

WASH TECHNICAL BRIEFING NOTE:

WASH SUPPORT TO VULNERABLE INDIVIDUALS AND GROUPS IN QUARANTINE CENTRES FOR COVID-19



Introduction

This Technical Briefing Note details the recommended actions for WASH actors in contributing to infection prevention and control (IPC) measures in Quarantine Centres (or sometimes called isolation centres) during the Covid-19 pandemic.

Quarantine centres are being established by governments and public health bodies as a space to isolate contacts or those potentially exposed to Covid-19 for a set number of days to ascertain whether symptoms develop. They are most likely used at border crossings or during repatriation (for example, the Public Health England Facility used for quarantining individuals who were repatriated from Wuhan, China). It is important to differentiate these from treatment centres; where treatment for Covid-19 is required, individuals should be moved from quarantine centres to treatment centres.

Before supporting with quarantine centres, it is important that the following protection criteria are in place:

- Stay within the centre must be limited in duration e.g. x number of days; those using the facility should have clear understanding of this, and understand when they are able to leave
- It must be necessary and have a clear purpose e.g. to establish whether symptoms are present. Those using the facility should be clearly informed about the scope of the centre as well as criteria for entry and exit.
- It must not be arbitrary; there must be a clear logic such as definite or probable contact with an infected person, and must not be discriminatory, i.e. it cannot be targeted at a specific group without clear justification
- Oxfam staff must take time to understand the perception of the population about these centres, and act upon their concerns and questions
- It must be humane and respect human dignity i.e. the relevant authorities must ensure access to basic needs such as food, shelter, water and medical care, sanitation facilities, separate facilities for women and girls.

- Those quarantined, and their families, must be informed of the process, including what will happen should a family member become infected, be transferred to hospital or another medical facility, or should die
- Specific support should be in place for those who are already vulnerable or may become so such as those with physical or mental disabilities, those with existing physical or mental illnesses, children, separated children and unaccompanied minors, marginalised or members of minority groups, women and girls who may be at increased risk of GBV, including sexual exploitation. The intended location and use of space should not create additional risks.
- centres such remain civilian in nature to the extent possible, e.g. security guards, personnel should be civilians under civilian control. Where military resources are deployed safeguards should be in place to protect those within centres from violence, abuse and exploitation
- Centres should take cultural habits taken into consideration, for example in having dedicated spaces for women and for men.
- Ongoing engagement with surrounding communities should take place to explain the nature of the centre, and to minimise the risk of stigmatisation for those exiting the centre

Please note that this technical briefing note is designed as a signposting document to highlight the key considerations, and relevant resources for more detailed guidance.

Definitions:

Quarantine: Separating and restricting the movement of people exposed (or potentially exposed) to Covid-19 and not necessarily showing symptoms

Isolation: Separating individuals confirmed to be ill with Covid-19 from healthy people around them

Shielding: Separating individuals at higher risk of severe Covid-19 infection from the wider population to minimise their risk of infection¹

¹ Considerations for shielding in Humanitarian Contexts can be found in a separate technical briefing note

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Quarantine Centre: A space designated – usually by a government or national public health body- to separate exposed or potentially exposed individuals for up to 14 days to assess whether they show symptoms of Covid-19 infection. Referred to onwards as ‘Centres’

Please note that this briefing note **does not cover treatment centres for Covid-19**; a separate briefing note with more details on treatment centres can be found here.

Prior to supporting within these centres, a thorough risk assessment must be conducted to ensure such spaces do not put people at risk of further harm, including protection risks.

The advice in this technical briefing note assumes that Oxfam is supporting established centres; if asked to support in the construction of centres, further guidance on siting, community acceptance and environmental considerations can be found in the [‘Medical Facilities’ Technical briefing note](#).

Transmission of Covid-19

Essential to the design of quarantine centres and the WASH facilities they require, is an understanding of Covid-19 transmission. Set up of facilities should limit possible transmission through the following routes:

- Respiratory droplets expelled through sneezes, coughs and spitting
- Hand contact after hands have contacted mucus membranes on the face, or respiratory droplets
- Surface contact after hands or respiratory droplets have contacted surfaces

(see diagram below)

