

# COVID-19 Infection Prevention and Control: Your Questions Answered







# Triage (or screening)

## **In the strategies for effective infection prevention and control (IPC), what does triage entail at hospitals?**

Triage includes screening at the entrance, identification of cases and isolation if necessary. There should be a triage (screening) area where visitors to the hospital are interviewed using standard questionnaires to identify symptoms, along with temperature checks and documentation of contacts. Individuals who meet the case definition for COVID-19 should be isolated immediately while arrangement is being made for swab (sample) collection from the patient. (See the WHO guidance on triage).

## **Should triage be carried out by nurses only?**

No, but it is easier to use nursing staff who have little or no training but understand the COVID-19 case definition very well. However, other healthcare workers such as laboratory scientists, pharmacists, doctors and even medical record officers could handle triage if they are trained to do so and if they are not needed at their station. Identification of symptoms and temperature check are part of nursing duties.

## **Where should triage be carried out in the health facility?**

Triage of visitors should be conducted before entry into the facility e.g. at a parking lot or at the entrance to the facility. That is why a single point-of-entry for all patients into the healthcare facility (HCF) is recommended. No one should be exempted from triage.

## **Is a cloth mask sufficient for use during triage (screening)?**

Linen/cloth mask is for community use and not for use in healthcare settings, surgical masks should be used at healthcare facilities. If there are no medical masks then it becomes critical to examine how the cloth mask was made and how it is being cleaned, and it must be changed every day. Do not touch the mask and perform hand hygiene before wearing and after removing the mask. See Africa CDC guidance on mitigating acute shortage of personal protective equipment (PPE).

## **What is the risk of getting infected through the eyes, as little or no emphasis is placed on the eye cover?**

The risk is also high if you touch your eyes while attending to patients who are coughing or when you engage in high-risk procedures like aerosol generating procedures (AGPs). It is, therefore, recommended to use face shields or other equipment that protect the eyes, such as goggles.

## **How essential is the use of eye shield?**

It is very important to wear an eye shield when performing procedures that could cause splashing whether for COVID-19 or not. It is preferable to wear a face mask with the face shield because the shield does not provide complete seal around the face and there is a probability that splashes may cross to the face (e.g. from beneath and sides of the face shield).

## **Can the disease be transmitted through wounds or abrasions if they have contact with infected droplets?**

There is currently no proof that infections can occur through wounds or abrasions. Infection occurs when a person inhales the infected droplet that falls on the skin, gloves or protective clothing, or if they touch their mouth or nose with contaminated hands. The virus is then transmitted through to the lungs.



# Face masks

## **Are cloth masks effective to interrupt the transmission of COVID-19?**

There is currently no evidence that cloth or linen masks significantly interrupt the transmission of respiratory diseases such as COVID-19 in healthcare facility settings. If widespread wearing of cloth masks is recommended in your country, it is very important to ensure that all other hygiene measures are maintained and encouraged, and they should be seen as additional measures, not alternatives.

Cloth masks should be used where physical distancing is not possible. The mask should fit properly on the face, and you should take care not to touch the surface with your hands. Cloth masks should be made of at least three layers of fabric. They should be washed daily and dried properly either in the sun or with electric iron. If cared for correctly and worn appropriately, cloth masks can prevent up to 50% of droplets from touching the face. Do not touch the mask with unwashed hands and sanitize or wash your hands after touching it. See [how to use](#) and [how not to use mask](#) from Africa CDC and the [WHO guideline on masks](#). Find more information on transmission [here](#).

## **Can uninfected persons in the community use the surgical mask?**

Healthcare supplies should be reserved for use by healthcare workers, there is already a shortage of surgical masks globally. If someone is not infected and they keep physical distance and constantly hand-sanitize, they should be fine. They should wear a cloth mask or disposable mask outside their homes or in groups where physical distancing is not possible.

### **How long should one wear a surgical mask?**

Wear surgical masks for a maximum of six hours and change it as soon as it gets wet or is soiled.

