Coronavirus Disease 2019 (COVID-19)

How to mitigate COVID-19 transmission in densely populated areas globally

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Document purpose: High-density urban areas may face challenges implementing COVID-19 mitigation measures due to space limitations within and between households and limited water, sanitation, and hygiene (WASH) infrastructure. This document provides suggestions for community mitigation measures in densely populated, international, low-resource settings and describes implementation considerations associated with each measure. Community mitigation activities are actions that people and communities can take to prevent or reduce local COVID-19 transmission. This document describes measures that both individuals and organizations can take to support households in high-density urban areas.

Document audience: This document is intended for use by any person, institution, or organization preparing for or responding to community transmission in high-density urban settings and for those assisting those organizations (federal and local governments, CDC country offices, and others). It contains special considerations for low-resource, international settings.

Layered approach: Mitigation measures can be organized into three categories: personal controls, administrative controls, and engineering controls. These should be layered to reduce overall risk of COVID-19 transmission. In this document, personal controls are primarily limited to actions that individuals can take to prevent transmission within households, whereas administrative and engineering controls are actions that communities, organizations, and governments can take to prevent transmission between households.

- **Personal controls:** Individual behaviors to protect themselves and those around them.
- **Administrative controls:** Processes and policies that keep people safe.
- **Engineering controls:** Physical structures put in place to distance people from hazards.

Note on implementation: Below are suggestions for how to mitigate COVID-19 transmission in densely populated areas. Community members must be engaged in the process of planning and implementing any mitigation measures for them to be

successful. Engaging local populations is important as you adapt measures to fit the local context. To do so, identify trusted stakeholders and community leaders to provide feedback on proposed mitigation measures before they are implemented. They know the local needs and conditions and are able to apply lessons learned from previous public health interventions in the community, which may complement proposed COVID-19 mitigation interventions. Additionally, they can assist with adapting mitigation measures to fit local laws and regulations. More information on how to effectively engage communities is here .

Document organization: This document provides an overview of four key mitigation practices: physical distancing, hand hygiene, cleaning and disinfection, and respiratory etiquette. This is followed by operational considerations in the following order:

- Personal controls that individuals can take to prevent transmission within households, with additional considerations for individuals at increased risk of severe illness from COVID-19 (the elderly and people with conditions including lung or heart disease, obesity, diabetes, chronic kidney disease, liver disease, or other disease that compromises immunity),
- Administrative and engineering controls to be taken by community members, organizations, and governments to prevent transmission between households and in public settings, and
- Considerations (personal controls) for home-based care for a person with suspected or confirmed COVID-19.

Four key mitigation practices for individuals and households

Physical distancing, hand hygiene, cleaning and disinfection, and respiratory etiquette are four of the main things people can do to prevent the spread of COVID-19. This section describes the main principles to follow for each one.

Physical distancing

Maintain at least a **2-meter distance from individuals from outside the household** and practice greetings without touching, such as waving, placing a hand over the heart, bowing, or nodding your head.

Hand hygiene

Clean hands frequently. People should clean their hands after being in a public place, after blowing their nose, sneezing, or coughing, after using the toilet, and other key times.

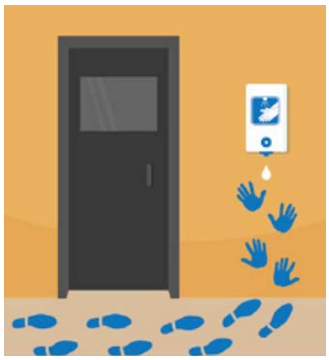
Types of hand hygiene:

Handwashing with soap and water. Soap and water are effective at removing germs from hands, including the virus that causes COVID-19. The cleanest water available (ideally from an improved source)[1] should be used for handwashing, and all types of soap (bar soap, liquid soap, and powder soap) are effective at removing coronaviruses from hands. Scrub hands with soap and water for at least 20 seconds and dry them completely by air or by using single-use hand towels or paper towels.

