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Fondation d'entreprise L'Oréal
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Fondazione SNAM
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6000 sardine

For the Reception Centres project:

Fondazione di Comunità Milano
Spazio Aperto Servizi

The workers, volunteers and cleaners at the shelters who are going on working with professionalism despite all the difficulties.

For support with the Bergamo project:

Beneficentia Stiftung
Edilpiù Srl
Otto per Mille Tavola Valdese

EMERGENCY is an independent, neutral international organisation, founded in 1994 to provide free surgical and medical treatment to victims of war, landmines and poverty. **EMERGENCY** promotes a culture of peace, solidarity and respect for human rights.
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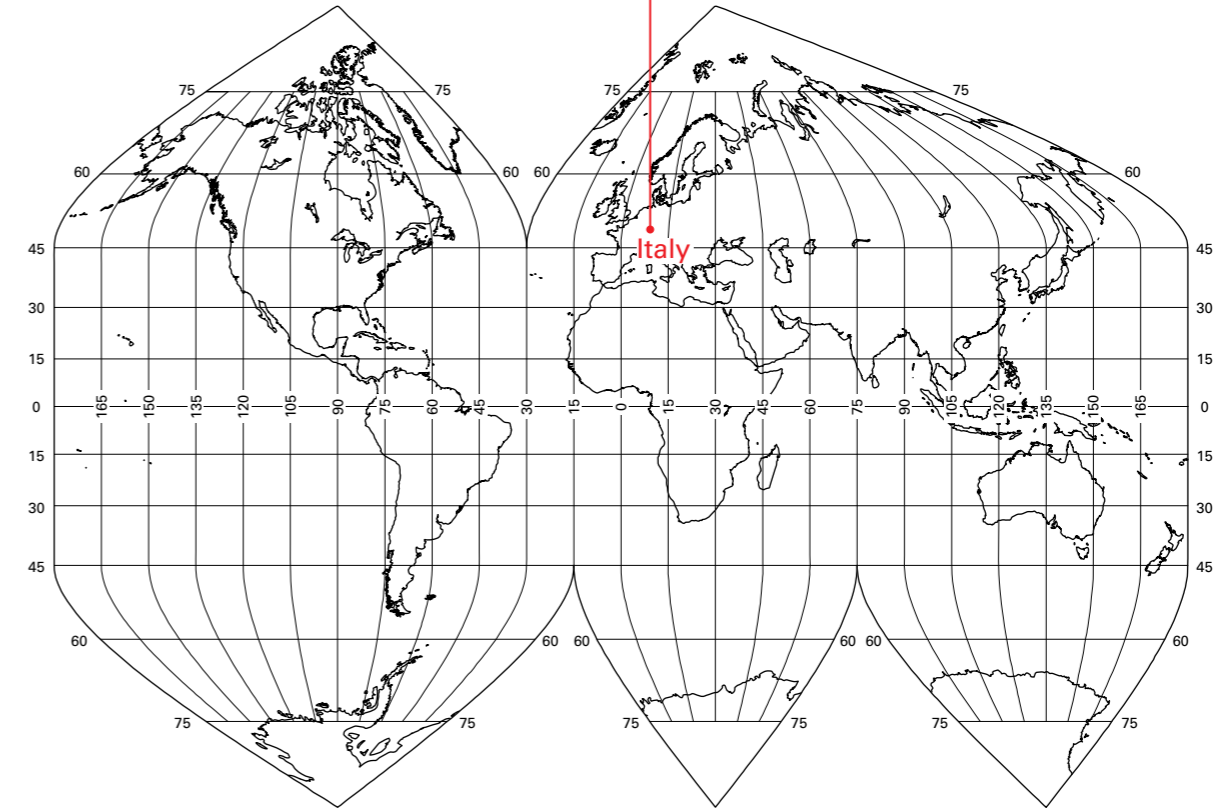
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**A CRISIS
IN A LAND OF CRISES**
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Information updated in February 2020.

COVER IMAGE: illustration by Davide Bonazzi

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ITALY

Milan, Venice,
Piacenza, Catania

MILAN PROJECT

MORE THAN 300 VOLUNTEERS



MORE THAN 100 DELIVERIES EVERY DAY



DELIVERIES OF SHOPPING, MEDICINE AND BASIC GOODS



DELIVERIES OF HOT MEALS TO POOR AND VULNERABLE PEOPLE



MORE THAN 100,000 MASKS BROUGHT TO ABOUT 20,000 FAMILIES

PRACTICAL HELP

Right at the beginning of the crisis, we started a service delivering basic goods, like food and medicine, to old people and anyone in quarantine or otherwise at risk.