### **Can respirators like N95 be re-used and for how long?**

The issue of re-using N95 respirators is evolving very quickly. Studies are currently being conducted to know how best to decontaminate re-usable masks without damaging the protective properties. Validated methods for reprocessing masks require very high technology and they are difficult to apply without expensive equipment. Until more precise evidence is available it is advisable to dispose the mask if it gets damaged, becomes difficult to breathe through, or if it has been in contact with body fluid. There are decontamination guidelines for N95 respirators [here](#). See also the Africa CDC guidance on mitigating acute shortage of PPE.

### **How can you decontaminate a cloth mask for re-use?**

Wash the cloth mask with soap and water and allow it to dry in the sun, and if possible use an electric iron to keep it back in shape if the material is loose.

### **What materials are recommended for making cloth masks e.g. wool, cotton, polyester?**

Cloth masks should comprise at least three layers of linen and non-woven material (like interlining fabric) in-between, but it should not make breathing difficult. Find out more [here](#).

### **What is the right way to wear a surgical mask?**

Surgical masks must always be worn with the white side inside and blue or green side on the outside, irrespective of one's health status. The mask should cover the mouth and nose and the metal strip

should be at the top and moulded to fit the nose. See Africa CDC guidance [How to wear and use a mask](#).

### **How should a used face mask be disposed?**

Single use medical or surgical masks must be destroyed like medical waste, if possible, with fire in a bag. It is recommended to cut them into two pieces each to prevent them from being re-used. Remember to clean the scissors or the blade used in cutting them with 70% alcohol or alcohol-based hand rub/sanitizer. See methods of medical waste disposal [here](#).

### **Is it advisable to use alcohol spray on N95 masks after use, or to wash and allow it to dry and reuse, after ensuring proper hand hygiene and storage?**

No. Do not spray or wash N95 masks, this will damage the materials and ruin its protective capability.

### **What is the ideal face mask for protecting oneself from COVID-19 infection?**

Wear medical masks when working with patients or at the health facility. If carrying out an aerosol-generating procedure, then use an N95 mask. In the community, face covering like cloth mask can be used if well-made and cleaned properly after each use.

### **Is double masking (N95 mask and then a second surgical mask over the N95 mask) recommended?**

No, this is not encouraged. You should use a face shield to prevent splashing into eyes and face. It is one of the options offered to conserve N95 mask but it places additional burden on surgical masks which are also in short supply. It also increases breathing difficulty.

### **Do makeup and cream compromise the effectiveness of N95 masks?**

If the mask is wet, its effectiveness will be compromised. Contamination by makeup can damage the inner part of the mask and make it less effective in protecting against infection. The N means 'Not resistant to oil'

### **How much protection does a surgical mask provide?**

Surgical mask gives you good protection against droplets if it is fitted properly, is not compromised and covers your nose and mouth. It also protects others from your respiratory secretions.

### **Why are children less than two years not allowed to wear masks? Is there a possibility of having special masks for them since they are equally at risk of infection?**

The best way to protect children is to keep them away from hazards that may put them at risk of getting infected. The risk is very high when you allow children to use the mask. Children can harm themselves with the mask or infect themselves with it.

### **What kind of mask does the laundry worker require to be safe?**

Medical mask, aprons and heavy-duty gloves are recommended to protect them from exposure to chemicals.

### **Is there any risk of an adverse effect in using the face mask for a prolonged period?**

It depends on how the mask is worn. It is important to dispose a mask when it is soiled or when it becomes difficult to breathe through it. Young children (under two years) and people with breathing difficulties should not be made to wear a mask. Medical masks and N95 are tested to make sure that breathing resistance is not too high.



**What should I do if I am wearing a mask and feel an urge to sneeze, considering the current scarcity of masks?**

The purpose of mask is to collect any droplet from the mouth and nose and to protect the mouth and nose against droplets from the outside environment. Sneezing into the mask (and into the elbow) offer extra protection and is the best option. The mask continues to be effective until it is soiled.