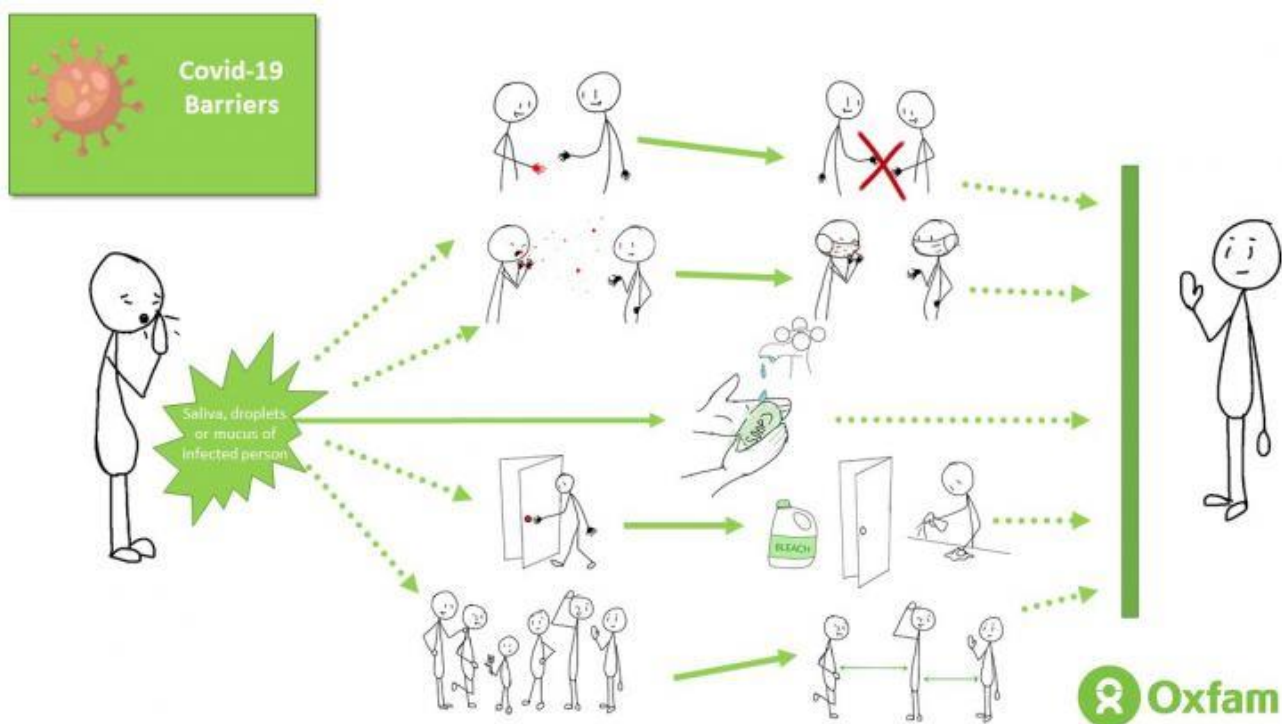
IPC Measures: Zoning

Regardless of whether Oxfam has constructed the facility or not, WASH teams must check that appropriate zoning has been considered to minimise transmission risk between isolating individuals within the centre.

Centres should have the following spaces clearly designated:

Green zone: Administrative spaces accessed mainly by staff who do not have contact with those using the centre.

Amber zone: Quarantine area for those potentially exposed. These areas should have plenty of space, good ventilation, allow for physical distancing, have WASH



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facilities that are cleaned and disinfected regularly throughout the day and allow families to stay privately, live with dignity, and minimise protection risks.

Red zone: An area for those who exhibit symptoms. These areas should have plenty of space, good ventilation, allow for physical distancing between patients, maintain strong IPC procedures and PPE requirements for medical staff, and have WASH facilities that are cleaned and disinfected regularly throughout the day. These areas should have a solid barrier between them and other areas to prevent spread of droplets. Such areas may be appropriate for those with mild Covid-19 infections, however more severe cases should be referred to a medical facility (see page 3).

IPC Measures: Briefings for those using the centres

Those using the centres should have clear information on sound hygiene practices to minimise transmission of Covid-19, including regular handwashing routines, respiratory hygiene and physical distancing. Nudges, posters, discussions and leaflets should be used to remind those in the centre of these behaviours and reporting lines to follow should they believe they are developing symptoms of Covid-19.

IPC Measures: Hand Hygiene

Centres must be equipped with multiple points for handwashing with soap, particularly at entry/exit points to each area within the facility and at latrines. Handwashing stations should be placed to allow the 'wash-touch-wash' rule to be followed between surfaces such as doors, countertops and other hard surfaces. Chlorine solution should not be used for handwashing due to the risk of dermatitis and asthma which may exacerbate Covid-19 transmission. Hand sanitiser may also be used, as long as the alcohol content is above 60% and hands are visibly clean, however handwashing with soap and water for a minimum of 20 seconds is the preferred method.

Gloves or no gloves

For WASH staff who are not in close contact with Covid-19 patients, gloves are not required. Regular handwashing between tasks, plus avoidance of touching the face should be sufficient to minimise transmission. Wearing gloves, and then washing them or using hand sanitiser, offers no additional protection to frequent handwashing.

