

COVID-19 Preparedness and Emergency Response

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

Understanding Infection Prevention and Control measures in Households and Community settings at risk and 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.

Other Guidance notes explain how UNICEF WASH programmes can contribute to IPC in Health care facilities and schools, as well as improving COVID-19 preventative hygiene behaviours in all settings [HERE](#).

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

- The exposure to the disease is reduced in vulnerable community settings and public spaces
- 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, WASH intervention should aim to support MoH effort to reduce the transmission in all settings where people with the disease and their contact 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 intervention, 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/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
<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. In high capacity countries, upstream work and advocacy will be prioritized over direct intervention.

WASH in vulnerable public spaces and settings	WASH in non-healthcare facilities with suspected case	WASH in households and communities with suspected cases
•Type: preventive (P) •Where: public spaces identified at risk in affected areas, such as schools/universities, residences for elderly/homeless/disabled persons, IDP & refugees settlements, detention facilities and other community settings •When: the earliest possible in areas most at risk to prevent the disease to occur or to spread •What: provision of water for hand washing, regular cleaning and disinfection purposes ; provision of handwashing facilities and soap or hand sanitizers	•Type: reactive (R) •Where: in collective settings where people are confined or where cases have spent time •When: when cases are suspected in non health care facilities or a quarantine is set-up •What: provision of water, dedicated handwashing and sanitation facilities, hygiene and cleaning materials ; support for surfaces cleaning where needed; separated toilet for suspected cases; continuous monitoring	•Type: reactive (R) or preventive (P) •Where: in households with confirmed/suspected cases, confined or not (R) or living in highly affected cluster quarantined or not (P) •When: upon evidence of needs to support access to water and hygiene items for most vulnerable households or population, mostly upon MoH request •What: provision of water, hygiene and cleaning materials, sanitation services, through upstream advocacy, or in-kind or cash-based support

■ WASH in public spaces and populations:

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 allow 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 C4D teams. Contribution to local efforts of environmental-cleaning, such as regular cleaning of often-touched surfaces in public spaces might also be required.

UNICEF 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, can also be considered as spaces at risk and require a specific attention.

First steps include:

- 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
- 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.
- Train Community Health Worker and local Volunteers, on basic IPC measures in general and what it means for public spaces and collective sites, in coordination with MoH, Health and C4D sections.
- Consider measures to ensure the equity of services for all marginalized people, including elderlies 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 time 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 subsidizing continuous water access.
- All water used within communities should have a residual concentration of free chlorine of ≥ 0.5 mg/l after at least 30 min contact time¹ ; storage containers must be regularly clean.
- Advocate for or provide drinking water stations with pedal-operated taps and devices or water dispensers with sensors to minimize hand contact and reduce the risk of infection (detention facilities and place of worship could be prioritized for these kinds of services); in most cases though, 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.

¹ 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.

- 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 CO must identify, assess and support.
- Hand hygiene must be performed after touching surfaces; touching doors handles, elevator doors and buttons; going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing (this is possible 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.
- As regard to behavioral adaptation, refer to the Hygiene programming note.
- Train community settings responsible on why, when and how to wash hands frequently.

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

CDC Guidance for prevention measures ahead of mass gatherings:

This interim guidance is intended for organizers and staff responsible for planning mass gatherings or large community events in the United States. A mass gathering is a planned or spontaneous event with a large number of people in attendance that could strain the planning and response resources of the community hosting the event, such as concerts, festivals, conferences, worship services, and sporting events.

<https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html>

▪ **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 mostly depend on the households' and MoH capacities to deal with the situation. In high capacity countries, UNICEF 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, UNICEF WASH might be requested by the MoH to intervene more closely in support to households, providing hygiene specific counselling (HP teams) and ensuring people have continuous access to water, sanitation and hygiene-cleaning materials and information in local language.

Household-level WASH interventions target:

- Households living in areas with poor sanitary conditions within those prioritized by the MoH (including IPDs sites, refugees, migrant settings or urban slums)
- Wherever possible, households without resources or access to WASH services, after confirmation or suspicion of COVID-19 in their area, or those living in quarantined areas that do not have access to services

The approach is therefore rather "zonal" and vulnerability-based, compared to an approach that targets each confirmed or suspected case. This is due to the fact that many countries will not be able to carry out routine testing. Thus, without knowledge of confirmed cases in a systematic way, giving IPC kits only to confirmed households will have little impact on the epidemic dynamics. In addition, symptoms are common and shared by many other respiratory diseases, making it impossible to rely on suspected cases.