# Personal protective equipment

## **How can healthcare workers protect themselves when there is little or no PPE available?**

It is a challenging situation when there is limited PPE to enable compliance to recommendations. However, such situation can be avoided by preparing and adapting how work is done. When possible, use reusable PPE that can be decontaminated locally. Strengthen stockpiling and procurement systems to plan for future needs as much as possible. Adopt engineering controls such as the use of plastic screens at reception desks or gates to maintain physical distancing at entrances or visiting areas. Reusable face shields and cotton surgical gowns may be decontaminated locally using the laundry and detergent or disinfectant. This reduces the need for constant resupply of expensive single use PPE. See the [WHO rational use of PPE](#) and [Africa CDC strategies for managing acute shortage of PPE](#) for further information.

## **Staff are not comfortable using a gown because it exposes the neck, is it advisable to use additional hood to cover the neck?**

This is not necessary. If you are working directly with patients and engaging in aerosol-generating procedures (AGP), the most essential PPE are the face shield or goggle, face mask and the coverall. We understand that some people have worked at healthcare facilities during Ebola outbreaks and are trying to handle COVID-19 the same way they handled Ebola. However, COVID-19 is different.

### **Are shoe covers necessary in isolation wards?**

No, they are not necessary, it is impossible to remove them without flicking contaminants around. Instead of a shoe cover, it is recommended to use washable-reusable boot or shoes, or a pair of closed toe shoes that can be decontaminated.

### **What are aerosol-generating procedures and what PPE are used?**

AGP are procedures that allow droplets to be formed into much smaller aerosols such as intubating or suctioning of patients, and swab collection. PPE recommended for use during such procedures are medical gloves, N95 masks, face shield or goggles, and gown or coverall. See [Africa CDC PPE guidance for a detailed list of AGPs](#).

### **Can we use the same area for donning and doffing?**

Yes, it depends on the design of the HCF and the type of assignment that is required. However, donning and doffing should not be performed by different healthcare workers at the same time if the same area is used for both.

### **What is the advice on use of gloves in the community?**

No need to use gloves in community as this gives a false sense of protection and it is a misuse of valuable resources. Community use of gloves may heighten fear in people and, if not properly used, the gloves can become a source of infection.

### **Can healthcare workers change gloves in patients' room?**

Yes, just remove them carefully and place them in the medical waste bin and make sure to have the new gloves close by. Wash your hands as usual before and after using the glove.

### **Is it necessary to always wear a coverall while taking care of COVID-19 patients?**

Coveralls are not recommended as body protection. Fluid resistant gowns are preferred because they are more comfortable and safer to remove without self-contamination. Coveralls may be used if that is what is available but staff should be trained to use them properly.

### **Is it good practice to change gloves in the period between attending to one patient and another in the isolation ward?**

Yes, it is always best practice to change gloves in the period between attending to one patient and another if you have touched the patient, and for proper hand hygiene as recommended by WHO 'five moments.'

### **Is double gloving indicated for dealing with COVID-19 patients?**

No, one pair of gloves is sufficient. Remember that this is not Ebola.

### **During doffing, when exactly am I expected to remove my respirator?**

There is an order for doing this: first remove the glove and then the gown, then clean your hands before touching your face to remove the respirator or mask. Use the straps to remove the mask without touching it. This principle is based on removing the most heavily contaminated items first.

### **What types of PPE are recommended for use in the community?**

Cloth mask is enough if there is possibility of being exposed to infection. However, if the task in the community involves home-based care, swab taking or evacuation of a COVID-19 positive case, full PPE as used in HCFs is recommended. [See Africa CDC guidance note for PPE for more info.](#)

## **What is the minimum PPE that personnel at the triage area should have?**

Screening involves mostly question and answer, therefore, hand hygiene and surgical mask should be enough if practised with physical distancing. When there is need to conduct more testing and screening with more patients, the use of gown, gloves and possibly goggles may be necessary depending on the risk assessment. [See Africa CDC PPE guidance for more info.](#)

## **How long can one wear the complete PPE for effective protection?**

This depends on many factors, including the climate, the health and fitness of the healthcare worker, how heavy the workload is, and many others. The risk of heat illness is real and should be minimised by carefully planning the workload, supporting healthcare workers with food and clean water, and providing rest and recuperation areas.

