WASH in Health Care Settings (COVID -19)
Experiences from Field, India

Dr Pratibha Singh
WASH in Institutions specialist
1. **Madhya Pradesh**: WASH & IPC in Healthcare facilities in context of COVID 19 pandemic

2. **Odisha**: Malkangiri district: Ensuring better Cleaning & Disinfection, CHC, Korukunda, Malkangiri

3. **West Bengal**: WASH in healthcare centers, effective AV tools for capacity building of Health Care staff, West Bengal

4. Some key learnings
1- Madhya Pradesh: WASH & IPC in Healthcare Facilities in context of COVID 19 pandemic

State
- Geographical Area: 308,000 sq.km,
- Population: 72.62 million (Census 2011)
- Population density: 236/ sq. kms (Census 2011)
- Literacy: 69.32% (Census 2011)
- Districts: 52
Key Challenges:

1. 5465 cases of COVID positive in 61 days in MP, spike of 3-5% per day (as on 20th May 2020)

2. Limited preparedness of facilities as per Infection Prevention Protocols

3. Lack of infrastructure, supply & capacities of healthcare functionaries on IPC

4. Limited availability of PPE Kits

5. Movement restrictions due to COVID-19 pandemic led to cancellation of all in person trainings
**MP: COVID-19 pandemic response**

**STEP 1:** Support State health mission in identification of COVID hospitals & facilities

**STEP 2:** Development of IPC plan for Health Facilities (25) comprising of:
- Communication package with IPC Videos/audios
- Online capacity building module for Doctors and FLWs, Sanitation workers
- Capacity building of health care functionaries on IPC protocols
- Development of IPC related supply plans (consumables, BMWM/Disinfection related equipment's, PPE) with instructions to ensure supply
Step 3- Joint Assessment of Health-WASH preparedness in HCFs

- Gaps identification to inform facility improvement plan covering water, sanitation, IPC, including BMWM
- Capacity building of Quality assessors, nodal officers for assessment and planning for IPC

Step 4- Technical interventions:
- Ready reckoners on toilet maintenance,
- Installation of COVID sensitive (No/Low hand touch/foot operated) HWWS units,
- Water quality mgt.
- Sterilization and disinfection for surface, equipment’s, linen, transport systems

2. 25 Facilities assessed for COVID preparedness: improvement plans developed followed by resource mobilization.

3. WASH supplies mobilized: Over 150,000 PPE+Masks, 100,000 sanitizers

4. Weekly meetings for review of quality assurance for addressing the issues through support and coordination

5. Improved implementation of WASH and IPC protocols

6. Improved bio medical waste management through closer monitoring and improvement in connectivity with CTF
Orientation of Public health engineering dept (PHED) on prevention of COVID 19 pandemic

• Orientation of 110 State PHED functionaries of all levels including housekeeping staff

• Infection prevention & control in work places, communities, families
2- Odisha: Ensuring WASH for COVID 19 responsiveness
Community health center, Korukunda, Malkangiri

Malkangiri District:
- Geographical Area: 5,791 sq.km
- Population: 613,192 (Census 2011)
- Literacy Rate: 48.5% (Census 2011)
- Sub districts: 7
- Civil strife affected district
### Context
- This health care facility was upgraded as COVID 19 facility
- Referral service for COVID suspect-Isolation ward created during this COVID19 pandemic
- 16 bedded
- 60 OPD/ Day
- Cleanliness & sanitation services (4 cleaning staff)

### UNICEF’s support
- Capacity building/ training on WASH for COVID preparedness
- Facility improvement plans (FiPs) prepared for WASH
- Supportive supervision (WASH, IPC) through follow-up visits during implementation of FiPs
- During supervision: staff orientation/practical learning sessions were facilitated

#### Elements of response at facility level
- ✓ WASH Infrastructural improvements for toilets, handwashing, drinking water
- ✓ Ensuring safe drinking water
- ✓ Cleaning of toilets & floors (Critical, general)
- ✓ Surfaces Disinfection
- ✓ Efficient mgt. of hospital waste, hand hygiene, laundry and personal etiquettes
- ✓ Ensuring availability of consumables like soaps, cleaning and disinfecting material
- ✓ Facility improvement planning based on gaps assessed
- ✓ Duty roster for services regularly updated and monitored

### Facility: Community Health Centre, Korukunda, Malkangiri, Odisha
Care of suspect, referral services for COVID Hospital/COVID Health Centre

**Key stakeholders:** Healthcare professionals/ front line worker (clinical, paramedical, cleaning staff)
## Ensuring better – WASH for responding to COVID19 Pandemic

### 1- Quality Water Services
- 24*7 availability of adequate, safe water
- Water tanks- regular cleaning with records
- Disinfection & Chlorination
- Periodic quality testing(biological, chemical) & reports
- RO water filters -2 for patients

