel exposed to face-to-face contact with beneficiaries should always respect the recommended distance and wear a mask (FFp2 or any other recommended ones)<sup>9</sup>;

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<sup>6</sup> Similarly, National Societies are encouraged to proactively approach their authorities in order to ensure fuller coordination of the response.

<sup>7</sup> Below, the terms staff includes volunteers.

<sup>8</sup> See <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.

<sup>9</sup> Paper, phone and other portable devices (e.g. smartphones, iPads/tablets, laptops, headsets, etc.), as any other surface, can be a vector of contamination, hence the following are recommended:

- As paper cannot be disinfected, any paper document should be treated according to the following precautionary measures: wear gloves while handling any paper document that will be transmitted to another person. If the person transmitting and/or receiving the paper document does not wear gloves, wash your hands/use sanitizer before and after having handled the paper document. Whenever possible, the content of the paper document should be further transmitted to the final addressee by using alternative means that allow to avoid direct contact with the beneficiary, such as phone, video call, e-mail, etc. When this is impossible, and a paper document cannot be transmitted to the addressee, the beneficiaries should be informed of any delay or suspension of service and the reason being (safety measures related to COVID19).

- Should offices be closed to the public, ensure this and information on alternative ways to contact the service provider (phone numbers, hotlines, email address) is relayed to the public (e.g. information sheet placed on the front door, website, radio, etc.);
- Provide staff and volunteers with the necessary information and adequate support, including psychological and psychosocial support, to carry out their work<sup>10</sup>.

## CONSIDER THE NEEDS OF PARTICULARLY VULNERABLE PERSONS

### 1. Dependent persons (children, elderly, persons with disabilities)<sup>11</sup>

Dependent persons, such as children, elderly, persons with disabilities, have accentuated needs for protection of their family links, calling for particular measures<sup>12</sup> in addition to those outlined above<sup>13</sup>. Admitted vulnerable persons should be provided the means to communicate and maintain family contact timely and safely. If not possible, family members should be kept informed of the person's admission as soon as possible, if the person consents or does not object<sup>14</sup>.

Loss of contact might not only happen when dependent persons are hospitalized or isolated. It might also occur when a parent/caregiver is put in quarantine and is separated from their children/dependent family members; when community level quarantine measures are imposed while family members are apart; when children/dependent family members are sent away by parents to stay with other families or family members in non-affected areas; or in case of loss of parents/caregivers due to disease. In addition, risks of stigmatization of certain groups and of tensions between communities might increase the risk of children/dependent family members being separated from their family should people be forced to move.

When a parent/caregiver is admitted to a hospital or quarantine facility, authorities should collect information about appropriate caregiving arrangements for children and other dependent persons while the caregiver is under treatment (ideally as close as possible to the place where his/her caregiver is being treated), as well as about remaining family members to provide permanent care in the event that the caregiver dies. In case of death of a parent or caregiver, measures should be taken to locate a relative and if not possible to identify alternative care options (ideally family-based), ensuring children/dependent persons who are separated from their remaining relatives have regular opportunities to communicate with them and that the principles of "do no harm"<sup>15</sup> and the best interest of the child are taken into account.

Where the disease leaves surviving depending persons or caregivers with chronic health problems or longer-term needs, the risk of family separation can be reduced by providing additional financial and/or material assistance in order to enable caregivers to continue caring for their children.

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- Phone devices should be disinfected. In addition to using gloves or washing hands/using sanitizer before and after touching/using the handset, it is therefore recommended to disinfect the handset and speakers after each phone call and/or to use disposable plastic protection for each usage.

<sup>10</sup> On mental health and psychological aspects of COVID-19, see *IASC Interim Note on Addressing Mental Health and Psychosocial Aspects of Covid19 Outbreak*: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>.

<sup>11</sup> See also [Technical note: protection of children during the coronavirus pandemic \(The alliance for child protection in humanitarian action 2020\)](#).

<sup>12</sup> Particular measures may include, but are not limited to, intake and discharge procedures adapted to particular needs of these vulnerable groups.