## **Are the Ebola PPE adequate for working in COVID-19 treatment centres?**

Ebola PPE can be used if there is a suspicion for Ebola as some countries still record suspected viral haemorrhagic fever cases during the COVID-19 pandemic.

## **Is it necessary to change PPE in the period between attending to one patient and another given that they may be carriers of other pathogens like multi-drug resistant organisms, which can be transmitted through contaminated PPE?**

Gloves should be changed before attending to each patient, but it is not necessary to change the mask and other PPE unless they have become contaminated with body fluids. Please see the WHO guidelines for rational use of PPE and Africa CDC guidelines for the use of PPE for more information.

## **How do we handle tea and lunch break, do we need new PPE when coming from break?**

Yes, please remove ALL PPE when leaving the isolation area and wash your hands before eating. You must put on a new set of PPE when returning to the isolation area.

## **Should we disinfect gumboots after doffing?**

Yes, but gumboot is not recommended as part of the required PPE for clinicians for COVID-19 response. It may be used by maintenance or WASH staff working in COVID-19 treatment centres. It can be washed with soap and water and dried appropriately after if used.





# Environmental cleaning and disinfection

## **What type of disinfectant is effective for COVID-19 prevention?**

SARS-COV-2 is an enveloped virus; to render it incapable of infecting others the outer lipid membrane needs to be ruptured. This can be done by washing thoroughly with soap and water and all classes of disinfectants as long as they are used in the right concentration and for the right contact time.

## **Is there an added benefit of adding mild disinfectant to water provided for handwashing?**

No. Soap and clean water is enough for handwashing. Mild disinfectants can dry and irritate the hands if used for this purpose, and this is not required.

## **Can PVP-Iodine be used in handwash and hand rub products or even as nasal spray and gargle mouthwash?**

No. No study has recommended the use of polyvinylpyrrolidone (PVP-Iodine) as a hand disinfectant against COVID-19. Also, nasal spray or any form of mouth wash has not been recommended as part of the preventive measures. We strongly recommend the usual handwashing with soap and water or the use of alcohol-based hand sanitizers.

## **How frequently should health facilities be disinfected?**

Clean the healthcare facility every day and disinfect high-risk areas once a day or more often than once as the case may be. Specific areas within health facilities should be cleaned more or less

frequently according to the risk they pose. Please see the [WHO guidelines on cleaning and disinfection](#), and [Africa CDC guidance on environmental decontamination](#) for more precise information.

### **How can we disinfect door handles and wall tiles within the hospital setting?**

Door handles are high touch surfaces and should be cleaned and disinfected regularly. Tiles and walls should also be cleaned according to a regular programme of environmental hygiene. Please see the [WHO guidelines on cleaning and disinfection](#), and [Africa CDC guidance on environmental decontamination](#) for further information.

### **Does handwashing with soap kill the virus or does it only help get rid of the virus from hands?**

Yes, handwashing deactivates the virus by disrupting the outer membrane or the viron and flushes out any remaining virus during rinsing. Soap and water and 70% alcohol are the most effective in killing the virus but alcohol-based hand rub should be used on visibly clean hands.

### **In areas with limited access to clean water for handwashing, what other alternatives can be prescribed for hand hygiene?**

Seventy percent alcohol or hand sanitizer is the best option but the hands should not be visibly soiled or dirty.

### **What come first cleaning or disinfection?**

Cleaning the environment first to remove dirt and then disinfect.



### **What kind of disinfectants can be used to clean and disinfect public places?**

Thorough cleaning with soap and water is adequate in most circumstances. For high touch surfaces and healthcare settings this may be followed by the use of a disinfectant such as Dettol, GQ-Plus, Cleanline, etc. Chlorine solution (0.1%) can also be used. Please see [Africa CDC guidance on environmental decontamination for more information](#).

### **What concentration of sodium hypochlorite is recommended for hospital use with the current pandemic?**

Chlorine high test hypochlorite or chlorine bleach solution should be diluted to 0.1% concentration for surface disinfection and 0.05% for soaking clean laundry if needed. Solution of 0.5% should only be used for body fluid spills ([as per usual recommendations](#)).