MARCO LATRECCHINA

We answered the municipal council of Milan's call at the beginning of March, offering our help to the city's most vulnerable people. We signed up to the 'Milano Aiuta' initiative and – with a huge contribution from *Brigate della solidarietà* – we set up and organised a network of more than 300 volunteers, on hand to deliver meals, food, medicine, and basic goods to people over 65, in quarantine, or suffering chronic or immune-depressive illnesses, who run too great a risk if they leave home even for the most essential items. To do this, we turned part of Casa Emergency, our Milan headquarters, into a call centre, where volunteers take turns, in groups of about 10 a day, to answer calls from all over the municipality, contact people who need the service, and organise deliveries by volunteers spread around the city. It's a veritable human chain of solidarity, in which everyone does their part to help those in need in the community.

I've really been moved to see all these people, many of them very young, taking part: all the volunteers from *Brigate*, who have offered their help right from the start and whose numbers have grown and grown, the volunteers on the switchboard who take requests and care for the people on the other end of the line, and our local contacts who

organise the deliveries around the municipality of Milan so precisely, who we have worked with from the very beginning, discussing things and always finding solutions, not to mention the dozens of others who've chosen to join us and lend a hand to the most isolated people in the city.

I'm Italian and the projects I've worked on have always been abroad. Like many people who work for non-profit organisations, I'm used to crises and difficult situations. Having to respond to a crisis here, in Milan, the city I was born and bred in, came as something of a surprise, but seeing so many people want to lend a hand makes me very happy. We've provided more than 100 services a day on average across the city.

In the middle of April, we reached new milestones. In collaboration with the municipal council, we began delivering more than 100,000 masks, donated by Chinese people from the city, to around 20,000 families in social housing in different neighbourhoods, and bringing hot meals to poor and vulnerable people for whom getting about is risky.

We hear a lot of stories with all the phone calls we get. One old couple found themselves in trouble in these critical weeks. The husband was admitted to

Fatebenefratelli Hospital for COVID-19. He couldn't bring any of his things with him and was forced to leave them at home. His wife had a fever and called our switchboard to ask if we could take his glasses and documents over to the hospital. Our volunteers picked her husband's things up from their house and brought them to him. It was just a small thing but it let them know they weren't alone. Having started in Milan, we repeated our project in Venice, where, in collaboration with the municipal council and the Department of Civil Protection, we are delivering medicine, shopping, and basic goods to vulnerable people, and Piacenza and Catania, where our volunteer groups are making home deliveries alongside the local authorities. Right from the start, we have trained all our volunteers to follow the rules essential to avoiding contagion for both themselves and the people they're helping. During the training, which is all strictly online, every time I look at my screen, at the thoughtful, motivated faces of those students, workers, and unemployed people, I know we're all fighting the good fight.



MUCH MORE THAN JUST A CALL CENTRE

"I've been volunteering for EMERGENCY for a long time and that's why I offered my help at the call centre. I feel very lucky at the moment because I have a house, a bank account, and a job. For me, this is a chance to share my luck. I remember almost all the stories I hear. A lot of people thank us because we don't just bring their shopping home, we are someone to talk to as well. That's why I always try and find the time to pick the right words. You can't fail to see the power of words. One lady from Ecuador lives alone with her two children, one of whom is heavily disabled. She told me she feels very unsure at home during the pandemic because, although she understands Italian and speaks it perfectly well, she's not sure she understands all the information she gets from the television. And she knows that, without meaning to, she's passing this feeling of uncertainty onto her son, who is getting more and more restless. So I asked her to pass the phone on to her son. I asked him his name and just said hello to him. Afterwards the lady thanked me because, the service aside, she felt reassured. That's when I realised that you can hear a smile over the phone."

SARA, VOLUNTEER AT THE CALL CENTRE AT CASA EMERGENCY



ITALY
Milan

HELPING THOSE LEFT BEHIND

Monitoring and training for workers at shelters for homeless people, unaccompanied migrant children, and refugees.

— ELEONORA DOTTI



needed, do inspections of these centres to get an idea of the situation inside them. They look at hygiene, safe distances, waste management, and cleaning at the shelters to see whether they meet the conditions recommended in ministerial decrees. After these inspections, we talk with the heads of the shelters and tell them what they need to change to protect their staff and residents.