Soapy water (a mix of water and either powdered or liquid soap) can be used. To prepare, mix enough soap with water in a bottle or handwashing station so that you can create a foam when rubbing hands together. You will also need a separate handwashing station of rinse water next to the soapy water station. As detailed above, use the cleanest water available for soapy water and rinse water. Detailed instructions for making soapy water can be found on page 25 of the Handwashing Compendium for Low Resource Settings .

All handwashing stations should: 1) Allow users to wet and rinse their hands under a stream of running water; 2) Have soap or soapy water available; 3) Have a place to catch or adequately drain used water; 4) provide single-use hand towels or paper towels, whenever possible; and 5) provide a waste bin to collect paper towels, when applicable. Additionally, handwashing stations should be durable, easy to use for all users, including children, elderly, and people with disabilities. Make use of locally available products to ensure sustainability of supplies, where possible. Further recommendations are here , including low-cost visual cues, such as mirrors or painted footprints that lead to handwashing facilities, which may be used to encourage or nudge[2] their use. More information on different handwashing station designs is here, including tippy taps . Photo examples are below.

Cleaning with alcohol-based hand rub. If hands are not visibly dirty, you can use hand rub containing at least 60% alcohol as an alternative to washing hands when soap and water are not available. To use, apply enough product to cover all surfaces of both hands and rub together until they feel dry, or for approximately 20 seconds. Young children may need supervision when using hand rub to prevent accidental drinking.



(1) Handwashing bucket with tap and basin to catch used water, (2) Tippy tap, and (3) Nudges, or visual cues, leading users to a handwashing station (Photo credits: Victoria Trinies, CDC)

[1] An improved drinking water source is a source that, by nature of its construction, adequately protects the source from outside contamination and may include piped household water connections, public standpipes, boreholes, protected dug wells, protected springs, and rainwater.

[2] Nudges are an effective behavior change strategy that refer to changes in the

Cleaning and disinfection

Clean and disinfect frequently touched surfaces at least once a day, and more often based on level of use. This includes door handles, toilet/latrine surfaces, tables, and chairs.

Cleaning refers to the removing germs, dirt, and impurities from surfaces with soap or detergent. It does not kill germs, but by removing them, it lowers the risk of spreading infection. Some surfaces only need to be cleaned with soap and water, for example surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths.

Disinfecting uses chemicals, such as bleach (sodium hypochlorite), to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Use a **0.1% solution** made from liquid bleach and water for disinfection. To mix, use the percentage found on the bleach bottle (for example, 5%) and **follow these instructions:**

> Example of making 0.1% solution with 5% liquid bleach:
>
> [5% chlorine in liquid bleach / 0.1% chlorine desired] – 1 = [5 / 0.1] – 1 = 49 parts of water for each part liquid bleach
>
> If you are using a 20 L jerry can to mix, you need 400 mL of bleach and should fill the rest of the jerry can with water
>
> 20 L / 50 parts = 0.4 L, or 400 mL
>
> Additional instructions can be found here .

Cleaning and disinfection procedures:

1. Put on personal protective equipment (thick aprons and closed shoes) and wear

reusable or disposable gloves to protect yourself against the disinfection or cleaning agents.

2. Clean with detergent or soap and water to remove dirt.
3. Mix 0.1% bleach solution using the procedures described above in a well-ventilated area.
4. Apply the 0.1% solution to the surface with a cloth. The surface should stay wet for at least 1 minute (contact time for the bleach to be effective). You may apply additional disinfectant to ensure it remains wet for 1 minute. After 1 minute has passed, rinse residue with clean water (this will also protect the surface or item from damage).
5. After cleaning and disinfection, remove personal protective equipment (PPE) to dispose of or launder. Single use gloves should be discarded after each cleaning. If reusable gloves are used, they should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products. Clean hands immediately after gloves are removed using above instructions.

Cleaning and disinfecting should not take place near children or people with asthma. Additionally, store cleaning/disinfecting supplies in a locked, secured location, out of the reach of children and away from fire/flames. Procedures for various surfaces (hard surfaces, soft surfaces, electronics, and laundry) can be found here.

