

COVID-19

GN1

WASH and Infection Prevention and Control Measures in Schools

ACTIVITIES WHEN CHILDREN RETURN TO SCHOOL AFTER CLOSURE DUE TO COVID-19

- Remind students, teachers and non-teaching staff that they should wash their hands frequently
 - Promote the correct technique for washing hands, which should take at least 20 seconds
 - Ensure the availability of hand washing stations with soap and water or water with chlorine solution (0.05%)
- Keep handwashing facilities clean and sanitized to reduce the risk of infection

CLEAN THE SCHOOL ENVIRONMENT

- Continue to promote environmental cleaning, disinfection, hand and personal hygiene
- Mop the classroom with commercial detergent and disinfectant
- Kitchen surfaces, utensils and cutlery must be sanitized before use
- Clean and disinfect frequently touched objects and surfaces using a wet rag and a regular household cleaning spray with disinfectant
- Cleaning staff must be equipped with basic PPEs (boots, gloves, masks) and trained on safe disinfection practices

HAND HYGIENE

- Remind students and staff to avoid touching eyes, nose, and mouth without proper handwashing
- Promote respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue in the bin

OTHER HYGIENE MEASURES

PROVIDE WASTE COLLECTION BINS WITH LIDS

- MHM waste and tissues used for coughing and sneezing should be disposed of in bins
- Eliminate waste safely on-site (incineration or pit burning) or transported to an adequate landfill

- Ensure sufficient water is available in schools for drinking and hygiene
 - Treat drinking water whenever possible
- Ensure taps are regularly cleaned and disinfected
 - Avoid sharing cups or glasses
- Promote safe storage of treated water in clean and covered containers

MAKE SUFFICIENT WATER AVAILABLE FOR DRINKING AND HYGIENE

MAKE SURE TOILETS (FOR GIRLS AND BOYS AS WELL AS CHILDREN WITH DISABILITIES) ARE CLEAN AT ALL TIMES

- Mop bathroom-toilets with commercial detergent and disinfectant
- Frequent, at least daily, disinfection of floors and door handles
- Sanitation staff must be equipped with basic PPEs (boots, gloves, masks) and trained on safe disinfection practices
- Ensure availability of cleaning and disinfection supplies (chlorine, detergents, mop, buckets)
- Safe elimination of faecal materials and wastewater either on-site or off-site

FOOD HYGIENE

- Cooks must wash their hands with water and soap before cooking and serving food
- Avoid bare-hand contact with ready to eat food to reduce the chances of contaminating it

ON-GOING ACTIVITIES

- Ensure continued availability, functionality and maintenance of WASH services
- Integrate disease prevention in lessons and school committee activities
- Prioritize WASH activities in School Improvement Plans

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Planning and Implementing a Behaviour Focused Hygiene Promotion Intervention and Activities

REVIEW EXISTING DATA AND MECHANISMS

Map existing actors as well as channels, campaigns and promotion activities for hygiene and health. In particular, the private sector plays an important role in the supply of hygiene products, data and planning, reach, monitoring and the dissemination of hygiene messages

RAPID ASSESSMENT BEHAVIOURS AND THEIR DRIVERS

Conduct a rapid assessment of behaviours and their drivers (together with C4D wherever applicable). Using existing country-level data (e.g. MICS, DHS and KAP surveys), identify the:

- Target audience
- Appropriate communication channels
- Lessons learnt from past hygiene promotion activities including in emergencies

MAP EXISTING ACTORS AND ACTIVITIES

Collect existing hygiene promotion materials and tools tailored for your context

COLLECT EXISTING MATERIALS

Review adequacy and effectiveness of existing coordination mechanisms:

- (1) internally between WASH and C4D;
- (2) internally within UNICEF;
- (3) country coordination mechanism with governments; and
- (4) country coordination mechanisms with all stakeholders

REVIEW COORDINATION MECHANISMS



RESPONSE: KEY ACTIONS

1 IDENTIFY THE TARGET BEHAVIOURS

The target population needs to have the knowledge, ability and motivation to carry out the behaviour. These behaviours might include:

- Handwashing with soap, chlorinated handwashing water (0.05%) or alcohol-based sanitizer, particularly after coughing or sneezing, after visiting of public spaces, after touching any surfaces outside the house, and before and after visiting/caring for at-risk or sick people
- Avoid touching one's face (mouth, nose, eyes)
- Covering nose and mouth while coughing and sneezing
- Maintain physical distance – don't shake hands, hug or kiss people, share food, utensils, cups and towels - generally keep a 2m distance
- Generally increase cleaning frequency of surfaces, particularly in public places