### 2- Sanitation & environment cleaning services
- Repair work to ensure adequate toilets with running water
- Toilets linked to fly proofed septic tanks
- Cleaning staff oriented about PPE donning & doffing
- Duty roster for janitorial staff
- Frequent cleaning of toilets, monitored twice a day
- Record of consumables maintained for timely replenishment (disinfectant, brush, bucket, mugs etc.)
- Separate- cleaning materials (toilets, general & critical)
- Three bucket system implemented for mopping
- Cleaning at OT & Labour room (dedicated cleaning staff)
- Wet mopping (after every procedure & frequent interval)
- No broom use
- Follow up of cleaning protocols (Isolation ward etc)

### 3- Hand Hygiene
- Elbow taps (LR, OT, lab, Dressing)
- Handwash facility- entrance (COVID 19) – patient/ visitors
- Sensitization on MoHFW advisory - frequency, soap/alcohol based hand rub, moments
- Practice standard procedure (staff)
- Monitoring Practice of Hand hygiene by patients, visitors and service providers
Key intervention for effective COVID-19 response

4- Localized ETP
- Attached to WASH basin (lab)
- Treatment of slide, equipment's, hand wash
- Interconnected to drainage to prevent exposure to open surrounding- soak pit
- Reduce chances of Contamination infection transmission

5- Waste Mgt.
- Ensure supply of separate color coded bins, puncture proof container (white)
- PPE access: Cleaning worker, waste mgt. (collection, disposal)
- 1 dedicated cleaning staff for BMW disposal
- Segregation (BMW guideline)
- Needle sharps → container → treat. → disposal at sharp pit
  Improved BMW Mgt.

6- Infection control
- Ensure all staff have access to Infection control policy & protocols
- Cleanliness & infection control mgt. - through committee
- Cleanliness and disinfection measures like microbial surveillance established under guidance of district microbiologist

7- Social Distancing & Respiratory Etiquettes
- Screening-adequate distance
- Beds (1 - 2 meter distance)
- Individual masks mandatory
- Thorough screening of suspected cases (travel, initial symptoms)
- Isolation room (6 beds), referral services to COVID hospital.

“There is regular check of the cleaning, autoclaving, changing of linen, cleaning of surface and collection of SWABs from different source points to examine the spread of virus in the facility”.

Block Programme Manager
UNICEF’s supported—“WASH in HCF AV Training Module”—has been a helpful tool for capacity building of Health care professional. This is being screened across healthcare facilities in state during COVIFD-19 Pandemic.

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<tr>
<th>Title</th>
<th>Key contents (including processes)</th>
<th>Uses in WB</th>
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<tbody>
<tr>
<td>1. Basics <strong>WASH Service in Health Care Facilities</strong> - link to health, economic impacts, quality services, Clint satisfaction,</td>
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<td>2. <strong>Water services</strong> (point of use, source to end user monitoring, reducing contamination- sanitary surveillance, quality, disinfection of storage, waste water drainage)</td>
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<td>3. <strong>Sanitation services</strong> (accessible user friendly features, privacy, safe technology, MHM facility, monitoring frequent cleaning)</td>
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<td>4. <strong>Infection Prevention &amp; Control</strong> (PPE Use, decontamination, disinfection, sterilisation (autoclaving), monitoring checklists)</td>
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<td>5. <strong>Hand Hygiene</strong> (WASH facility, Elbow Taps, soap/ solution, hand sanitizers, step, key moments, IEC)</td>
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<td>6. <strong>BMW Mgt.</strong> (segregation, PPE use, collection, disposal – BMW, general waste, spill mgt.- blood, IEC, solid)</td>
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<td>7. <strong>Support services</strong> (Linen mgt., Kitchen Mgt.)</td>
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<td>8. <strong>Env. cleaning</strong> (critical areas, PPE Use, 3 bucket system, mopping surface, disinfection of high touch area, chlorine solution, precautions)</td>
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<td>9. <strong>IEC Displays</strong></td>
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1. Challenges posed by COVID 19 can be converted in opportunities for reinforcing WASH & Infection prevention, control behaviours, improvement in services, restructure health service provision and infrastructural adjustments.

2. Capacity Building of all categories of health care professionals (key processes, protocols,) is critical – online technology/app.

3. Ensuring supplies like PPE, Equipment’s, soaps, sanitizers, disinfectants etc become an integral part of WASH facility improvement plans

4. Effective local language IEC, BCC, AV Tools/ support can facilitate skill transfer at a scale

5. Facility based gap assessment, preparedness & improvement plan, action, supportive supervision- must for sustaining effective WASH, IPC system

6. COVID-19 has helped in enforcing WASH IPC measures- as a new normal including hand hygiene, respiratory etiquettes- using mask, maintaining safe distance- adopted by Heath system & at community level

7. Coordinated team effort of government, community & development partners is critical for COVID response
For more Information, please contact

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