The shelter workers often share their worries and fears about running such risky facilities. In training them, our aim is to provide the information, tools, and protocols they need to manage this crisis safely.

I had my bags already packed for my first mission abroad, at the Paediatric Surgery Centre in Entebbe, in Uganda. Then EMERGENCY's Field Operations Department called and asked me to help organise the shelter project in Milan during the COVID-19 crisis. The municipal council had asked EMERGENCY to help prevent the spread of the disease among the most vulnerable people in the city.

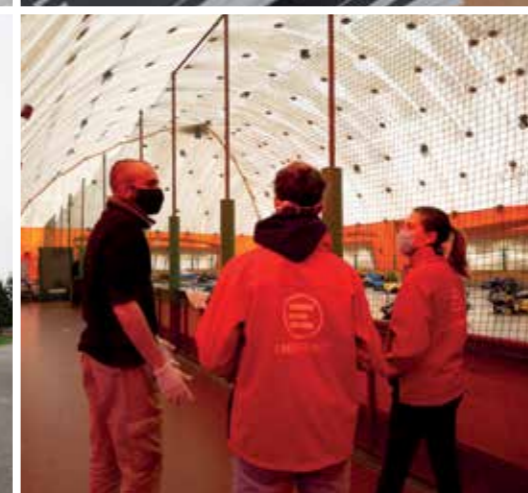
We've now visited more than 50 shelters for homeless people and unaccompanied migrant children, some within the SIPROIMI (formerly SPRAR) system, picked out for us by the council, all over the city of Milan. Three EMERGENCY teams, each made up of a nurse, a logistician, and a doctor if

Then there's the facility on Via Carbonia, in the neighbourhood of Quarto Oggiaro, which was formerly for struggling families and is now a shelter for people with or suspected of having COVID-19, who couldn't be isolated at their original shelters. We started from the ground up here, reorganising the facility alongside two cooperatives, and setting up rooms for the residents.

These weeks of intense work can be frustrating at times. It's not easy forcing people to stay at home when they don't have one and are obliged instead to stay in one room. It's a tall order for anyone to stay inside all day, but it's even harder psychologically for someone who is homeless or living on the margins of society.

We're preparing to repeat this model in other Italian regions. We're ready to help because one person's health is everyone's health.

Together with the municipal council, we've decided to reduce the number of residents at some of the more critical facilities to avoid the disease spreading and give their workers the conditions they need to do their job properly. For example, the first time we visited Casa Janucci, one of the city's main homeless shelters, it had more than 500 residents. Having that many people made it impossible to follow the rules for preventing contagion. The council moved some of the guests to new facilities and, today, Casa Janucci only hosts around 200 people. This is a significant result when it comes to protecting people.



ONE PERSON'S HEALTH IS EVERYONE'S HEALTH

"In these difficult times, we need to think of everyone's health, including the most vulnerable people in our society, those who risk getting left behind. That's the principle our work has always rested on – giving safe treatment to everyone and not leaving anyone out. Homeless people, migrants living in shelters, seasonal workers living in shacks – we're doing our best to help all these people, who are now faced with two risks, getting ill and being ignored."

ROSSELLA MICCIO, PRESIDENT OF EMERGENCY





ITALY
Brescia,
Bergamo

SAFE IN HOSPITAL

Closing off all areas, controlling people's movement, setting out procedures for dressing and undressing: what we've learnt and put in practice to protect our health facilities.

—
PIETRO PARRINO



**58 PEOPLE
WORKING**

16 NURSES

11 DOCTORS

**4 PHYSIOTHERA-
PISTS**

1 RADIOLOGIST

**1 LAB
TECHNICIAN**

**10 HEALTH
PROMOTERS**

15 HYGIENISTS



**12 BEDS IN
INTENSIVE CARE**

We answered the regional government of Lombardy's call for help with the COVID-19 crisis at the beginning of March, offering the experience we gained during the Ebola epidemic in Sierra Leone and moulding it to what we know about the current virus.

In Sierra Leone, in 2014 and 2015, we opened two centres for treating Ebola patients, which housed the only intensive care ward in the whole of West Africa. We also had our surgical and paediatric hospital running, which for many months was the only hospital open in the country.

In an epidemic, hospitals should be the first places to protect, not only because they are a potential hotspot for contagion for vulnerable people – namely patients – but because it's imperative that medical workers aren't infected. When doctors and nurses get ill, patients can't get the treatment they need.