### **How do we clean computer keyboards if keyboard covers are not available?**

Wipe down with a damp cloth or tissue slightly soaked with 70% alcohol or other non-corrosive disinfectant.

### **How can we disinfect commonly used items like mobile phones, money, wallets, etc?**

Same as computer. Wipe down with a damp cloth or tissue slightly soaked with 70% alcohol or other non-corrosive detergent or disinfectant mix.

### **Which are the low-touch and which are the high-touch areas in the hospitals?**

Low-touch areas include areas like walls, top of cupboards and areas we normally do not touch every time. High-touch areas are beds,

bedsides, tables, cell-phones, door handles, objects that are close to us like taps, glasses, etc. High-touch surfaces vary in different settings but include surfaces like door handles, bed rails, computer keyboards, and elevator buttons, that are touched frequently by different people. Look at your facility to identify all the high-touch surfaces and make sure they are cleaned frequently.

### **Is there guidance on cleaning of airports and seaports as we begin to ease country lockdowns?**

It is recommended to clean everywhere thoroughly and regular with detergent and water and disinfect high-touch areas (see the high-touch areas above). Make sure there is a clear programme for cleaning all areas of the facility and that cleaners have been well-trained and equipped. There should be proper supervision and audit to maintain standards. There should be a clear line of accountability for cleaning so that everyone in the cleaning team understands their responsibilities.

### **What method is recommended for environmental cleaning in COVID-19 setting, floor cloth or mopping?**

Either method can be used but the floor cloth or mop should be properly cleaned after use. It is best practice to use different cleaning equipment for different areas such as toilet, kitchen, isolation ward, and general wards.

**Mop head:** This can be decontaminated by laundering it with detergent and water above 60°C or laundering at a lower temperature and followed by soaking for 10 minutes in 0.5% chlorine solution.

**Floor cloth:** Laundry could be done with hot water (60°C) using regular laundry detergent or normal water (at room temperature) and chlorine solution (0.05%).

### **How should screening instruments such as stethoscopes and blood pressure machine cuffs be disinfected?**

Wipe down the instrument with damp cloth or tissue paper slightly soaked with 70% alcohol solution. Chlorine or other oxidising disinfectant is not ideal for sensitive medical equipment because it is corrosive and may irritate patients' skin.

### **Is there any need for special cleaning of bathrooms or rest rooms?**

Normal regular cleaning with soap and water. Disinfect the door handles, taps, toilet seats, flush button, etc. with virucidal disinfectant such as Dettol, GQ-Plus, Cleanline, etc. or with 0.1% chlorine solution.

### **How should medical waste from isolation facilities be treated?**

Guidelines for waste management of medical waste could be found here: <https://www.who.int/news-room/fact-sheets/detail/health-care-waste>.

### **What about chlorine handwashing?**

This is a poor third choice to alcohol-based hand rub and soap and water. It should only be used in emergency when none of these products is available. The chlorine concentration for hand rinsing is 0.05% and this should be prepared fresh every day. The chlorine concentration diminishes quickly if the water used is not clear, if it is kept without a lid, or if exposed to sunlight.

Instructions for making the solution can be found here <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/make-handwashing-solution.html>

### **What is the recommended disinfectant for terminal cleaning?**

If you use chlorine as a surface disinfectant after cleaning with detergent and water, use 0.1% solution as recommended by WHO, ICAN and US-CDC.

### **How long should the staff wait before using a room after chlorine disinfection?**

It takes about one minute to deactivate SARS-CoV2 after disinfection with 0.1% chlorine. It is best to wait until the surfaces have dried naturally before reusing furniture and equipment. Spraying of chlorine solution is not recommended.

### **Does routine laundry and air-drying sufficiently decontaminate linens?**

Yes. Laundry could be done with hot water (60°C) using regular laundry detergent or at a lower temperature, followed by ironing with a hot iron, or soaking in a solution of 0.05% chlorine for 10 minutes and then rinsing with water.

### **How effective is fumigating surfaces like beds and mattresses in the control of COVID-19?**

Clean surfaces with soap and water, then wipe with any common virucidal disinfectant such as Dettol, or 0.05% chlorine solution. Spraying of chlorine solution is not recommended.

