

## COVID-19 Preparedness and Emergency Response

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### 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

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.

**Other Guidance notes explain how UNICEF WASH programmes can contribute to IPC in Health care facilities and schools, as well as Hygiene programming in the context of COVID-19 and mitigating secondary impacts of the outbreak on WASH services [HRE](#).**

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 of communities, prioritizing vulnerable collective sites based on local analysis of population and groups at risk. A critical intervention here 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 intervention should aim to support MoH effort to reduce the transmission in all settings where people with the disease and their contact live or are quarantined, 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 followed with simple disinfection with commercial 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
<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, nursing homes and residences for homeless/disabled persons, IDP &amp; refugees settlements, detention facilities and other community settings</li> <li>•When: the earliest possible in areas 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 suspected and confirmed cases, and their contacts are confined</li> <li>•When: when cases are suspected in non health care facilities or where a quarantine is set-up</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; continuous monitoring</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 or not (R) or living in highly affected cluster quarantined or not (P)</li> <li>•When: constrained access to water and hygiene items for most vulnerable households or population</li> <li>•What: provision of water, hygiene and cleaning materials, sanitation services, through upstream advocacy, or in-kind or cash-based support, support to self-isolation at home may be provided upon MoH request</li> </ul>

▪ **WASH in public spaces and populations:**

In several countries, defining where to intervene is complicated given the scale of the outbreak. However, where the numbers of cases and affected areas are still limited, an intensification of hygiene preventive measures in public spaces and collective sites in these and those with direct communication can be done, in accordance with local MoH strategy and analysis of risks.

WASH in public spaces is primarily about ensuring access to water (to make hand hygiene and environmental cleaning possible) , hand washing facilities and soap, 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, however disinfection of outdoor spaces is not recommended

UNICEF WASH focus should also include the communities or groups left behind, often living in areas characterized by poor hygienic conditions. Persons living in social homes for elderly, disabled persons, homeless, migrants or even orphanages, might be at risk when institutions lack adequate sanitary conditions. Refugees or internally displaced persons camps, both formal and informal, urban slums, 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, list community settings and public spaces most likely to be exposed to the disease & support quick WASH assessments
- Support or reinforce existing WASH monitoring system so that they can capture services functionality in those places;
- 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 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 presence of the virus on surfaces and hands.**

- 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 advocating for or subsidizing continuous water distribution.
- 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 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, nursing homes 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 physical distancing between tap stands users

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<sup>1</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 contribute preventing the disease and reduces the exposure to other water-borne infectious diseases.

**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 CO must identify, assess and support. On-site socially accepted system to ensure physical distancing between users will be needed.
- 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
- For community settings, like marketplaces, places of worship, social homes/institutions, nursing homes, prisons, regular hand washing with soap and water is necessary to avoid infection and transmitting it. Hand hygiene facilities including consumable items (soap bars, liquid soap, hand sanitizer) should be in place and easily accessible and system must be set-up to ensure refilling. Direct in-kind support or cash-based approaches might be utilized.
- 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 guidance on IPC in Long Term Care Facilities (Eg. nursing home):**

The objective of this interim guidance is to provide guidance on Infection Prevention and Control in Long-Term Care Facilities (LTCF) in the context of COVID-19 to prevent COVID-19-virus from entering the facility, spreading within the facility, and spreading to outside the facility.

<https://www.who.int/publications-detail/infection-prevention-and-control-for-long-term-care-facilities-in-the-context-of-covid-19>

**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)

**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:**

**Due to a high proportion of people with mild-symptoms staying at home, particularly where health care facilities are saturated, the application of adequate hygiene precautions at home and their monitoring is an issue.**

**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 depends on the epidemiological context:

1. In countries with a high number of confirmed cases, or evidences of a high transmission despite a low number of confirmed cases, consider a zonal approach targeting:

- 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, in areas with clusters of cases or in quarantine, households without resources or access to WASH services should be supported,

This common approach is vulnerability-based, compared to an approach that targets each confirmed or suspected case.

2. In countries with limited number of confirmed cases, corroborated by an absence of surmortality in acute respiratory infections cases or persons with underlying health conditions, a more targeted approach might be feasible, provided joint response with Health and Social support teams. This would consist in:

- identifying and investigating suspected and confirmed cases, enhancing active surveillance by listing and following-up patients' contacts, prioritizing patients with elderlies or people with underlying health condition at home or those living in social homes
- accompanying the patient and its family to ensure effective self-isolation at home whenever possible, during the whole duration of patient isolation (providing access to hand hygiene materials, cleaning items, social assistance where needed, remote medical follow-up and counselling) with the aim to contribute to break the chains of transmission within the household and, by ricochet, within the community

NB: Home disinfection by mobile teams is not recommended. As part of the intervention in suspected or confirmed cases home, we recommend instead to enable households to practice adequate cleaning and disinfection of surfaces.

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 persons suspected of COVID-19; in many contexts, women may be more at risk considering their role of caregiver, 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 and CDC guidance notes

**\*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, 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; where relevant (decision based on MoH recommendations), provide adequate cloth mask to the family with instructions on use, reuse and safe disposal**

### 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>

▪ **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
- Ensuring on-site capacity of suspected cases isolation

Depending on countries capacities, UNICEF may be requested by the MoH to ensure such 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 surfaces visibly contaminated with body fluids can be cleaned as per usual cleaning guidance. UNICEF is unlikely to intervene in such situation. Likewise, disinfection, through spraying or water cannon, of outdoor spaces is not recommended by WHO and UNICEF shall not support such activities.

On the contrary, where a person with symptoms has spent enough time in a collective settings to touch surfaces and let body fluids, surfaces should be cleaned and disinfected. 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.
- We recommend such activities to be implemented 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:**

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>