

## KEY RECOMMENDATIONS ON WATER, SANITATION AND HYGIENE **COVID - 19<sup>1</sup>** HEALTHCARE FACILITIES

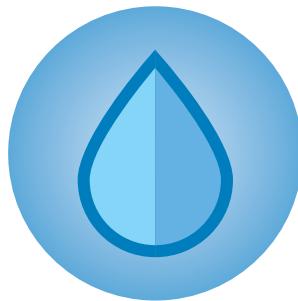


### WATER, SANITATION AND HYGIENE MESSAGES IN HEALTHCARE FACILITIES<sup>2</sup>

Existing recommendation on water, sanitation and hygiene measures in healthcare facilities are important to provide adequate patient care and protect both patients and staff. These include: sufficient provision of safe drinking water for staff, caregivers and patients, personal hygiene, laundry and cleaning; adequate and accessible toilets; safe excreta management, including keeping excreta (faeces and urine) separate from human contact and safe treatment and disposal in the environment; frequent hand hygiene using the proper technique; periodic cleaning and disinfection; and safe management of healthcare waste.

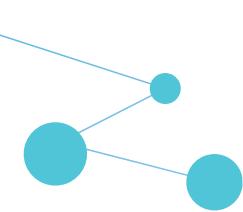
<sup>1</sup>

<sup>2</sup> These recommendations are based on scientific evidence available as of March 23rd, 2020.



## DRINKING WATER

- Ensure the safety of drinking water from protected groundwater (springs, wells or perforations) or from treated water supply networks, until the moment of its use or consumption. Some type of treatment of water from unprotected sources should be carried out with simple methods such as filtration and disinfection.
- Ensure the implementation of water quality controls and a surveillance program in the health facility.
- Ensure the presence of residual chlorine of 0.5 mg/L measured at the end points (taps) of the water distribution system.
- It is important that chlorine test kits are available to measure the presence of chlorine in water (Residual chlorine can be measured with simple materials, for example, a colorimetric comparator and N,N-diethyl-p-phenylenediamine [DPD] tablets).
- In the absence of residual chlorine at some points in the network, including the taps, it is necessary to add chlorine to the water to achieve total disinfection and a sufficient content of residual chlorine at the points of use or consumption.
- Ensure that staff, patients and caregivers have access at all times to a controlled drinking water point.
- It is important that the water supply is guaranteed for hand washing after going to the bathroom and before handling food, as well as before and after caring for patients.
- It must be ensured that all the critical places of the health care facility (operating rooms, rooms, doctor's offices, aid stations, etc.), as well as service areas (sterilization areas, laboratories, kitchen, laundry, showers, toilets, storage of waste and mortuary) are equipped with a controlled water point, soap or an equivalent. Users should always have a water distribution point nearby so they can use it when they need it. If not, ensure that there is a trolley with a container, soap and a jug of clean water for staff to wash their hands in between patients.





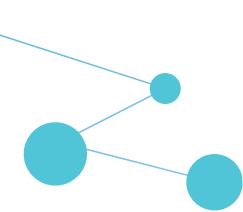
### HAND HYGIENE

- It is recommended to wash hands with soap and water.
- If no soap and water are available use the hand hygiene method with Alcohol Based Hand Rub (ABHR 70%) for 20-30 seconds, using the appropriate technique, if the hands are not visibly dirty or are not contaminated with secretions ( ).
- Hand hygiene should be performed at all 5 times: before touching the patient, before performing a clean / aseptic task, after the risk of exposure to body fluids, after touching the patient and after contact with the environment of the patient, whether this is a suspected or confirmed COVID-19 patient. Even before putting on personal protective equipment (PPE) and after removing it, every time you change gloves, after any contact with a patient's waste, after contact with any respiratory device, secretions, before eating and after use the bathroom.
- Functional hand hygiene facilities must be present at all points of care for health workers and in areas for donning and doffing PPE.
- Functional hand hygiene facilities should be available to all patients, families and visitors within 5 meters of the restrooms, as well as in waiting rooms and dining rooms and other public areas.



### HEALTHCARE WASTE

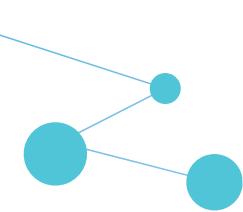
- Use waste containers with different color codes or easily recognizable symbols in suitable places. Waste from all services is collected and stored in safe conditions before being treated and / or disposed of.
- All sanitary waste produced during the care of patients with COVID-19 should be collected safely in designated containers and bags, treated with a chlorine solution of 0.1%, and then disposed of and / or treated safely, preferably on site.
- If waste is moved off-site, it is essential to understand where and how it will be treated and disposed of.
- The waste disposal area should be fenced off. It must be equipped with a distribution point for water and soap to wash hands and detergent and disinfectant and to clean and disinfect containers with a chlorine solution of 0.1%.