IMPLEMENT HYGIENE PROMOTION ACTIVITIES

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- Implement hygiene promotion activities building on existing community engagement strategy and in coordination with C4D
 - Adapt activities to limit human-to-human contact by using social media, mass media and/or (community) radio channels while ensuring to reach the most vulnerable

2 IDENTIFY THE TARGET SETTINGS

Target settings include: homes, public spaces such as workplaces, marketplaces, places of worship, public transport, etc. in which to practice and promote these behaviours:

- Promotion of handwashing addressing key barriers and behavioural drivers
- Promotion of cough/sneeze etiquette
- Promotion of alternative ways of greeting others
- Maintaining physical distance
- Promotion of surface cleanliness
- Provision of water in adequate quantity to make hygiene practices possible
- Provision of handwashing infrastructure and supplies in homes and public places

5 INCLUDE MONITORING AS WELL AS A RAPID FEEDBACK CYCLES

- Monitor outputs and outcomes
- Adapt programme activities according to rapid feedback from implementers and beneficiaries

3 IDENTIFY APPROPRIATE PARTICIPATORY INTERVENTIONS

- Identify participatory interventions with limited human-to-human contact
- Choose the mix of interventions based on the barriers to performing the behaviour, effective communication channels, past experience, and in consultation with government and partners

6 SUSTAINABILITY OF HYGIENE PROMOTION OUTCOMES

Create an enabling environment for adequate hygiene for instance by setting up a public-private partnership platform for handwashing and hygiene, supporting government-led hygiene monitoring, documenting lessons learnt and promoting cross-sectoral collaboration

7 FOR MORE GUIDANCE

[Behaviour change communication in Emergencies: A Toolkit and the Communication in Humanitarian Action Toolkit](#)

FOR FURTHER DETAILS:
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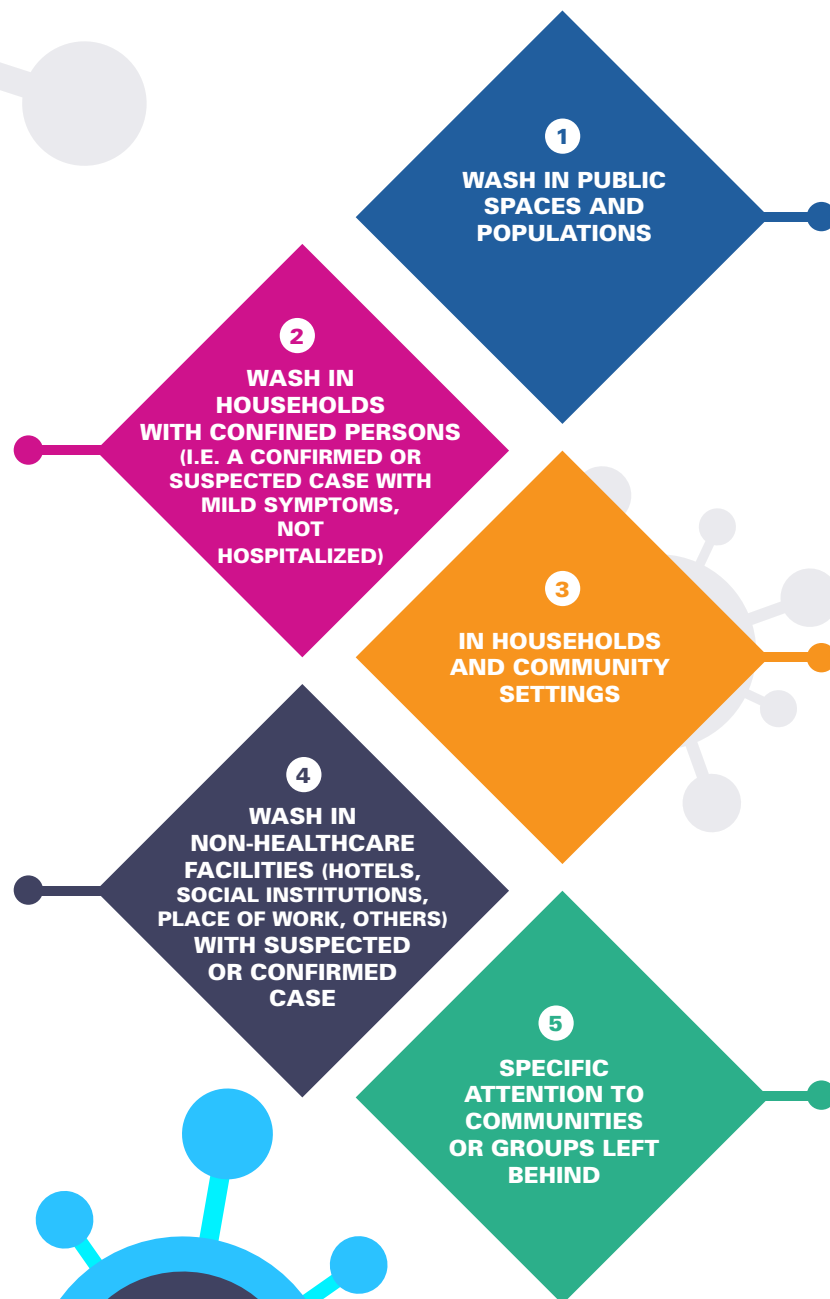
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Measures in Households and Public spaces

- Ensure continuous water supply in adequate quantities for personal hygiene and cleaning
- Ensure dedicated handwashing and sanitation facilities
- Ensure basic hygiene materials, by direct in-kind support to households or through the Ministry of Health/ community organisations. An IPC kit should include: 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.
- Regular cleaning of often-touched surfaces in the household
- In collaboration with UNICEF's C4D, ensure households have guidance on how to use the materials to break COVID-19 transmission routes

- Continuous access to water, ensuring equal access to all
 - Ensuring access to dedicated handwashing and sanitation facilities
- Ensuring the use of dedicated sanitation facilities for suspected cases
- Ensuring the availability and use of hygiene and cleaning materials
- Regular cleaning of often-touched surfaces in public spaces



- Ensure that water is available at all times in public places where the risk of transmission of COVID -19 is likely to be highest. Ensure taps are regularly disinfected
- All water used within communities should have a residual concentration of free chlorine of ≥ 0.5 mg/l after at least 30 min contact time; storage containers must be regularly cleaned
- Hand hygiene facilities including products (water, soap, or hand sanitizers, sinks or bucket with tap) should be in place and easily accessible in all community settings
- Hand hygiene must be performed after touching surfaces; touching doors handles; going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
- Promotion of cough and sneeze etiquette
- For marketplaces, places of worship, social institutions, prisons, regular hand washing with soap and water is necessary to avoid infection and transmitting it
- Regular cleaning of often-touched surfaces in public spaces with commercial chlorine-based products or chlorine bleach solution
- Train community members on why, when and how to wash hands frequently

- Adequate WASH measures should achieve two main objectives
 - The exposure to the disease is reduced in vulnerable community settings and public spaces: the main targeted intervention is availability of hand washing facilities, together with continuous availability of water for hygiene and cleaning purposes
 - The transmission of the disease is reduced in home and community settings: personal and interpersonal hygiene practices, cleaning and simple disinfection should be intensified
- Determine community settings and public spaces most likely to be exposed to the disease
- Train Community Health Workers and local Volunteers
- Support or reinforce existing WASH monitoring systems

- Improve sanitary conditions of
 - Residences for elderly, disabled persons, homeless people, and orphanages
 - Refugees or migrants camps, IDPs settings both formal and informal
- Ensure the prevention of sexual abuse and harassment

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Water, sanitation, hygiene, and waste management for the COVID-19 virus

CONSIDERATIONS FOR HEALTH CARE SETTINGS

HAND HYGIENE PRACTICES

- Clean hands with soap and water or an alcohol-based hand rub: before putting on PPE and after removing it, when changing gloves, after contact with a patient with suspected or confirmed COVID-19 infection or their waste, after contact with any respiratory secretions, before eating, and after using the toilet
- Ensure functional hand hygiene facilities are available for all health care workers at all points of care and in areas where PPE is put on or taken off
- Ensure functional hand hygiene facilities are available for all patients, family members, and visitors, near toilets as well as in other public areas

SANITATION

- Currently, there is no evidence that COVID-19 virus survives in sewage
- People with suspected or confirmed COVID-19 should be provided with their own latrine
- Staff and health care workers should have separate toilet facilities from patients
- Clean and disinfect toilets at least twice daily by a trained cleaner wearing PPE (gown, gloves, boots, mask, and a face shield or goggles)
- If the patient is unable to use a latrine, use a diaper or bedpan. Immediately empty the bedpan into a toilet after use. Clean and disinfect the bedpan with a 0.5% chlorine solution and rinse with clean water

HANDLING OF FAECES

- Conduct hand hygiene after contact with faeces (i.e. soap and water rather than alcohol-based hand rub)
- Use PPE when handling faeces, i.e. long-sleeved gowns, gloves, boots, masks, and goggles/ face shield

EMPTYING LATRINES AND TRANSPORTING EXCRETA OFF-SITE

- If there is a high groundwater table or a lack of space to dig pits, excreta should be retained in impermeable storage containers before moving it off-site for treatment/ safe disposal
- Do not empty latrines/ holding tanks of excreta from suspected or confirmed COVID-19 cases unless pits/ holding tanks are at capacity
- PPE should be worn at all times when handling or transporting excreta offsite
- Where there is no off-site treatment, in-situ treatment can be done using lime (1-part lime slurry per 10 parts of waste)

CLEANING PRACTICES

- Clean and disinfect all surfaces at least once a day using sodium hypochlorite at 0.5%
- Machine washing with warm water and laundry detergent is recommended. Or soak linens in hot water and soap in a large drum with 0.05% chlorine for approximately 30 minutes. Laundry should be rinsed and allowed to dry fully in sunlight
- Wear PPE if dealing with soiled bedding, towels, and clothes from patients with COVID-19
- Follow cleaning and disinfection procedures for spilled body fluids
- Dispose of greywater in drains connected to a septic system, sewer or soakaway pit

SAFE MANAGEMENT OF HEALTH CARE WASTE

- Collect health care waste from COVID-19 patients in designated containers and bags, treat, and safely disposed of on-site if possible
- Wear PPE when handling health care waste and perform hand hygiene after removing it

KEEPING WATER SUPPLIES SAFE

- Currently, there is no evidence that COVID-19 virus survives in drinking-water
- Improve water safety by: protecting the source water; treating water at the point of distribution, collection, or consumption; and ensuring that treated water is safely stored in clean and covered containers

CONSIDERATIONS FOR HOMES AND COMMUNITIES

KEEPING WATER SUPPLIES SAFE

- Currently, there is no evidence that COVID-19 virus survives in drinking-water
- Improve water safety by: protecting the source water; treating water at the point of distribution, collection, or consumption; and ensuring that treated water is safely stored at home in regularly cleaned and covered containers

HAND HYGIENE

- Practice handwashing before preparing food, before and after eating, after using the toilet or changing a child's diaper, and after touching animals

TREATMENT AND HANDLING OF EXCRETA

- Clean and disinfect toilets and bathrooms at least once a day
- Clean and disinfect frequently touched surfaces regularly
- Wear PPE while handling excreta, including mask, goggles, a fluid-resistant apron, and gloves. Hand hygiene should be performed after removing PPE

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WASH and Infection Prevention and Control Measures in Health Care Facilities (HCF)

FIRST STEPS

- Undertake a quick assessment (using WASH-FIT or national tools) to determine WASH services and patient population
 - Assess priority COVID-19 related key Infection Prevention and Control (IPC) parameters
 - Work with UNICEF's Health Systems Strengthening teams to identify communities with multiple deprivations
 - Assess capacity and train health care workers and non-medical staff (cleaners, waste handlers, and sanitation staff) on WHO procedures for donning/doffing PPEs, decontamination practices, and IPC measures
- Develop a simple system to monitor the functionality of services

WATER

- Ensure that safe and adequate running water is available in HCFs, especially at points of care, and for environmental cleaning, laundry, personal hygiene and decontamination of equipment and surfaces
- If there is no running water, transport water or increase on-site water storage capacity
- Ensure the water is safely treated. In areas where trucking water is opted for test water for free residual chlorine (>0.5 mg/l)
- When possible, provide water stations with pedal-operated taps to minimize hand contact; where standard taps are in use, ensure taps are regularly disinfected

SANITATION

- Ensure toilets are regularly serviced and disinfected
- Provide dedicated toilets for patients with suspected and confirmed cases of COVID-19
- Treat faecal materials with lime for 30 minutes in order to inactivate viruses
- Ensure the safe collection, treatment and final disposal of patient faeces

PERSONAL HYGIENE

- Make hand hygiene facilities and products available at the entrance and exit of the healthcare facility, near the bathroom or toilet, and at all points of care
- Avoid close contact with other people - no hugging, kissing/ pecking cheeks, shaking hands
- Avoid touching your eyes, nose and mouth if hands have not been disinfected
- Cover your cough or sneeze with a tissue, then throw the tissue in the bin
- Wash hands with water and soap after coughing or sneezing
- Frequently remind healthcare workers, patients and caretakers on why, when and how to wash hands

ENVIRONMENTAL CLEANING

- Ensure the continuous availability of disinfection supplies (chlorine, lime, detergents) and cleaning equipment (backpack and hand sprayers, mops and buckets), as well as personal protective equipment (aprons, boots and goggles)
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray
- Clean floors with warm water and detergent or soapy water, followed by proper disinfection
- Use chlorine solution to pre-treat wastewater from washing hands, cleaning, laundry, bathing and teeth brushing activities

WASTE MANAGEMENT

- Make pedal-operated waste collection bins (or bins with swinging lids) available
- Open waste containers are better than those requiring physical opening
- Use waste bin liners
- Use the 3-bin waste segregation system for infectious waste, sharps and general waste
- Make final disposal arrangements i.e. incineration, autoclaves or pit burning (with kerosene)