Although we've been working in Italy for 15 years now, it always takes some effort to launch new projects here.

We began in Brescia, where the managers of the city's hospital asked us for advice on protecting their workers and facility from contagion. We then moved on to Bergamo, one of the provinces hit hardest by the virus, where we worked with local emergency services and the medical corps of the Alpini to design and set up a new unit of Papa Giovanni XXIII Hospital, entirely for patients with COVID-19, on the Fiera exhibition site.

We worked alongside about 300 volunteers, among them local craftspeople, 150 members of the Alpini medical corps, and 40 logisticians from the Civil Protection Department, reorganising spaces and flows of people. You have to reduce the risk of contagion right from the design phase. If you take care of all the

details consciously and right from the start, you can protect staff and patients. And it takes everyone's help to do that: doctors, nurses, logisticians, technicians, health promoters, and cleaners. It takes great care and a common sense of responsibility to be able to work in safety.

In just 10 days, we had 142 beds ready for COVID-19 patients. EMERGENCY offered to run an intensive care ward with 12 beds. Around 10 days later, we received our first patients.

There are more than 50 people on our team. Some of them, who worked in Sierra Leone during the Ebola epidemic, were called back from projects outside Italy. Some are back from Uganda, where we had planned to open our new Paediatric Surgery Centre this spring. Others have come from all corners of Italy to help us with the crisis. Then there are the hygienists, recruited from dentists, and other medical workers who have offered their time free of charge to the hospital in Bergamo. The hygienists are essential to this project. They observe how we go about our work and make sure procedures are respected, above all when we're undressing, which is the most delicate procedure.

There's still a long, hard road ahead of us. COVID-19 patients in intensive care need a lot of time to recover, sometimes even weeks. But we know we're doing all we can to get out of this crisis.



"At the COVID-19 unit at Papa Giovanni XXIII Hospital in Bergamo, we're running an intensive care ward with 12 beds. Besides working with our Italian colleagues to treat critical patients with COVID-19, we share what we learned during the Ebola epidemic in Africa with them."

GINA PORTELLA, ANAESTHETIST AND COVID-19 CRISIS MEDICAL COORDINATOR

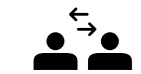
"No ill person is ever left alone, but it's not easy communicating. The patients can only make out our eyes because we doctors and nurses are completely covered. We always try to let them know we won't throw in the towel when it comes to saving their lives. And that they shouldn't give up either. We see the pride in their faces every time they make a small step toward recovery. I was moved by two patients who we got to sit up after they had lain in bed for a month. Their faces just lit up. It's an absolute joy to see an ill person manage to smile after being in a critical condition."

DANIELA DE SERIO, EMERGENCY CARDIOLOGIST AND INTENSIVIST



ITALY

Lombardy, Veneto, Sardinia, Marche, Abruzzo, Lazio, Campania, Calabria, Sicily



INFORMATION



PREVENTION



PRIMARY TREATMENT

THERE FOR THE MOST VULNERABLE

Work at our fixed and mobile clinics has never stopped. We're still offering free treatment and support to our patients, and not leaving anyone out.

—
ANDREA BELLARDINELLI

Right from the start, we reorganised operations at our Italian clinics, so we could keep providing nursing, health information, and psychological support to our patients. Since the end of February, we have been setting up triage areas outside our facilities and introducing protocols for working safely and containing the virus.

We've worked hand in hand with the national health service, giving patients with COVID-19-like symptoms information and directing them to the local health authorities. The people we meet every day in our projects are for the most part from the most vulnerable sections of the population: migrants, homeless people, gypsies, and many other Italians living in poverty, many of whom are finding themselves up against new obstacles at the moment.

One of the biggest problems is a lack of information, above all for migrants. For people who don't understand or speak Italian well, confusion presents a huge barrier. These people cannot get to official information channels, don't go on the websites of ministries, and don't understand the televised messages. That's why cultural mediation is crucial, and why we've created video tutorials in a range of languages – Pidgin English, Russian, Arabic, French, Romanian, Wolof, Bengali, Punjabi – to properly inform people who don't speak Italian and make sure they respect the rules on distancing.

Then there's the problem of where some of our patients live. "How am I supposed to say 'stay at home' when their home is a tent or makeshift shelter without any heating, electricity or toilet?" Mauro, the Coordinator of the Polistena Clinic, asked me, while describing how the crisis is unfolding for the many seasonal migrant workers we help in the fields and orchards of the Gioia Tauro plain in Calabria. "Around here, there are informal settlements everywhere, but everyone pretends not to see them. Life goes on. These people can't go on being invisible. If we're

going to protect everyone, shouldn't we start with the most vulnerable?"