Respiratory etiquette

Individuals should **cover coughs and sneezes** with their elbow or a disposable tissue and clean hands immediately. **Non-medical masks** should be worn when in public settings where other physical distancing measures are difficult to maintain. In areas where there is any level of known community transmission, all individuals, including those who lack symptoms, should wear masks, except for some individuals with physical, mental, emotional or behavioral issues, children under 2 years or for anyone who has trouble breathing or is unconscious or incapacitated.

Operational considerations for households

This section describes mitigation measures for households, the materials, activities, and personnel needed to implement those measures, and the potential challenges and considerations in implementing those measures. The measures are presented below in table format in three categories (personal controls to prevent transmission, administrative and engineering controls to prevent transmission between households, and considerations for home-based care of a person who may have COVID-19):
The first two categories include considerations for high risk individuals with the

assumption that no member of the household has COVID-19 symptoms.

1. Personal controls to prevent transmission

This section describes considerations that apply to all households, as well as suggestions to protect people at increased risk (older adults or people with certain underlying health conditions). It includes recommendations that both individuals and organizations can take to support households in high-density urban areas.

Hand Hygiene

Personal controls

- ✓ **Wash hands frequently** with clean water as described above.
- ✓ Households should ensure they have at least one handwashing station with soap where water flows from a tap or spigot to allow for proper handwashing. The handwashing station may be located inside or outside the home. There should be a handwashing station near the toilet/latrine.

Materials, activities, and personnel needed for implementation

- ☐ Distribute handwashing station materials and soap where necessary for households that are unable to purchase.
- ☐ Distribute information, education and communication (IEC) materials on construction of handwashing stations and proper handwashing methods
- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) describing guidance on proper handwashing technique and the key times for handwashing. Tips on communicating for hand hygiene during COVID-19 are found here .

Considerations and challenges for implementation

Some areas may face challenges with water quantity or water quality. If clean water is not available, the cleanest water available (e.g. not cloudy and from an improved source) should be used. In areas without access to an improved water supply, household water treatment may be considered for treating water for all purposes, including handwashing; however, priority should be given to treating drinking water where access to household water treatment products is limited.

Costs associated with the development and distribution of communications campaigns.

Costs for households to purchase and maintain handwashing stations and supplies (e.g. soap, water, drying materials). If a handwashing station is not affordable , use a bucket with cup or pitcher. However, this method does not allow individuals to scrub hands under water as recommended without the support of another household member to pour water.

Where individual handwashing stations are not possible, install public handwashing stations, as described below in administrative and engineering controls.

Accessing essential goods and services

Personal Controls

- ✓ Leave the household only when it is necessary to obtain essential goods and services. Stock up when possible to help limit the number of trips needed outside the household.
- ✓ Designate one person (who is not elderly and who does not have serious underlying medical conditions) to leave the house for essential goods and services.
- ✓ Clean hands as described above frequently when in public spaces and when returning home from a public place.
- ✓ Wear masks when in public settings where other physical distancing measures are difficult to maintain.

Materials, activities, and personnel needed for implementation

- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) on when families should stay at home and to protect individuals at increased risk.
- ☐ Provide food aid and distribution of hygiene materials where necessary for households that are unable to purchase multi-day supplies of food, soap and cleaning supplies.

Considerations and challenges for implementation

Costs associated with the development of communication materials and with the purchase and distribution of food aid and hygiene materials (where needed).

Difficult to determine who qualifies for food aid and distribution of hygiene materials. Ideally, consult with community stakeholders and refer to existing social safety net lists.

Frequently touched surfaces

Personal Controls

- ✓ Clean and disinfect **frequently touched surfaces** and objects at least daily following the directions above and more often when heavily used. These include tables, door and window handles, and sanitation (bathroom/toilet/latrine) surfaces.