## SANITATION

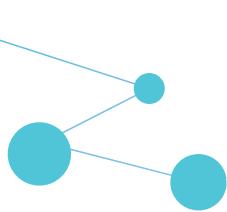
- Strengthen sanitary inspection measures to assess risks associated with hospital sanitation, for the implementation of appropriate actions.
- Suspected or confirmed cases of COVID-19 should be treated with separate flush toilets or latrines that have a door that closes from the patient's room and are not used by people who do not have COVID-19.
- Wastewater from sinks, showers, sinks (gray water) and toilets with water discharge (sewage) must be channeled through a conventional piping system to be emptied into the external sewer or into a specially constructed system that allow them to be removed.
- If health facilities are connected to sewers, a risk assessment should be performed to confirm that the wastewater is contained within the system (ie not leaking) prior to arrival at a treatment and / or disposal site working.
- If the patient cannot use a latrine, the excreta should be collected in a diaper or clean tub and should be disposed of immediately and carefully in a separate toilet or latrine used only for confirmed or suspected cases of COVID -19.
- Anyone handling faeces must follow contact precautions wearing PPE including waterproof long-sleeved gowns, gloves, boots, masks, and goggles / face shield to avoid exposure.
- If diapers are used, they should be disposed of, as they would in all situations, as infectious waste.
- If a bucket is used after the collection and disposal of the excreta from the bucket, it should be cleaned with a neutral detergent and water, disinfected with a 0.1% chlorine solution and then rinsed with clean water (discarding the rinse in drains). or a toilet / latrine).
- For smaller health care facilities in low-resource settings, if space and local conditions allow, pit latrines may be the option of choice. Standard precautions should be taken to avoid contamination of the environment by excreta. These precautions include ensuring that there are at least 1.5 meters between the bottom of the well and the water table.
- All open sewage drainage systems must be covered to prevent breeding of disease vectors or people becoming infected from direct exposure.
- When possible, the toilet should be flushed with the lid down to avoid drips, splashes and spray clouds.
- If separate toilets cannot be used, the toilet should be cleaned and disinfected with a 0.1% chlorine solution at least twice a day with a trained cleaner using PPE (gown, gloves, boots, mask, and face shield / goggles).
- Health personnel and workers must have separate toilets from all patients.





## CLEANING AND LAUNDRY

- Laundry and surfaces in all settings where COVID-19 cases receive care (treatment units, community care centers) should be cleaned regularly (at least once a day and when the patient is discharged).
  - Disinfectants that are active against enveloped viruses, such as the COVID-19 virus, include commonly used hospital disinfectants. Currently, the WHO recommends the use of:
    - 62%-70% ethyl alcohol to disinfect small areas, for example: reusable dedicated equipment (for example, thermometers) between uses.
    - Use a product with sodium hypochlorite 5%-6% to obtain a disinfection solution of 0.1% for surface disinfection.
- All persons working with bedding, towels, and soiled clothing of COVID-19 patients should wear suitable PPE, which includes strong gloves, mask, eye protection (goggles / face shield), long-sleeved gown, apron and closed boots or shoes before touching any dirty bedding.
- Must perform hand hygiene after exposure to blood / body fluids and after PPE removal.
- Dirty clothing should be placed in clearly labeled, leak-proof bags or containers, carefully removing any solid stool and placing it in a covered container for disposal in the toilet or latrine.
- If excreta is found on surfaces (bed, flooring, etc.), excreta should be carefully removed with paper towels and immediately disposed of safely in a toilet / latrine.
- It is recommended to machine wash the sheets and clothing with warm water (60°- 90°C) and laundry detergent. If it cannot be machine washed, they can be soaked in hot soapy water in a large drum, using a stir stick, avoiding splashes.
- The drum should be emptied and the laundry will be soaked in 0.05% chlorine for approximately 30 minutes. Finally, rinse with clean water and allow the bedding to dry completely in sunlight.
- The floor should then be washed with soap and water and disinfected (for example, with 0.1% chlorine solution) following the published guidelines on cleaning and disinfection procedures for body fluid spills.



## DISINFECTANT SOLUTIONS

Product	Use	Final Disinfection Concentration
Sodium hypochlorite 5 %	Disinfection of environments Disinfection of cleaning utensils	0.1% (1 part of chlorine with 49 parts of water or 20ml chlorine in 1 litre of water)
Sodium hypochlorite 5 %	Disinfection of clothes Cleaning of hands	0.05% (1 part of chlorine with 99 parts of water or 10ml of chlorine in 1 litre of water)
Gel alcohol solution	Hands Hygiene	70% isopropanol o 70% to 85% ethanol
Liquid alcohol solution	Disinfection small surfaces	Ethanol 62%-70%

**NOTE: the use of the Water and sanitation tool is recommended to strengthen the actions of**