But in the parts of central Italy that have been hit by earthquakes in recent times, people are reacting very differently. Shock is making people freeze up, unsure what to do in such a difficult situation. Anxiety and loss of control are opening old wounds from the earthquake in 2016 and all the other times the ground has shaken. Today, the virus is only heightening existing and widespread vulnerability. "We aren't scared of being in a 'red zone'. We've been in one for almost four years," a patient told us a few days ago. "But the silence now is taking me back to those days and I can't breathe." At the end of April, we began a project of psychological assistance for staff and relatives of patients at the hospital in Camerino. The aim is to help people who are tackling the COVID-19 crisis and already have a lot of suffering to deal with.

We're doing what we've always done: listening, informing, and treating people. That's because the right to healthcare includes information, prevention, and primary treatment. We don't want anyone to be left behind, let alone at a time like this.





WORLD

Afghanistan, Eritrea, Iraq, Sierra Leone, Sudan, Uganda

A CRISIS IN A LAND OF CRISES

We're very concerned about the countries where we have hospitals. COVID-19 risks bringing national health services that are already weak to the brink of collapse.

— EMANUELE NANNINI



The last few weeks have not been easy. The numbers of ill and dead people may be rising every day across Italy, but we can't ignore the effect of COVID-19's spread on all the other countries we work in. Given how difficult Italy and other European countries are finding it to manage this crisis, it's not hard to imagine what might happen in a country with a very weak or even non-existent health system.

Every country has reacted differently.

Iraq immediately closed all health facilities that weren't essential for responding to the epidemic, including our Rehabilitation Centre in Sulaymaniyah, in Iraqi Kurdistan, which only managed to restart its medical work again at the end of April.

What about news from Afghanistan and Sudan? The already fragile systems there are totally collapsing. Those who can afford to get into paid-for facilities have a chance of receiving treatment. Those who can't, don't. 70% of

Afghans live in rural areas. For most of them, it was already a struggle to get treatment as they either lack the money or can't make the long journey through fighting and roadblocks to a hospital. During the pandemic, many facilities have closed or reduced their services and the government has restricted movement, making it even harder to get to them. In addition, a lot of humanitarian workers have found themselves stuck and many NGOs are stepping down their work. Shortly before the lockdown, we asked members of our staff if they wanted to come home, but almost all of them chose to stay. We taught them the main rules for avoiding contagion, told them what to change at their facilities, how to adapt working routines, and finally sent them supplies for the crisis. We have stockpiles with enough protective equipment, medicine, and disposable materials to last three months. As I write, contagion appears to be under control in Afghanistan, Sudan, Sierra Leone, Iraq, and Yemen, but we don't know what the figures really mean, as there aren't enough swabs to do tests on people in these countries. We are in constant contact with our colleagues and keep an eye out for the smallest signal. We are doing all we can to keep treatment continuous, although it isn't easy.

Whilst the Afghan people are paralysed by the pandemic, the declared peace truce is yet to reach the country, or Iraq or Yemen, where efforts for a truce have failed and bombs and fighting continue to create victims. War and poverty have slipped out of the international conscience. When we step outside, we are confronted with a world where the most vulnerable have been left behind. But if one of us is ill, none of us are well.



"The official number of positive cases may be low for now, but the Sudanese government has taken strict measures. They have closed the airports to commercial passengers, imposed a curfew, and closed a lot of businesses. In a country with a very fragile healthcare system, where illnesses like cholera, malnutrition, and malaria are very widespread, a COVID-19 epidemic would have a dramatic effect. Our Salam Centre for Cardiac Surgery and Paediatric Centres have not closed for a single day. We are working non-stop and checking every detail to make our hospitals 'COVID-free', thanks in part to the special training we have been given by our international colleagues. The epidemic has prevented us from the planned reopening of the Paediatric Centre in Nyala, Darfur, as even internal flights are currently prohibited."

GIACOMO, HOSPITAL MANAGER AT THE SALAM CENTRE FOR CARDIAC SURGERY IN KHARTOUM, IN SUDAN



"Due to this epidemic, which has begun to hit Uganda, we have had to postpone the opening of our new Paediatric Surgery Centre, which had been planned for the end of April. Some of our international staff involved in the final phases of work left the country to help in Italy. Logisticians, nurses, and doctors set off for Italy right away before the flights stopped."

MARCELLO, COORDINATOR OF THE UGANDA PROGRAMME



"With its health system in ruins thanks to this endless conflict, Afghanistan couldn't deal with a COVID-19 epidemic. But the coronavirus has already started hitting people here, where we've been working for 20 years. It's difficult to get real data on infections, however. And if it's difficult somewhere like Europe, you can imagine what would happen here where there is very little national health system, and few, poorly equipped medical workers. Outside the main cities, people tend to live in small villages where it can be hard to get the latest information. Our network of First Aid Posts and Primary Healthcare Centres acts as an initial filter, where we take patients' temperatures, check them for coughs or breathing problems and, if their symptoms are compatible with COVID-19, send them to provincial facilities designated as COVID-19 centres."

MARCO, COORDINATOR OF THE AFGHANISTAN PROGRAMME



"Our hospital has always stayed open, even during the Ebola epidemic in 2014 and 2015. We're adopting the same protocols as then to keep our facilities running now. Luckily the local staff were already trained and knew exactly what to do. We check the data every day with a lot of trepidation because it is hard to respect even the most basic rules of prevention here. Washing your hands isn't easy in a country where so few people have access to clean water. Distancing is unthinkable in most homes and there are so many children used to living communally. We still don't know what is going to happen, but we are worried about the overall risk to the African continent."

SAMUELE, NURSE IN SIERRA LEONE



WHAT WE ARE DOING AT OUR HOSPITALS

Our facilities are still providing free, high-quality treatment as always. We have informed our staff of the importance of prevention measures and compartmentalising areas. Inform, prevent, protect: that is the only way hospitals can keep running.



Anyone who sets foot in a hospital is a potential carrier of the virus. That is why we perform triage procedures outside. Even simple processes like taking someone's temperature is done by staff with the proper protective equipment.

It is important to disinfect outside areas, including things like railings, regularly, because any surface can be contaminated.

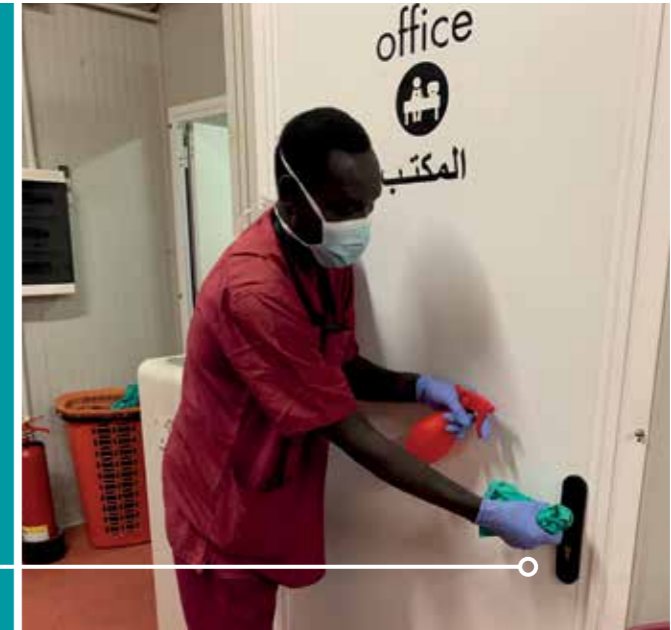


OVER 2,500 LOCAL STAFF AND OVER 200 INTERNATIONAL STAFF



Hand-washing stations are placed all around our hospital facilities and are one of the main ways for everyone to protect themselves.

Cleaners constantly disinfect all risky spots at our facilities, like door handles.



We have set up dressing areas at the entrances to every department. Equipment is set out clearly and ready for use, to save workers as much time as possible and avoid them using items incorrectly. Everyone, even our youngest patients, knows how important it is to protect themselves and others.

In waiting rooms, it is important to let people know the safety distances and make sure they are adhered to. Children and their parents wear masks to reduce the risk of contagion.



WE HAVE TREATED OVER 10 MILLION PEOPLE SINCE 1994

***In Italy
and around
the world.
EMERGENCY
is there.***


© Sergio Agazzi - Bergamo Hospital


EMERGENCY doesn't just talk about the right to healthcare treatment. It puts it into practice.
PLAY YOUR PART. SUPPORT EMERGENCY TODAY.


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EMERGENCY
MEDICINE, HUMAN RIGHTS AND EQUALITY

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