Materials, activities, and personnel needed for implementation

- ☐ Ensure access of or provide households water and bleach (or other disinfectants), cleaning materials, and personal protective equipment (rubber gloves, thick aprons, and closed toed shoes).
- ☐ Provide households communication materials describing how to mix disinfection solutions, how to clean and disinfect, and how to store disinfectants safely.

Considerations and challenges for implementation

Costs associated with purchasing bleach, soap, water, cleaning supplies, personal protective equipment, and printing communication materials. If water supply is not available on site, daily cleaning and disinfection will be more challenging and costly. If no rubber gloves are available, other non-permeable gloves can be substituted. If no aprons are available, people can wear protective clothing (such as long pants and long-sleeved shirts) and launder after use.

Constraints with supply chain and market on soap, bleach and PPE as demand increases with COVID-19 spread.

Ventilation

Personal Controls

- ✓ Open windows or doors to increase ventilation within living and sleeping areas. Improving ventilation helps to remove respiratory droplets from the air.

Materials, activities, and personnel needed for implementation

- ☐ Communication campaigns (via radio, newspaper, social media, or other platforms) informing households that increasing ventilation is a possible mitigation measure.

Considerations and challenges for implementation

Increased ventilation may not be possible in some households and during some seasons (e.g. when temperatures are cold or it is raining). Do not open windows and doors if doing so poses a safety or health risk to others (e.g. risk of falling or triggering asthma symptoms).

Using a fan without the window or door open may spread contaminated droplets to a safe area or to other occupants.

Increased ventilation may result in increased transmission of malaria or other vector-borne disease, and use of bed nets is recommended in areas where there is transmission of these diseases.

Visitation

Personal Controls

- ✓ Follow all local and government guidance on visitors. Limit time and number of guests inside households to essential visitors. Allow outdoor visits where possible.
- ✓ Encourage visitors to practice personal mitigation measures (hand hygiene, avoiding touching surfaces when possible, respiratory etiquette, wearing a mask, and physical distancing) and practice those measures when in other households.
- ✓ Persons at increased risk should not visit other households and should not receive visitors. If it is essential that a visitor enter a household with someone who is at increased risk, ensure that visitor wears a mask and maintains physical distance as much as possible.

Materials, activities, and personnel needed for implementation

- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) informing households to limit visitation.

Considerations and challenges for implementation

Costs associated with the development and distribution of communication campaigns.

Risk reduction for individuals at increased risk within households

Personal Controls

- ✓ People at increased risk for severe illness (people who are elderly or who have serious underlying medical conditions) should stay at home and away from crowds or large gatherings as much as possible.
- ✓ Protect high-risk people in households where there is enough space (e.g. a separate bedroom or other room) through physical separation while they are still healthy. The high-risk person needs to stay inside the protected area, or "safe zone," as long as there is active COVID-19 transmission in the surrounding community. Ideally, this zone would include its own sanitation facilities not used by other members of the household.
- ✓ If high-risk people need to use shared sanitation facilities, the high-touch surfaces within those facilities should be cleaned and disinfected before each use.
- ✓ All interactions between high-risk people and other members of the household should be at a safe distance of at least 2 meters, including sleeping areas.
- ✓ If separate sleeping areas are not available, consider sleeping head to toe.
- ✓ Other household members should wear masks when in the household with someone who is at increased risk and physical distancing is not possible.
- ✓ Avoid sharing personal items (such as dishes, cups, towels, bedding, etc.) between the household member at increased risk and others.
- ✓ High-risk family members should clean hands after coming in contact with high-touch surfaces, and all household members should clean hands before touching the high-risk person or anything in high risk-person's area.

Materials, activities, and personnel needed for implementation

- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) informing households about risk reduction for high-risk individuals.
- ☐ Ensure access or provide masks to other household members.

Considerations and challenges for implementation

Potential for depression and loneliness to household members at increased risk who, under this measure, would need to be isolated for a prolonged period of time (as long as there is active COVID-19 transmission in the surrounding community).