### **In the management of COVID-19 patients, is it recommended to spray healthcare workers with disinfectant before doffing full PPE?**

Spraying of chlorine solution on the healthcare worker is not recommended. It is unacceptable practise. WHO, Africa CDC and ICAN strongly advise against spraying of individuals or environment under any circumstance. Spraying with chemical disinfectants is physically harmful and does not limit the spread of COVID-19.

## **I see videos from many countries of spraying streets with disinfectant, is this something we should do to control the spread of COVID-19?**

Spraying chemicals into the environment is not an effective way of controlling COVID-19. Human beings should not be sprayed to decontaminate them because many chemical disinfectants are toxic and can cause irritation of the respiratory tract or environmental pollution.

The key point to remember is that respiratory droplets may settle on horizontal surfaces and on high-touch surfaces such as door handles and handrails. These surfaces should be cleaned regularly with detergent and water to remove physical dirt, after which they should be disinfected by wiping with disinfectant. Surfaces like street floors, pavements or walls in open areas do not contribute significantly to COVID-19 transmission. Keeping a physical distance of at least 1 m and performing respiratory and hand hygiene are more effective than spraying disinfectants to limit the spread of COVID-19 in public places.





# Isolation facilities

## **Is it advisable to repurpose places like stadiums, hostels and schools to serve as COVID-19 treatment centres?**

Because of the need for more space, such areas can be used if they are prepared properly with adequate spacing, enough PPE and proper cleaning is guaranteed. There are guidelines and standards to follow in doing this.

## **Can air-conditioners be used in COVID-19 treatment centres?**

Yes, but in a specialised way to prevent blowing of air across the lower area of the room which could help transport droplets from one patient to the other. In many treatment centres where air-conditioners are used, the air outlet is often directed into the ceiling chamber of the room and the cool air circulates from the ceiling area into the room. If used incorrectly air-conditioners may become vectors for COVID-19 transmission.

## **What is the recommended way to cool isolation units in the tropics?**

Desk fan which is directed towards the window in a way that it does not carry droplets from one patient to the other is recommended. The use of surgical masks while working in HCFs is highly recommended. Natural ventilation such as opening windows may be the best option if that is possible and provides enough air. If not, using air-conditioners as described may be a better option.

## **Is there a need for HEPA filter in isolation rooms, triage areas, swapping rooms and care areas of COVID-19 patients?**

Not necessarily. This will disrupt the natural ventilation that is used in most room layouts. In some high-income settings with specialist or handling units, HEPA filters are used in positive and negative pressure isolation rooms.

## **Can a toilet be shared in a quarantine facility? If yes, what is the ratio of toilet to persons in this situation?**

In ideal circumstances, each person or household should have en-suite facilities during quarantine or isolation. This is because families in quarantine may have other diseases than COVID-19. However, toilets can be shared if necessary but there must be hand hygiene facility and the toilets should be cleaned frequently. Patients should be educated on how to protect themselves against infection within the area. [WHO and UNICEF jointly recommend one toilet for a maximum of 20 patients.](#)

## **Should visitors be allowed to visit the isolation facilities?**

Visits to isolation centres should be restricted. If visitors must enter the wards, they should be trained and supervised to keep themselves and the patients safe. Provide areas for them to wear PPE. If they are just visiting to see a family member in the isolation area and they can see each other without getting close or touching anything, and they can maintain physical distancing, they should only wear the face mask and perform hand hygiene.

Engineering controls such as the use of Perspex screens and visiting areas with 2 m distance from the patient may facilitate hospital visiting. We should also consider the risk of the family members travelling via shared public transport and existing travel restrictions.

## **Can opening windows during transportation by bus, taxi, train, etc. help prevent the spread of COVID-19?**

Opening windows will ensure ventilation, but if the people cannot maintain physical distancing, cloth masks should be used for the period they are in the bus or taxi. Hand hygiene and cleaning of face mask must be done afterwards and the passengers should avoid touching their faces. Clear public health messaging should be created for people who use the public transport. Please refer to [Africa CDC guidance for transportation sector](#).

