



## INFECTION PREVENTION AND CONTROL MEASURES DURING HOME ISOLATION AND CARE

- **Caregivers, household members and individuals with probable or confirmed COVID-19 should receive support and guidance from trained health workers.**
- **Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic conditions.**

### General IPC Precautions:

- The room should be well-ventilated;
- The doors and windows should always be open;
- Hand washing facility and soap (or sanitizer) must always be in place;
- Always maintain 2 meters distance from each other;
- No one should leave the house;
- Limit movement in the house and minimize presence of household members in shared spaces;
- Visitors should not be allowed in the house until the person with COVID-19 has recovered;
- All House-hold members should always wear a face mask: the COVID-19 case and the care giver must wear a medical mask while the other household members may wear a cloth mask;
- Do not reuse medical masks or gloves (unless the gloves are a reusable product such as a utility glove)
- All household members should wash hands frequently with soap for at least 30-40 seconds;
- Avoid touching surfaces;
- Use dedicated linen and eating utensils for the COVID-19 patient. These items may be reused after they are soaked within chlorine 0.05% solution for 30 minutes then cleaned with soap and water;
- Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, cutlery, crockery, towels, washcloths or bed linen).

### Home Sanitation

- Clean frequently touched surfaces with soap and water twice a day and when is necessary then disinfect with recommended product and rinse with water and soap.
- Any cleaning of possibly contaminated surfaces within the 'sick' room should be done by the COVID-19 confirmed person
- Bathroom and toilet surfaces should be clean and disinfected at least twice a day.
- If the person with COVID-19 is sharing a bathroom with others, they should disinfect the surfaces after using the bathroom
- Regular household soap or detergent should be used first for cleaning, after rinsing, apply disinfectant solution;
- Basic PPE should be used when cleaning surfaces. Either utility or single-use gloves can be used;
- After use, utility gloves should be cleaned with soap and water and decontaminated with 0.5% chlorine solution.
- Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.

## Washing Laundry

- Clean the clothes, bed linen and towels of the person with COVID-19 by soaking them into chlorine solution of 0.05% for 30 minutes then use regular laundry soap/detergent and hot water and dry thoroughly sun.
- Basic PPE should be used when handling clothing or linen soiled with body fluids. Either utility or single-use gloves can be used. After use, the reusable PPE items should be soaked into 0.5% chlorine solution for 30 minutes then cleaned with soap and water and decontaminated with 0.05% chlorine solution;
- Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves;
- Place contaminated linen into a biohazard bag. Do not shake soiled clothing or linen and avoid contaminated materials coming into contact with skin and clothes.

## Waste Management

- Masks and other waste generated during home care should be placed into a biohazard bag placed into a closed pedal dust bin with a lid;
- Leftover liquid food (tea, coffee, water) from the patient and other household members to be collected into the bucket and poured carefully and safely in the soak pit by the caregiver;
- Leftover solid food (beans, rice, potatoes, breads...) to be collected into bucket by the caregivers then disinfected with 0.5% chlorine bleach solution and emptying into a soak pit.
- Always the used bucket must be cleaned and disinfected with 0.5 % chlorine bleach solution.
- When the infectious waste bag is three-quarters full (every few days), the waste inside the plastic bag should be sprayed with 0.5% chlorine solution, then seal the plastic bag and spray the outside of the plastic bag containing waste with disinfectant again then put to a temporary secure storage location where children and others cannot come into contact with;
- The infectious waste bags will be collected periodically by health workers who will bring the waste to the designated Health Center to be disposed of safely every 7 days' maximum.



# SOP for the safe management of a dead body in the context of COVID-19

The main driver of transmission of COVID-19 is through droplets. There is unlikely to be an increased risk of COVID-19 infection from a dead body to health workers and family members who follow standard precautions while handling a dead body.

## 1. Scope of the document

This document aims to provide guidance to health personnel, mortuary staff and other stakeholders involved in the overall response to the COVID-19 pandemic, on the management and safe handling of bodies of deceased persons with suspected or confirmed COVID-19.

## 2. Safe burial team composition

**Each burial team should have the following core members:**

1. A Team Leader: Responsible to communicate with COVID-19 treatment or isolation center teams / medical staff and with family members of the dead person. He is also responsible to organize and supervise the burial team and communicate with grave diggers.
2. 2 to 4 trained body handlers/health staff (dead body preparation and handling)
3. 1 IPC Staff in full PPE (for disinfection while health staff are preparing the body);
4. 1 IPC Staff in partial/basic PPE to support team members donning and doffing PPE;
5. 4 to 6 body transporters of the coffin
6. 2 drivers.

N.B: All staff identified to handle dead bodies in isolation area, mortuary, ambulance and those workers in the burial ground/crematorium should be trained in the infection prevention control practices!