Difficult to maintain safe zone would be very difficult to maintain for all households, especially for people at increased risk who require care from other household members (unless those household members are able to isolate with them) and in households where there is no separate latrine or toilet.

It may be impossible for people at increased risk to stay at home, particularly if they earn money for the household or provide care for others. In these cases, consider financial and other support for these households to enable/encourage the person who is considered high risk to stay at home.

2. Administrative and Engineering Controls to prevent transmission between households

This section describes considerations in high-density urban areas to prevent transmission between households. It provides recommendations for organizations supporting community mitigation activities in high-density urban areas. Additional considerations for public spaces in high-density urban areas can be found here on markets and schools.

Water Utilities

Administrative and engineering controls and policies

- ✓ Where households are connected to municipal water supplies, advocate for service continuity to ensure adequate water supply for handwashing and cleaning. This may include increasing the volume of water delivered daily (or increasing the time valves are open) to densely populated areas, not disconnecting customers in default, making repairs where necessary, or trucking in water where applicable.

Materials, activities, and personnel needed for implementation

- ☐ Develop communication materials for utilities operators describing importance of adequate water supply for handwashing and cleaning.
- ☐ Work with community leaders and water utilities to support continuity of water supply.

Considerations and challenges for implementation

Continuity of water supply may not be possible in water scarce areas, requiring scheduling of alternative measures, such as trucking in water or provision of alcohol-based hand rub.

Shared handwashing stations

Administrative and engineering controls and policies

- ✓ Consider strategic placement of shared handwashing stations , where water access is limited or where cost is prohibitive for all households to have individual handwashing facilities. Secure soap at the handwashing station with a cage, rope, or another device. Where soap and water or alcohol-based hand rub are not available,

consider using a 0.05% chlorine solution for handwashing at public handwashing stations if there is proper management and oversight following these instructions .

- ✓ Operators should manage refilling of soap and water at shared handwashing stations.

Materials, activities, and personnel needed for implementation

- ☐ Hire operators to manage shared handwashing stations.
- ☐ Ensure access to operators supplies of soap and water.

Considerations and challenges for implementation

Costs associated with purchasing handwashing stations, soap, and water.

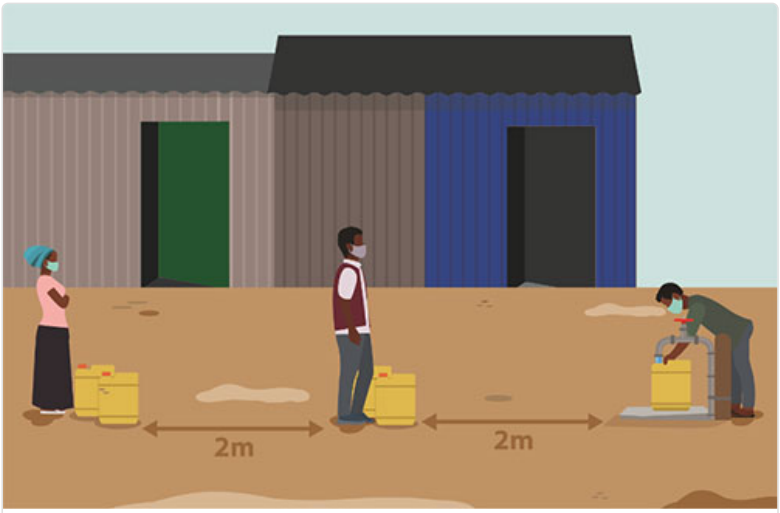
Difficult to refill soap and water in handwashing facilities and enforce physical distancing for handwashing stations without on-site operators and where space is limited.

In cases where paying operators is not possible, community health workers or volunteers may be able to manage handwashing stations.

Shared water points and sanitation facilities

Administrative and engineering controls and policies

- ✓ At shared water points and sanitation facilities, operators should place markers at least 2 meters apart, when possible, to show where people should stand when waiting to get water or use the toilet.



