



## COVID-19 Preparedness and Emergency Response

### WASH and Infection Prevention and Control (IPC) Measures in - Households and Public spaces

#### Guidance Note

Understanding Infection Prevention and Control measures in Households and Community settings where confirmed, suspected cases and contacts are confined or spend time:

According to WHO, infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers. It is grounded in infectious diseases, epidemiology, social science and health system strengthening. IPC occupies a unique position in the field of patient safety and quality universal health coverage since it is relevant to health workers and patients at every single health-care encounter.

**A separate Guidance note explains how WASH programmes can contribute to IPC in Health care facilities. [GOAL HCF IPC WASH Guidance]**

In the context of Households and Community settings, we consider that adequate WASH measures should achieve two main objectives:

1. The exposure to the disease is reduced in vulnerable community settings and public spaces
2. The transmission of the disease is reduced in home and community settings hosting patients and contacts

The first objective seeks to prevent the spread of the disease, it is wider and aims to reach whole communities, prioritizing vulnerable collective sites based on local analysis of population and groups at risk. Considering current WHO recommendations, the main targeted intervention is to ensure the **availability of hand washing facilities** in those settings, together with **continuous availability of water** for all hygiene and cleaning purposes.

With regards to the second objective, WASH interventions should aim to support MoH efforts to reduce the transmission in all settings where people with the disease and their contacts are quarantined or have spent time, or in areas with high number of cases. Adequate **personal and interpersonal hygiene** practices (handwashing, cough and sneeze etiquette) should be supported by all necessary interventions, while **cleaning and simple disinfection** with commercial chlorine-based products or chlorine bleach solution should be intensified.

#### **Important resources to read:**

Joint WHO-UNICEF WASH technical brief:

<https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>

WHO technical guidance pages on IPC:

<https://www.who.int/infection-prevention/publications/en/>



## What WASH can do to reduce infection risk at household and community levels

The scope of activities in households and public spaces is to be adapted to contexts, particularly to countries' capacities.

WASH in vulnerable public spaces	WASH in non-healthcare facilities with suspected case	WASH in households with confined persons
<ul style="list-style-type: none"><li>•Type: preventive (P)</li><li>•Where: public spaces identified at risk in affected areas, such as schools/universities, residences for elderly/disabled persons/homeless, places of worship, detention facilities, bus or train stations, IDPs &amp; refugees camps, sports grounds and other community settings</li><li>•When: the earliest possible in areas considered most at risk to prevent the disease to occur or to spread</li><li>•What: provision of water for hand washing, regular cleaning and disinfection purposes; provision of handwashing facilities and soap or hand sanitizers</li></ul>	<ul style="list-style-type: none"><li>•Type: reactive (R)</li><li>•Where: in collective settings where people are confined or where cases have spent time</li><li>•When: as soon as a suspected case is suspected, a quarantine is set-up or when cases' mapping of visited locations is received</li><li>•What: provision of water, dedicated handwashing and sanitation facilities, hygiene and cleaning materials; support for surfaces cleaning where needed; separated toilet for suspected cases</li></ul>	<ul style="list-style-type: none"><li>•Type: reactive (R) or preventive (P)</li><li>•Where: in households with confirmed/suspected cases, confined (R) or living in quarantined highly affected cluster (P)</li><li>•When: upon <u>request of support from MoH</u>, to support access to water and hygiene for affected households</li><li>•What: provision of water, hygiene and cleaning materials, sanitation services, through-kind support or cash-based approaches</li></ul>

### 1. WASH IN PUBLIC SPACES

In several countries, defining where to intervene is complicated given the scale of the outbreak. However, in most countries so far, the numbers of cases and affected regions are still limited. This allows for an intensification of hygiene preventive measures in public spaces and collective sites of those regions and those with direct communication, in accordance with local MoH strategy and analysis of risks.

WASH in public spaces is primarily about ensuring access to water (to make possible hygiene practices) and hand washing facilities, information and materials, which requires a strong coordination within WASH teams, between water, sanitation and hygiene units, as well as with MoH and other actors. Contribution to local efforts of environmental-cleaning, such as regular cleaning of often-touched surfaces in public spaces might also be required.

GOAL's WASH focus should also include the communities or groups left behind, often living in areas characterized by poor hygienic conditions. Sanitary conditions of residences for elderly, disabled persons, homeless, or even orphanages, and schools/universities, might be at risk when they lack adequate sanitary conditions. Refugees or migrants camps, IDPs settings both formal and informal, might also be more exposed and require a specific attention.



**First steps include:**

1. In affected areas or areas identified as most at risk by the MoH, support quick assessments to determine community settings and public spaces most likely to be exposed to the disease.
2. Support or reinforce existing WASH monitoring system so that they can capture services functionality in those places; where needed, develop a simple services monitoring system.
3. Train Community Health Workers and local Volunteers, on basic IPC measures in general and what it means for public spaces and collective sites, in coordination with MoH, and other sectors – particularly Health.
4. Consider measures to ensure the equity of services for all marginalized people, including elderly and people with special needs, and in collaboration with Child Protection section, ensure the prevention of sexual abuse and harassment during a chaotic response in case of outbreak.

