**Resolution No. 19/3: Time to act – let's work together to prevent and respond to epidemics and pandemics**

The CRC's involvement in managing the COVID-19 pandemic continuously changed depending on the changing nature of the pandemic.

Initially, our help was primarily focused on the distribution of material aid (masks, disinfection, other protective equipment and clothing), help with shopping, picking up medicine or delivering meals to the elderly, lonely people or people in quarantine, operating crisis lines (provision of information and advice, orders purchases, provision of psychosocial assistance, requests for additional assistance). Other help included, for example, accompaniment to medical care, caring for homeless people, walking dogs, minor household help, remote tutoring, printing study materials for pupils or distributing information leaflets.

Gradually, in response to the development of the situation, we also acted as help in triage tents, provided aid to neighbors, volunteered in social and health care facilities, helped with the transport of COVID-positive patients, with the disinfection of pharmacy premises, schools or elderly homes, provided help with contact tracing for COVID-positive patients, monitored the needs of homeless people, provided care for COVID-positive homeless people in a tent city, set up quarantine rooms, produced protective equipment on a 3D printer, provided food aid to people in need. We were also involved in antigen testing and vaccination.

As part of our involvement in managing the COVID-19 pandemic, we also created and implemented three projects.

The first were the Basics of Modern Nursing in Practice (ZMO) courses, a one-day course introducing participants to the basics of caring for bedridden persons. Graduates could use the acquired skills in hospitals, social facilities or at home when caring for loved ones.

The ZMO project was followed by the M-72 project, during which we deployed teams of trained volunteers in the most affected hospitals with the aim of relieving the burden on hospitals and ensuring basic nursing care for a larger number of patients.

The final project was a Chill Christmas/Let's be chill project. This was the CRC's reaction to the poorer vaccination availability in socially or geographically isolated areas. In the first phase, mobile vaccination teams offered vaccination with a single-dose vaccine or the administration of a booster dose. An accompanying health-preventive program was included, and in the second phase of the project, a focus on post-COVID syndrome was added.

Statistical data:

* + number of employees, members and volunteers involved – 14,470
	+ number of food, drugstore, and medicine purchases and delivered food packages – 42,499
	+ number of provided disinfection, masks and other protective aids and means – 336,327
	+ number of crisis lines – 13
	+ number of calls to crisis lines and provided psychosocial assistance – 20,590
	+ number of antigen tests performed – 115,266
	+ number of other assistance during testing (assistance with registration, accompaniment, transport, etc.) – 18,483
	+ number of vaccinations (excluding the project Chill Christmas/Let's be chill) – 17,442
	+ number of additional assistance in relation to testing (mobility, provision of facilities, consultations, etc.) – 12,022
	+ ZMO course: 5,883 trained
	+ M-72 project: 400 volunteers, 11 hospitals, 1,800 patients, 7 weeks
	+ Chill Christmas/Let's be chill: 8,422 vaccination doses, 994 other preventions