Example of physical distancing at a water point

- ✓ Operators should clean and disinfect frequently touched surfaces like pump handles, spigot knobs, door handles, and toilet surfaces as frequently as possible, between each user with 0.1% bleach solution.
- ✓ Handwashing stations should be placed at each water point and at each sanitation facility.
- ✓ Operators should manage refill of soap and water at handwashing station.
- ✓ Operators (or water committees, where applicable) can set schedules for when households are able to access the water point to avoid large groups of people

waiting at the same time, taking care to ensure that community members' water needs are being adequately met.

Materials, activities, and personnel needed for implementation

- ☐ Hire operators to manage shared water points and sanitation facilities.
- ☐ Ensure access to or provide operators with soap, water, and bleach (or other disinfectants), cleaning materials, and personal protective equipment (rubber gloves, thick aprons, and close toed shoes).
- ☐ Develop communication materials to describe how to mix disinfectant solutions and how to clean and disinfect.

Considerations and challenges for implementation

Costs associated with purchasing handwashing stations, soap, water, and disinfection supplies, and with paying operators.

Difficult to refill soap and water in handwashing facilities, enforce physical distancing, and clean and disinfect between users for water points and sanitation facilities without regular on-site operators.

Difficult to enforce physical distancing with adequate spacing where space is limited.

In cases where paying operators is not possible, community health workers or volunteers may be able to manage handwashing, cleaning and disinfection, and physical distancing at shared water points and sanitation facilities.

Do not overly restrict households' access to water supply – access to water is critical for maintaining handwashing behaviors.

3. Considerations for home-based care of a suspected or confirmed case of COVID-19

This section describes mitigation measures for households where someone has tested positive for COVID-19 or has symptoms of COVID-19 (fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). The person who is sick should go to a community care center, or isolation shelter, when available. If home-based care is recommended, a trained healthcare worker should conduct an assessment to determine if the household is safe and establish a communication link in case symptoms worsen, as outlined here by WHO. We outline mitigation measures for two scenarios: (1) households where sick members are able to isolate in a separate room and (2) households where sick members are unable to isolate in a separate room. In some communities, community care centers, also known as isolation shelters, or other non-healthcare facility-based care sites may be an option if safe isolation is unrealistic within the home. All information provided below is in addition to the general household precautions described in Section 1 above. Additional guidance can be found here.

Households where sick members ARE ABLE to isolate in a separate room

Personal controls

- ✓ The person who is sick should remain in an isolated room within the household for 10 days after symptoms first appeared, 24 hours with no fever, and have respiratory symptoms have improved unless they have to go to a healthcare facility or use a shared sanitation facility. Ideally, they should use their own sanitation facility that is not shared by other members of the household or community.
- ✓ All members of the household should take special care to follow the handwashing and respiratory etiquette guidance described above. This includes wearing a mask when not able to physically distance.
- ✓ All members of the household who had recent contact with the sick person in the household should stay home for 14 days after exposure.
- ✓ Avoid having unnecessary visitors to the home, especially those who are at higher risk for severe illness.
- ✓ If the sick person must leave the home to seek healthcare, they should wear a mask when they leave the house. They should notify the clinic in advance or upon arrival that they are coming and that they have tested positive for COVID-19 or have symptoms of COVID-19.
- ✓ Caregivers should wear masks when caring for those who are sick.
- ✓ Caregivers should ideally not be within the high-risk category.
- ✓ To limit contact, clean and disinfect around the person who is sick only when needed. If they are able, the person who is sick should clean their own space when needed.
- ✓ Avoid sharing personal items (such as dishes, cups, towels, bedding, etc.) between the person who is sick and other household members.
- ✓ If using a shared sanitation facility, the person who is sick should clean and disinfect it after each use. If this is not possible, the caregiver should wear a mask and then wait as long as possible before cleaning and disinfecting.
- ✓ Isolation room should be appropriately cleaned and disinfected after isolation has ended before other household members use the room.