IPC Measures: Use of PPE

WASH staff should follow the PPE guidance given in the ['Protecting Community Facing Staff and Volunteers'](#) document, however, given the nature of the centres, it is advisable that all WASH staff needing to access the centre wear a cloth face mask in addition to maintaining physical distance and regular handwashing.

Where reusable PPE is worn, areas for donning, doffing and disinfection of these items with 0.2% chlorine solution must be set up.

Staff are required to attend a 'Protecting Community Facing Staff' briefing and should be fully trained in their roles.

IPC Measures: Cleaning and Maintenance of WASH infrastructure

Latrines, showers, water points, door and window handles, grab-rails, work surfaces need to be cleaned regularly with soap and water and then disinfected with a 0.2% chlorine solution. Cleaners should wear PPE as per Oxfam's ['PPE Specifications'](#)

Bedding and items from infected patients should be washed at 60° or above where possible, and then ironed or tumble dried. Where machine washing is not possible, items should be washed in hot water and soap, using a stick to stir, and then left to soak in 0.05% chlorine solution for 30 minutes, and dried in sunlight.

Further guidance on IPC measures can be found here: [UNICEF: WASH and Infection Prevention and Control \(IPC\) Measures in Households and Public spaces](#)

And here:

[WHO: Severe Acute Respiratory Infections Treatment Centre](#)

Water supply:

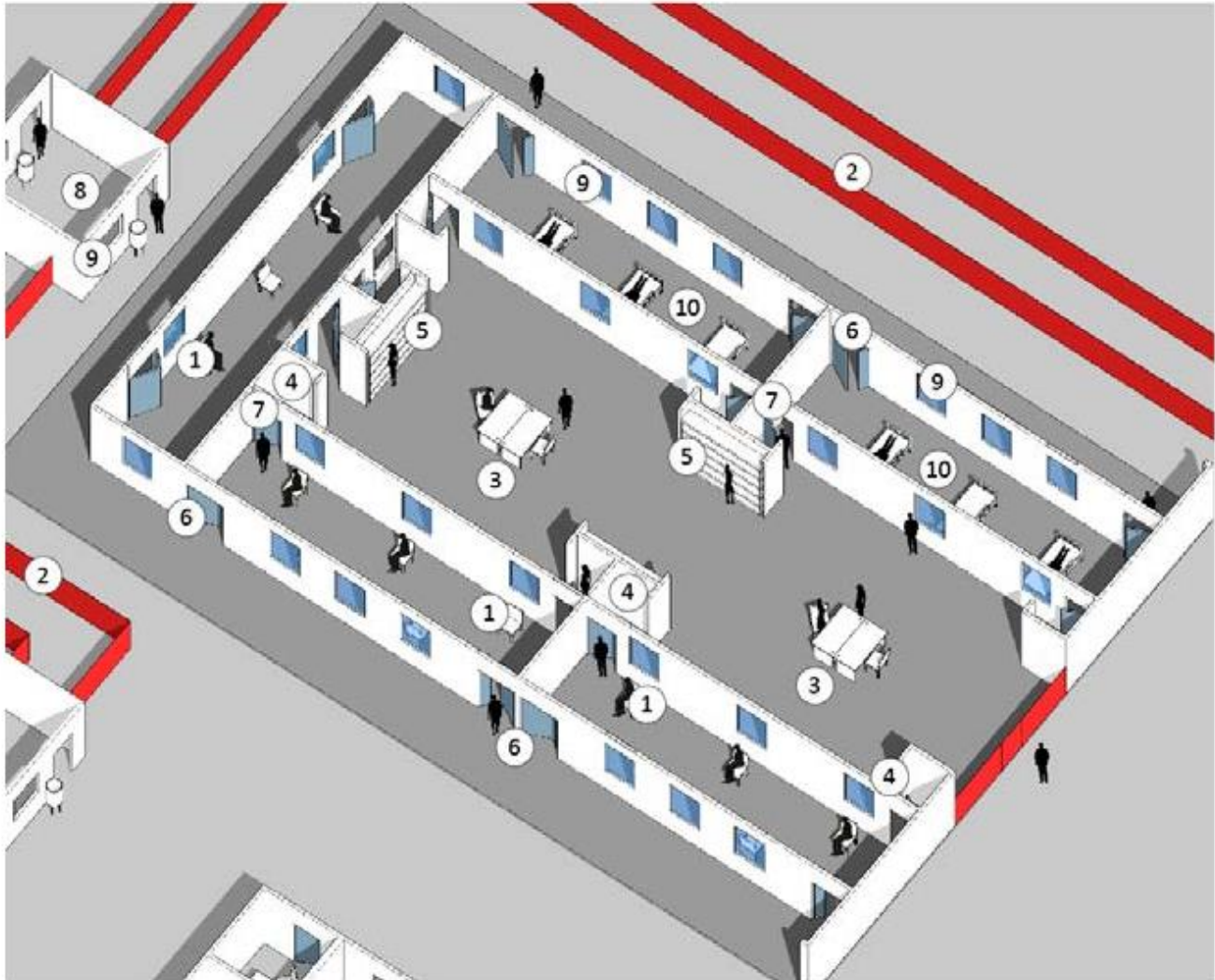
Water supply to centres should be sufficient to ensure minimum provision to the number of individuals using the centre, plus additional supply needed for more regular cleaning and hygiene activities. Supply to centres should be constant and maintain a residual concentration of free chlorine of ≥ 0.5 mg/L after at least 30 minutes of contact time. In piped systems, chlorine residual should be maintained throughout the distribution system.

Sanitation facilities:

Plan for additional latrines and showers to minimise the numbers of people using each facility. Where an individual is infected with Covid-19, ideally, they should have a dedicated latrine, however if this is not

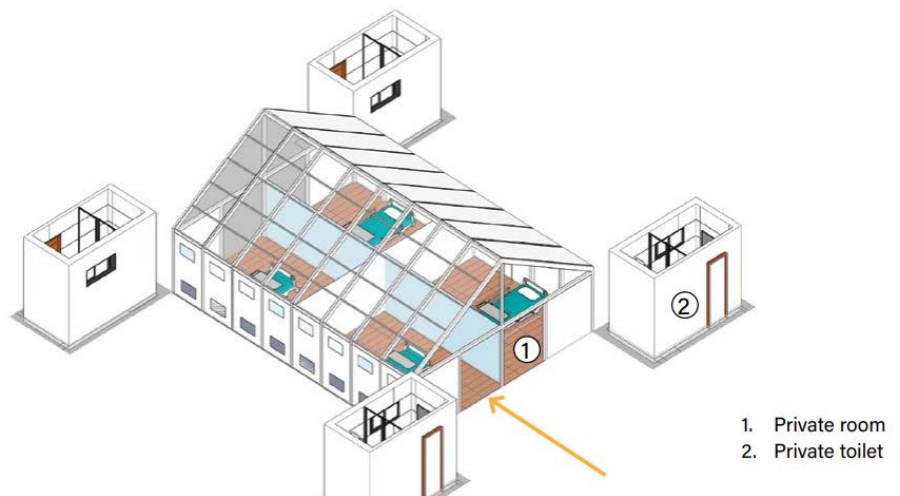
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Example 1: From WHO (2019) *Severe Acute Respiratory Infections Treatment Centre: Practical manual to set up and manage a SARI treatment centre and a SARI screening facility in health care facilities*

1. Arrivals waiting area
2. Single Fence to identify outskirts of centre, double fence can be used to allow visits from family members
3. Working area (staff only)
4. Doffing space
5. Area for PPE
6. Arrivals entry
7. Staff entrance only
8. Exit for post-quarantine period
9. Windows to allow ventilation
10. Individual/Family areas



1. Private room
2. Private toilet

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possible, cleaning and disinfection of the latrine should take place a minimum of twice a day.

Covid-19 has not been shown to cause infection via the faeco-oral route to date, however, those cleaning, emptying or otherwise handling faecal matter should ensure the use of PPE as per Oxfam's '[PPE Specifications](#)' and ensure that these are disinfected in a designated area at the end of each shift using a 0.2% chlorine solution.

Waste bins should be located per resident/family room and be either foot pedal operated or open top to minimise contact. Any observation, consultation or testing rooms should have appropriate medical waste bins.

Medical waste:

Best practices should be followed. Handling of waste associated with quarantine centres should be treated as medical waste, and follow the guidance recommended by [WHO](#)

Community Engagement:

Engaging with families and individuals using the centre and their wider communities is key to building acceptance and to promote positive treatment seeking behaviour. Regular discussions with different groups within the centre and the surrounding community helps to understand fears, rumours and negative coping mechanisms that may affect the running of the centre.

Engagement work should be taken to support residents and surrounding communities to understand

the function of the centre; guided tours for community leaders and trusted information providers can help communities understand what happens inside and who is the team running the centre.

There should be access to information on those within the facility to family members who may be waiting for them, and a means for them to contact each other safely, either using telephones, or visitor rooms with appropriate distances or barriers in place.

Centres should be designed with an understanding of human emotional needs, and continuously adapted with feedback from users to make them more comfortable and reassuring.

References and Resources

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/>

Oxfam: Medical Isolation Facilities Technical Briefing Note:

<https://oxfam.box.com/s/kh1vb8zl8uip1ug116hs52p6t8cle9pa>

Oxfam: Protecting Community Facing Staff and

Volunteers: <https://oxfam.box.com/v/Staff-protection-covid-19>