## 3. Preparation at site of death

- All the personnel who interact with the body (health care or mortuary staff, or the burial team) should apply standard precautions, including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE (Full/Extended or Basic) according to the level of interaction with the body;
- During preparation, all lines, catheters and other tubes should be removed;
- Ensure that any body fluids leaking from orifices are contained;
- Keep both the movement and handling of the body to a minimum;
- There is no need to disinfect the body before transfer to the mortuary area;
- Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage);
- Wrap the body in a cloth sheet and transfer as soon as possible to the mortuary area;
- When the use of body bags is recommended:
- Identify the dead body by marking the body bag with the name and ID number, to ensure there is no accidental loss of information, should a body bag be removed or damaged, etc. It is also recommended that a body tag be put on the body itself.
- Lay out the body bag next to the body and place an absorbent pad at the position of the head and the pelvis in the body bag;

- Place the body in the body bag with the top of the zipper at the head level. At the mortuary place the body in a coffin, if one is provided by the family; If not in a second body bag (if using infectious disease body bags then no need to use the second body bag);
- Wipe the outside of the body bag or the coffin with 0.5% chlorine solution as an additional precaution;

#### 4. Transportation from site of death to the mortuary

- Ensure that mortuary staff wear appropriate PPE, including gown, goggles/face shield, surgical mask and gloves. Then apply usual mortuary procedures;
- Ensure daily cleaning of the mortuary, with chlorine or bleach;

#### 5. Burial

- Standard infection prevention and control precautions should be observed;
- The maximum number of people who may attend a funeral or memorial service or a gathering following a funeral or memorial is determined by the cabinet resolutions;
- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash hands thoroughly with soap and water after the viewing;
- Those tasked with placing the body in the grave, on the funeral pyre, etc., should wear gloves and wash hands with soap and water after removal of the gloves once the burial is complete.
- People with respiratory symptoms should not participate in the viewing or at least wear a medical mask to prevent contamination of the place and further transmission of the disease to others;
- Children, adults > 60 years, and immunosuppressed persons should not directly interact with the body;
- If the family or mourners do not attend the burial, the burial team leader should inform the family of the exact location of the grave in the cemetery;
- After the burial, the vehicle should be disinfected according to the SOP for vehicle decontamination!

#### 6. Environmental cleaning and waste management at site of death

- Cleaning of reusable PPE should be conducted in accordance with manufacturer's instructions for all cleaning and disinfection products (e.g. concentration, application method and contact time, etc.);
- The belongings of the deceased person do not need to be burned or otherwise disposed of. However, they should be handled with gloves and cleaned with a detergent followed by disinfection with a solution 0.5% Chlorine or at least 70% ethanol or depending on the type of the item use 0.05% or 0.5% chlorine solution;
- Clothing and other fabric belonging to the deceased should be machine washed with warm water at 60–90°C (140–194°F) and laundry detergent. If machine washing is not possible, linens can be soaked in hot water and soap in a large drum using a stick to stir and being careful to avoid splashing. The drum should then be emptied, and the linens soaked in 0.05% chlorine solution for approximately 30 minutes. Finally, laundry should be rinsed with clean water and linens allowed to dry fully in sunlight.
- Waste should be treated as infectious clinical waste and handled in accordance with healthcare waste management guideline and Policies.



# Tips For Prevention Of Covid-19 In Health Facilities

## Entrance

- Check mask covers nose and mouth
- Ask patient to wash hands
- Maintain 1 m distance
- Check temperature
- Look for visible signs of COVID-19 (coughing, SOB)
- Record all visits

## Reception

- Triage
- Maintain physical distancing of 1m
- Mark seats and waiting queue to ensure 1m distance
- Cashless transactions only
- Clean surfaces/seats every 2 hours
- Screen separator / Table shield
- Maximize natural ventilation 3Ws (wash hands, watch distance, wear a mask)

## Patient admission

- Maintain use of masks covering nose and mouth for both patients and staff
- Keep 2m minimum between patient beds
- Maximize natural ventilation in patient and exam rooms
- Clean surfaces and equipment every 2 hours
- Use infectious disease precautions when handling patient gowns, sheets & toilets
- Dispose waste and disinfect following IPC protocols
- 3Ws (wash hands, watch distance, wear a mask)
- Mandatory use of gloves (change after every patient)
- No patient visits | Only caretakers allowed

## Consultation

- Medical team must wear KN95 masks + face shield
- Mandatory use of gloves (change after every patient)
- Ensure patients wear a mask covering nose and mouth
- Regular cleaning of surfaces, seats, etc.(every 2 hours)
- Wash hands/use sanitizer before and after touching a patient, supplies, and surfaces
- PPEs (gown, goggles, face shield, mask)
- Dispose of waste and disinfect following IPC protocols

## Cafeteria/Break room

- Mark seats | Respect 3m distance
- Rotate break times | Limit number of persons to 30% capacity
- Choose open air venues
- Keep short breaks | Limit personal interactions
- Regular cleaning of surfaces and tools (every 2 hours)
- Avoid self service buffet | Use pre-packed foods and drinks and drinks

## N.B:

- Official clinical guidelines should be followed for services with increased risks due to aerosol generating procedures.
  - A COVID-19 compliance officer/person should be designated within each department
- For additional guidelines on Infection Prevention Control measures, please consult RBC website.