Materials, activities, and personnel needed for implementation

- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) to explain safety precautions for caregiving.
- ☐ Maintain stocks of water, soap, and bleach (or other disinfectants), materials to clean with, and personal protective equipment (rubber or disposable gloves, thick aprons, and close toed shoes).
- ☐ Develop communication materials to describe how to mix disinfectant solutions and how to clean and disinfect.
- ☐ Develop communication materials to reduce stigma of sick persons and caregivers.

Considerations and challenges for implementation

There will be a cost associated with the development and dissemination of communication materials.

It may be difficult for household if sick member is primary wage earner. In these cases, consider financial support for these households to enable and encourage the person to stay at home.

In cases where sanitation facilities are shared, it could be difficult to ensure that they are adequately cleaned and disinfected after every use by a sick person. It is recommended to wait as long as possible after use by a sick person to clean and disinfect, but this may not be possible when using shared sanitation facilities.

Difficult to ensure adequate handwashing and cleaning and disinfection in areas with insufficient access to improved water supply.

If no rubber gloves are available, other non-permeable gloves can be substituted. If no aprons are available, people can wear protective clothing (such as long pants and long-sleeved shirts) and launder after use.

Households where sick members ARE UNABLE to isolate in a separate room

Personal controls

- ✓ All members of the household should take special care to follow the physical distancing, handwashing, cleaning and disinfection, and respiratory etiquette guidance described above.
- ✓ All members of the household who had recent contact with the sick person in the household should stay home for 14 days after exposure. If household members are not able to isolate from sick person, this would be 14 days after the sick person has recovered and can end isolation.
- ✓ Increase air flow within the room as much as possible by opening doors and windows (when possible).
- ✓ When possible, allow for space (2 meters or more) between the person who is sick and the rest of the household throughout the day and at night. Ensure the sick person's sleeping area is as far as possible (2 meters or more) from the rest of the household. If separate sleeping areas are not available, consider adding a barrier between the sick person and other household members or sleeping head to toe.
- ✓ Do not have unnecessary visitors in the home, especially those who are at higher risk for severe illness.
- ✓ The person who is sick should wear a mask when around other people, either within the home or in public (e.g. at a clinic).
- ✓ If the sick person must leave the home to seek healthcare they should wear a mask, notify the clinic that they are coming, and that they have tested positive for COVID-19 or have COVID-like symptoms.
- ✓ Caregivers should wear masks when caring for those who are sick.
- ✓ Caregivers should ideally not be within the high-risk category.

- ✓ If they are able, the person who is sick should clean their own space when needed.
- ✓ Avoid sharing personal items (such as dishes, cups, towels, bedding, etc.) between the person who is sick and other household members.
- ✓ If using a shared sanitation facility, the person who is sick should clean and then disinfect it after each use. If this is not possible, the caregiver should wear a mask and then wait as long as possible before cleaning and disinfecting it for them.

Materials, activities, and personnel needed for implementation

- ☐ Conduct communication campaigns (via radio, newspaper, social media, or other platforms) to explain safety precautions for caregiving.
- ☐ Stocks of water, soap, and bleach (or other disinfectants), materials to clean with, and personal protective equipment (rubber gloves, thick aprons, and close toed shoes).
- ☐ Develop communications materials to describe how to mix disinfectant solutions and how to clean and disinfect.
- ☐ Develop communication materials should be developed and disseminated to reduce stigma of sick persons and caregivers

Considerations and challenges for implementation

Difficult to prevent the spread of COVID-19 within the home when people who are sick cannot be fully isolated in a separate space. Community care centers should be considered when available.

Costs associated with the development and dissemination of communication materials.

Potential difficulty ensuring shared sanitation facilities are adequately cleaned and disinfected after every use by a sick person. It is recommended to wait as long as possible after use by a sick person to clean and disinfect, but this may not be feasible when sanitation facilities are shared.

Potential difficulties for household if primary wage earner is sick or must quarantine. In these cases, financial support for these households to enable and encourage the person to stay at home should be considered.

Difficult to ensure adequate handwashing and cleaning and disinfection in areas with insufficient access to improved water supply.

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases