

# WASH TECHNICAL BRIEFING NOTE: SCALING UP WASH PROGRAMMES FOR COVID-19



## Introduction

This Technical Briefing Note details key considerations for WASH Teams providing support to health or medical facilities treating Covid-19 patients. Most of the standard guidance for WASH in health facilities is applicable within this context, therefore this document seeks to highlight any additional measures that should be taken during Covid-19 epidemics.

Guidance for WASH in Health Facilities can be found in:

Sphere: [WASH Standard 6: WASH in disease outbreaks and healthcare settings](#)

WHO/Unicef: [WASH FIT](#)

**MSF:**

The aim of WASH activities within health or medical facilities is to:

- Minimise Covid-19 transmission within the facility
- Support Covid-19 and other patients through the provision of high-quality water, sanitation and hygiene facilities and services.

## Key considerations for different elements of WASH in Health Facilities:

### Planning:

It is important to note that with a potential increased patient influx, the demand for water and sanitation services might be higher than usual, and WASH actors need to plan to scale up services to avoid health care being disrupted.

Prepare a plan for providing and improving or upgrading WASH services, supplies for O&M, water treatment, environmental cleaning and hygiene promotion. It is important to procure and distribute critical hygiene and prevention items like soap, hand-sanitizer, chlorine (HTH 60-70%) commercial disinfectant (e.g. Clorox), cleaning materials (mop, buckets etc.), different colour buckets for waste management, masks, drinking water dispensers and personal protection equipment (PPE) for use of non-medical staff.

### Community Engagement:

Engaging with families and individuals using the HCF and their wider communities is key to building confidence in medical interventions and to promote

positive treatment seeking behaviour. Regular discussions with different groups using the HCF and identifying those that don't within the community helps to understand fears, rumours and negative coping mechanisms that may affect efforts to tackle Covid-19. Feedback from communities should be discussed with HCF to modify centres and approaches to make them more comfortable, reassuring and increase patient satisfaction.

### IPC:

Good hand and respiratory hygiene behaviours are the key measures for IPC against Covid-19. Due to the nature of Covid-19 transmission, handwashing must occur:

- After touching surfaces such as tables, desks, doors, handles
- After removing masks and PPE
- After going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Upon entry and exit of every critical HCF room (entrance, screening and observation, care, near toilets, exit)

Staff, patients and visitors should cover their nose and mouth with a tissue or a crooked elbow to cough or sneeze, dispose of the tissue immediately and wash their hands.

Regularly touched surfaces and floors should be cleaned with 0.5% chlorine solution. Cleaning staff should have detailed training on IPC measures including PPE. WASH actors can support with obtaining the PPE required for non-medical staff (such as boots, goggles, heavy duty gloves etc)

### Hygiene Promotion:

Promotion of the following behaviour changes should be undertaken with staff, patients and visitors:

- Maintaining physical distance of 2M
- Washing hands regularly, and mandatory on entrance and exit, plus in all critical HCF rooms for medical staff
- Practice good respiratory hygiene
- Avoid contact with others, and touching your face

Reminders such as **posters, stickers and nudges** can be used throughout the facility as reminders. Where behaviour change is slow to take place,

undertake an assessment of barriers and enablers, and work with the medical facility to address these.

Oxfam PHP teams should work with the families of incoming Covid-19 patients, and with patients being discharged to provide **home cleaning kits** (containing cloths, bleach, buckets, gloves, laundry and bathing soap) that can enable them to clean regularly touched areas in their home, wash laundry and clean latrine areas.

**Water:**

Ensure safe and adequate running water is available in health and medical facilities especially at points of care (screening rooms, examination rooms, injection rooms, wards, treatment rooms, labour rooms, delivery rooms and postnatal care rooms as well as mortuaries), and for environmental cleaning, laundry activities, personal hygiene and decontamination of equipment and surfaces. Numbers of patients to the facility may rise, therefore planning should consider greater quantities for supply.

Ensure the water is safely treated. Several measures can be taken to improve water safety starting with collection and safe storage of treated water in regularly cleaned and covered containers (HCF should have enough storage for 48 hours use).

Water supply to centres should be constant and maintain a residual concentration of free chlorine of  $\geq 0.5$  mg/L after at least 30 minutes of contact time. In piped systems, chlorine residual should be maintained throughout the distribution system.

When possible, water stations should have pedal-operated taps and devices or water dispensers with sensors to minimize hand contact. 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.

**Sanitation:**

Ensure availability of clean and adequate toilets or latrines, dedicated for suspected and confirmed cases of Covid-19. Patients with confirmed Covid-19 should be provided with separate toilets. If individual separate toilets are not possible, toilets should be

cleaned and disinfected at least twice daily by a trained cleaner wearing PPE. (As per sphere standard minimums: 1 per 20 inpatients)

Flush toilets must be provided with lids; Flushing should be done only when the lid is down. Provide instruction materials on the proper use of flush toilets to avoid spraying of droplets.

In health care settings with wastewater and drainage plumbing, these should be checked for water seals.

For patients unable to use a toilet, excreta should be collected in either a diaper or a clean bedpan and immediately and carefully disposed of into a separate toilet or latrine used only by Covid-19 confirmed or suspected cases. If reusable, the bedpan should be cleaned with a neutral detergent and water, disinfected with a 0.5% chlorine solution, and then rinsed with clean water (disposing of the rinse water in drains or a toilet/latrine).

Ensure the safe collection, separation, storage, transport, treatment and final disposal of patient faeces and wastewater from screening and treatment HCFs. In the context of waste inputs from suspected or confirmed COVID-19 cases, there is no reason to empty latrines and holding tanks unless they are at capacity.

Latrines or holding tanks should be designed to meet patient demand, considering potential sudden increases in cases and have a regular emptying schedule based on generated wastewater volumes. Inactivating viruses in faecal sludge shall be done by raising the pH of the faecal sludge by lime to  $> \text{pH } 12$  for 30 minutes. Only hydrated lime, calcium hydroxide  $\text{Ca(OH)}_2$  can be used for this purpose.

Use chlorine solution (0.5%) to treat wastewater from washing hands, cleaning, laundry, bathing and teeth brushing activities.

Ensure availability of disinfection supplies (chlorine, lime materials, detergents) and equipment (backpack and hand sprayers, incinerators). Ensure that cleaning staff receive detailed training on IPC and use of PPE.

**Waste Management:**

As per standard WASH in HCF guidance, ensure different colour buckets with proper labelling are provided for waste collection (infectious/non-infectious, sharps and organic). All health staff, patients and care takers should be aware of use of waste buckets as per type of waste.

Waste bins should be foot pedal operated to minimise hand contact. Where these are not available, open bins are preferable to those with lids that require handling.

Volumes of PPE are likely to be larger during Covid-19 epidemics; Pit burning can be used with fuel in the absence or overloading of incinerators.

Reusable PPE should be cleaned at the end of each shift using 0.5% chlorine solution, and waste handlers should have detailed training on IPC and PPE.

**Monitoring:**

Develop a simple system to monitor functionality of WASH services in collaboration with the HCF. The following aspects should be monitored regularly:

- availability of water and chlorine
- Functionality of handwashing systems (water/soap, alcohol rub /hand-sanitizers or chlorine water)
- Chlorine levels in treated water
- Latrine cleanliness and abundance of cleaning schedules
- faecal sludge management where required
- Medical and solid waste disposal
- Stocks of PPE and cleaning materials

**References and Resources:**

UNICEF COVID-19 Emergency Response: WASH and Infection Prevention and Control (IPC) in Health care facilities (HCF) Guidance Note

<https://www.unicef.org/media/66386/file/WASH-COVID-19-infection-prevention-and-control-in-health-care-facilities-2020.pdf>

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/>

**For in depth reading:**

**Water**

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

**Sanitation**

- PPE Sequence Guide: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
- Protocols for safe disposal of contaminated faecal sludge (based on Liberia Ebola response 2015): [https://www.lime.org/documents/lime\\_basics/fact-safety\\_precautions.pdf](https://www.lime.org/documents/lime_basics/fact-safety_precautions.pdf)

**Hygiene**

- IPC Training: <https://openwho.org/courses/COVID-19-IPC-EN>
- Hand Hygiene: <https://www.cdc.gov/handhygiene/providers/guideline.html>
- Respiratory Hygiene: [https://www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.htm](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.htm)

**Oxfam:** Protecting Community Facing Staff and Volunteers: <https://oxfam.box.com/v/Staff-protection-covid-19>

**Oxfam:** PPE Specifications: <https://oxfam.app.box.com/file/654327097558>