**Provision of WASH services:**

Safe and consistently available water, hygiene and cleaning products, and waste management practices in public spaces of priority will further help to prevent the human-to-human transmission.

**Ensure that water is available for hand washing, regular cleaning and disinfection purposes, to shorten the persistence of the virus on surfaces and bodies.**

- Ensure that water is available at all times in public places where the risk of transmission of COVID -19 is likely to be highest; where there is no running water, and local communities/authorities cannot provide it, all means must be put in place to secure continued availability of water for the said community settings. This includes water trucking or installation of additional water storage. This might also include subsidising continuous water access.
- All water used within communities should have a residual concentration of free chlorine of  $\geq 0.5$  mg/l after at least 30 min contact time<sup>1</sup>; storage containers must be regularly cleaned.
- Where standard taps are in use, **ensure taps are regularly disinfected** together with regular handwashing or provide paper towels to use when opening and closing taps and facilities for disposing of towels safely.

**Ensure people in public spaces and collective sites have access to handwashing facilities and soap, at each point of entrance and exit at least.**

- Advise or make available facilities and supplies to ensure frequent and proper hand hygiene in all community settings. Each context will have different options available that the outreach officer together with community representatives must identify, assess and support.
- Hand hygiene must be performed after touching surfaces; touching door handles, elevator doors and buttons; going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing (this is more easily achieved with portable 60%-95% alcohol-based hand sanitizer).
- For community settings, like marketplaces, places of worship, social institutions, prisons, regular hand washing with soap and water is necessary to avoid infection and transmitting it. Hand hygiene facilities including products (water, soap, sinks or bucket with tap and support) should



be in place and easily accessible. Direct in-kind support or cash-based approaches might be utilized.

- If appropriate, train those responsible in community settings on why, when and how to wash hands frequently.
- Share assessment findings and resultant actions with relevant CLA community mobilisers so that management of Community WASH facilities can be incorporated into community plans where possible.

## TECHNICAL ANNEXES:

### **CDC short Guidance on handwashing:**

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

### **WHO technical brief on measuring Free Chlorine Residual:**

[https://www.who.int/water\\_sanitation\\_health/hygiene/envsan/chlorineresid.pdf](https://www.who.int/water_sanitation_health/hygiene/envsan/chlorineresid.pdf)

### **SOP for Community engagement in the Context of COVID 19 25.03 V2:**

Refer to GOAL's Guidance on community engagement which also covers minimum IPC precautions that should be followed.

## **2. WASH IN HOUSEHOLDS WITH CONFINED PERSONS**

There is a growing concern regarding the use of home-care strategies in many countries, particularly where health care facilities are saturated. However, such strategy raises the question of the application of adequate hygiene precautions at home and their monitoring.

***All households with a suspected or confirmed case (with mild symptoms, not hospitalized) should have access to water in adequate quantity, to personal hygiene and cleaning information and materials, and sanitation services, to limit secondary home-based infections.***

The scope of action will be context specific and will depend on the households' and MoH capacities to deal with the situation. In high capacity countries, WASH interventions might be limited due to MoH capacities to directly support households in the application of safe practices.

In fragile, low and medium capacity countries, GOAL WASH/Health programmes might be requested by the MoH to intervene more closely in support to households, providing support to CLA approaches and ensuring people have continuous access to water, sanitation and hygiene-cleaning materials and information in local language.

In any case, WASH interventions should aim to ensure access to dedicated water, hygiene and sanitation facilities for those confined households or households living in quarantined areas isolated from services:



#### KEY Activities:

- Ensure the continuity of access to water and basic hygiene materials. Direct support to the most vulnerable affected households – must be coordinated through MoH. Use of vouchers is the preferred approach where markets are still accessible and functioning.
- In collaboration with CLA support systems, ensure households make proper use of materials provided in regards to the specificity of COVID-19 transmission routes and apply the recommended precautions without discriminating or stigmatizing suspected people; in many contexts, women may be more at risk considering their role in household cleaning, so they should benefit primarily from these guidance.
- All precaution measures related to infection and prevention control at home are described in the below WHO Guidance.

NB: Depending on local epidemiology and MoH strategy, similar household level activities might be required for households not affected yet, but living in highly affected areas, i.e. cluster of cases. In such case, home IPC kits can be delivered through direct distribution where people are quarantined or in market-fragile environments, or through cash-based approached in countries with well-functioning markets, people are still allowed to move and COs able to deal with such programme.

#### Technical Annex:

**WHO interim guidance on home care related IPC measures:** WHO has developed this rapid advice to meet the need for recommendations on safe home care for patients with suspected novel coronavirus (COVID-19) infection who present with mild symptoms<sup>1</sup> and on public health measures related to the management of contacts.

[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

**CDC Guidance on household level measures in the event of a suspected case:**

This short guidance provides clarification regarding evaluation for home isolation and a new section with information regarding preventative steps for **household members, intimate partners, and caregivers** in a nonhealthcare setting of a person with symptomatic, laboratory-confirmed COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

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<sup>i</sup> There is no evidence of COVID-19 being transmitted through contaminated water, but chlorine kills the virus, so having chlorine water in use for all purpose in community settings will help preventing the disease.