NB: Home disinfection by mobile teams is not recommended at this stage for the same reasons. In addition, the long incubation period during which the future patient is contagious, up to 14 days, reduces the effectiveness of home disinfection, which should be carried out the soonest possible after the contamination of surfaces. Finally, the potential high number of cases will not permit routine home disinfection by mobile teams.

Therefore, objectives are:

- Ensure the continuity of access to water and basic hygiene materials, by direct in-kind support to households in affected areas, through the MoH or CSO partners (tailored home IPC kit*).
- In collaboration with C4D/RCCE, 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.

***An IPC kit can be prepared, adapted to local contexts, delivered either through in-kind distribution to households when people cannot move or markets are not functioning, or in the form of indirect assistance (cash-based approaches, social protection package) when supplies are available locally and movement to markets/supermarkets is still possible. Such kit should include at least: soap or hand sanitizer, commercial detergent and chlorine-based products, gloves, mop and bucket or basin; in areas where there is no running tap water, a bucket with a tap can be added for use as a home hand washing facility.**

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 symptoms¹ 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>

▪ **WASH in non-healthcare facilities with suspected or confirmed case:**

Public settings (hotels, social institutions, place of work, others) where suspected or confirmed cases with their contacts are confined, for remote medical care or preventive quarantine, will be supported taking the same precautions than for households (similar IPC kits can be provided in poorest areas).

In those places, key priorities will be:

- Continuous access to water, ensuring equal access to all
- Ensuring access to dedicated handwashing facilities

- Ensuring the use of dedicated sanitation facilities for suspected cases,
- Ensuring the availability and use of hygiene and cleaning materials

Depending on countries capacities, UNICEF may be requested by the MoH to ensure this service continuity or provide additional services in those specific settings.

Public areas, including public transport, where a symptomatic individual has passed through and has not spent enough time to let visible contaminated with body fluids can be cleaned as per usual cleaning guidance. UNICEF is unlikely to intervene in such situation.

On the contrary, where a person with symptoms has spent enough time to touch surfaces and let body fluids, surfaces should be cleaned and disinfected. Despite no evidence that transmission can occur from contaminated surfaces to hands, the virus has been found to survive from 2 hours to 9 days on surfaces, therefore, surfaces disinfection mitigates the likelihood of further propagation. Surfaces include door and window handles, bathrooms and toilets surfaces, grab-rails, workplace office, beddings, etc. Provided that a discussion takes place to assess the CO capacity to take over this responsibility, UNICEF can and has already intervened for such disinfection activities. However, this is:

- A highly sensitive activity in regard to populations perceptions and precaution must be taken ahead of starting it, to ensure populations understanding and support. The role of RCCE and C4D teams is crucial. CDC and the British Public Health Institute have issued short guidance notes (see below) on the key elements and protocols of non-health care settings cleaning and disinfection in the presence of a confirmed case.
- It requires a daily coordination with the Surveillance pillar in charge of cases tracking (i.e. identifying locations visited by patients) and an agile system to deploy disinfection teams, reason why we recommend such activities as very last resort only upon request of the MoH and evidence of a real need.

Technical Annex:

WHO technical notes on IPC measures related to quarantine:

The purpose of this document is to offer guidance to Member States on quarantine measures for individuals in the context of COVID-19. It is intended for those responsible for establishing local or national policy for quarantine of individuals, and adherence to infection prevention and control measures.

[https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications-detail/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

British Public Health note on decontamination in non-healthcare settings:

12 March 2020

The advice in this document can be applied to any non-healthcare setting such as workplaces, offices, waiting rooms, hotel rooms, student accommodation and boarding schools where a possible or confirmed COVID-19 case has spent time while symptomatic. For the purposes of this guidance, a possible case of COVID-19 is someone undergoing testing but COVID-19 has not yet been excluded, and a confirmed case is someone known to have a positive laboratory test for COVID-19. The guidance describes the cleaning required, the appropriate disposal of materials, the disinfection of equipment and hard surfaces, and the personal protective equipment (PPE) that should be worn.

<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings#principles-of-environmental-decontamination-after-the-case-has-left-the-setting-or-area>