<sup>13</sup> See sections **PREVENT FAMILY SEPARATION UNLESS IT IS NECESSARY ON HEALTH GROUNDS, MITIGATE THE IMPACT OF FAMILY SEPARATION WHEN IT IS NECESSARY ON HEALTH GROUNDS** and **PREVENT PEOPLE FROM GOING MISSING** above (e.g. Authorities should take necessary measures to prevent the risk of dependent persons being separated from their families in case restrictive measures, such as quarantine, are put in place. Should family members be separated for imperative reasons, stakeholders should ensure that persons admitted to facilities do not go unaccounted within the healthcare/quarantine system by recording information such as patient transfers, deaths, and the minimum amount of information necessary to prevent disappearance and to maintain familial contact; etc.).

<sup>14</sup> Even if the patient is a child or other individual of particular vulnerability, from whom free and informed consent cannot be obtained, they should still be consulted, informed of all the reasons for collecting and/or sharing their personal information, and allowed the opportunity to object to quarantine/healthcare officials informing their families.

<sup>15</sup> [Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence](#).

## 2. Persons deprived of liberty and their families

Family contact provides vital emotional, psychological and at times economical support to detainees. COVID-19-related restrictions have made this contact, and especially family visits, more difficult, adding stress for families and detainees during this difficult time.

The fundamental right of detainees to contact with the outside world should be ensured. Any measure of quarantine and isolation must be humane, necessary, non-discriminatory and proportionate to the public health objectives being served. Restrictions should be limited to the strict amount of time necessary and their relevance re-evaluated regularly.

It is key that detaining authorities minimize disruption of family contacts and continue to provide, as far as possible, the means to uphold family contacts while taking all possible measures to prevent the spread of the virus. In case face-to-face family visits have to be progressively reduced or suspended in the interest of the health of detainees, their families and prison staff, the authorities should consider alternative strategies to mitigate the impact of these restrictions (e.g. by means of distant contact visits, no-contact visits, where possible, increased access to phones, messaging Apps, video calls, email and mail correspondence, etc.) and ensure that detainees and families are regularly informed about the reasons, the modalities and the duration of the restrictions implemented.

When families are allowed to bring critical items, such as for food, medication, clothing, etc. to support a detainee's life and health, arrangements should be made to allow a safe delivery of these parcels, in line with the general health and sanitary measures to be taken to prevent the spread of COVID-19. Any changes, i.e. restrictions to the rules on parcel delivery should be clearly communicated to detainees and their families, in a timely manner, and with an explanation of the reasons.

The obligation of the detaining authorities to notify the diplomatic or consular representatives of a foreign detainee, including a migrant, remains in place, provided the concerned detainee consents to such notification.<sup>16</sup>

## 3. Foreign Nationals and Consular Notification

As for its own nationals, authorities should facilitate direct contact between foreign nationals – including migrants, irrespective of legal status – who are in quarantine or hospitalized and their families, provided that the person concerned wishes so. If by national law or by virtue of bilateral agreements, there is a requirement to notify the country of origin of a foreign national who has been in quarantine or hospitalized due to COVID-19, the authorities should always ensure that they have the consent of the concerned individual to notify their consular representation.<sup>17</sup>

### HANDLING DECEASED PERSONS

The handling of cases of persons who die is carried out by those entities appointed by the authorities, most commonly health care and death care workers. This also applies for the cases of persons who die from, or as a consequence of COVID-19. This, systematic approach, can mitigate the risk of people going missing due to COVID-19.

The ICRC Forensic Unit has produced general guidance<sup>18</sup> including technical recommendations for health-care and death-care workers that covers different aspects and phases of the management of the deceased and their families, such as recovery and transportation of the deceased, post-mortem examinations if required, identification of the deceased, storage and disposal, burial and handover to families, death registration, attention and information to families.

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<sup>16</sup> 1963 Vienna Convention on Consular Relations, Article 36.1.b. Consent is extremely important as for those fleeing persecution, notification to their embassy might create protection risks for themselves or their families in the country of origin, especially if their request for asylum is denied and that they might be returned to their country of origin.

<sup>17</sup> For details on foreigners in detention or detention-like set-ups please refer to the section **Persons deprived of liberty and their families** above.

<sup>18</sup> General guidance for the management of the dead related to COVID-19 (<https://www.icrc.org/en/document/protection-dignity-and-respect-deceased-individuals-and-their-families-covid-19>).

Restrictions imposed on social gatherings and guidelines for the management of the dead issued by health authorities might clash with existing cultural burial practices. From the perspective of the families of the deceased, it is of paramount importance that they are informed about the death of their relatives in line with requirements as per national law, as well as the burial place including in the case that they cannot or are not allowed to attend the burial (e.g. due to movement restrictions or other sanitary measures put in place by national authorities). When feasible and required, psychological and psychosocial support to the families of deceased needs to be considered<sup>19</sup>. For same reasons, it is advised to the responsible stakeholders to consider exemptions for close relatives and/or facilitate “remote attendance” for the extended family, when restrictions on gathering in groups above certain number of people are imposed.

For the human remains of foreign nationals, including migrants, authorities may have to notify the Consular Services of the relevant State of the person’s death, provided that their citizenship can be identified. In the case of repatriation of human remains, it is important to be aware of local regulations, procedures, and readiness of the concerned authorities that go beyond the routine death (such as consulates, border authorities, authorities of the receiving country).

### ENSURE PROTECTION OF PERSONAL DATA

In time of crisis or emergency, data protection and confidentiality principles still apply and stakeholders must ensure the protection of personal data of all data subjects (e.g. patients, persons in quarantine facilities, beneficiaries of RFL services, employees of health and humanitarian service providers). Health data, in particular, constitutes sensitive personal data, the processing of which should therefore be accompanied with appropriate safeguards that are commensurate with the risks of harm to data subjects.

Stakeholders should collect and process personal data in a way that is adequate, relevant and limited to what is necessary for the specified and legitimate purpose of that processing. They should therefore refrain from collecting more health data than is necessary and collecting it in a systematic or generalized manner<sup>20</sup>. Any collection and processing of personal data should be done fairly (e.g. in a non-discriminatory way) and transparently, requiring that stakeholders exhaust all reasonable efforts to inform data subjects of the processing of their personal data. Moreover, stakeholders should use secure means to store and exchange personal data that ensure encryption of data in transit and at rest as well as authentication functionality and access restriction, among other security safeguards.

Applicable national and regional data protection laws may provide legal grounds to enable the processing of personal data in the context of epidemics, without the need to obtain consent. This may include the processing of personal data that is necessary for reasons of public interest in the area of public health or to protect vital interests. However, regardless of the lawful basis for processing, the above-mentioned safeguards and principles of e.g. transparency, purpose specification, data minimization, and proportionality still apply.<sup>21</sup> Many Data Protection Authorities have issued guidelines or statements on the application of their respective national data protection laws in the context of COVID-19<sup>22</sup>.

In accordance with the data protection principle of purpose limitation and specification as well as the humanitarian principle of “do no harm”, all stakeholders should ensure that personal data collected by health care and humanitarian service providers for specific humanitarian/RFL/health-related purposes is not requested and/or used for purposes unrelated or incompatible with the intended, original purpose(s), for example for law enforcement, immigration or border control. The resolution 33IC/19/R4 on *Restoring Family Links while respecting privacy, including as it relates to personal data protection*, unanimously adopted at the 33<sup>rd</sup> International Conference of the Red Cross and Red Crescent in December 2019, reaffirms these principles with regards to RFL services provided by the components of the RC/RC Movement.<sup>23</sup>

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<sup>19</sup> IASC *Interim Note on Addressing Mental Health and Psychosocial Aspects of Covid-19 Outbreak*: <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>

<sup>20</sup> Where possible, authorities and health service providers should also anonymize personal health data to ensure adequate de-identification of the data within health data management activities.

<sup>21</sup> For more information, see Handbook on Data Protection in Humanitarian Action, <https://www.icrc.org/en/publication/handbook-data-protection-humanitarian-action>; COVID-19 guidance by the Inter-Agency Standing Committee Sub-Group on Data Responsibility, <https://data.humdata.org/faq-data-responsibility-covid-19>.

<sup>22</sup> These can be found at <https://globalprivacyassembly.org/covid19/> and <https://iapp.org/resources/article/dpa-guidance-on-covid-19/>.

<sup>23</sup> See [https://rcrcconference.org/app/uploads/2019/12/33IC-R4-RFL-CLEAN\\_ADOPTED\\_en.pdf](https://rcrcconference.org/app/uploads/2019/12/33IC-R4-RFL-CLEAN_ADOPTED_en.pdf).