## **What is the recommendation for homecare for confirmed mild cases of COVID-19? Is this effective in our setting?**

If we adhere to the guidelines given by WHO, homecare of confirmed mild COVID-19 cases can be effective. Ensure regular hand hygiene and cough etiquette with reduced closed contact with the infected person. Conduct follow-up consultation with the doctor via phone if anything happens or changes.







# Healthcare workers

**How do we address staffing problems in settings with high HIV infection rates where healthcare workers are affected and fall within the vulnerable group that should not work in COVID-19 isolation facilities?**

Allow staff with underlying conditions to look after non-COVID-19 patients or ensure that they wear the correct PPE and perform hand hygiene often for their safety.

**What extra precautions do you advise healthcare workers to observe when they arrive home from their workstations to protect their families against COVID-19 infection?**

It is recommended that healthcare workers should not have direct contact with family members when working at isolation or treatment centres. If the family is staying within the hospital premises as is the case in some countries, the HCW should use a separate room, practise hand hygiene, and maintain physical distance whenever there is a need to see a family member. They should clean their clothes and the areas where they stay properly.

**How often or at what stage should frontline workers be advised to go for test while caring for COVID-19 patients?**

Quarantine is recommended when an HCW completes a round of shift before reuniting with family. This varies from country to country. A round of shift may be a week in some countries and 2-3 weeks in other countries. Laboratory test is recommended at the end of the quarantine period even if there is no sign or symptom of COVID-19.

If a healthcare worker shows any signs or symptoms of COVID-19 they should be tested and should remain isolated until the results are known. Regular health surveillance of HCWs is important to detect symptoms early.

### **Is it possible for health workers to contact COVID-19 through their clothes after leaving the isolation centre?**

No, unless they have physical contact with mucous membranes. The virus can last on surfaces, but does not have good stability on soft dry surfaces like clothing. Regular washing of clothes is recommended.

### **What are the most common risk factors for contracting COVID-19 by healthcare workers?**

Studies have identified lack of IPC knowledge, sometimes because of inadequate IPC training, fear (anxiety) while on duty, insufficient or inappropriate use of PPE, and ignoring standard and other precautions. Others include long-term exposure to a large number of infected patients, using substandard PPE, recurrent activities and engagement in high-risk roles such as aerosol-generating procedures like intubating patients, and handling coughing and restless patients without adequate and correct PPE. HCWs are also at risk of being infected outside work, especially when there is widespread community transmission e.g. on public transport. There could also be transmission to and from colleagues (if they have mild or asymptomatic infection). Therefore, healthcare workers should prioritise hand hygiene and physical distancing during handovers and when taking meal breaks (especially as masks cannot be worn while eating).

## **What are the IPC recommendations for handling COVID-19 corpses?**

There is no evidence that COVID-19 corpses are still infectious. The corpse can be handled normally, especially if you have plugged all openings. Ensure that handlers of corpses use PPE. There is a theoretical risk of droplet transmission during movement of bodies as air may be mechanically exhaled. If aerosol-generating procedures have been performed in the room before the patient died, the room must be well ventilated before airborne precautions (N95) can be removed.

## **Is it safe to care for corpses of family members who died of COVID-19?**

COVID-19 is not commonly transmitted through contact with dead bodies. *SARS-CoV-2* is a respiratory pathogen so when an infected person dies and stops breathing or coughing the risk of transmission reduces. However, transmission may still occur in some circumstances. During movement of the body, e.g. washing or wrapping in a shroud may pose a risk of respiratory droplets being expelled from the mouth or nose. There is also a risk of contact with surfaces contaminated around the body when the person was breathing and coughing.

If AGPs have been conducted, the room should be well ventilated for at least one hour before anyone accesses it (airborne precautions are not needed). If family members are involved in the preparation of the body, they should wear appropriate PPE to protect their skin and mucous membranes from contact with any respiratory droplets or environmental contamination. Once the body has been prepared and the room cleaned and well ventilated it is safe for family members to

approach the body to view it and say prayers. It is not recommended to allow family to kiss the body or the shroud, but they may touch it (i.e. holding the hand) if hand hygiene is performed immediately afterwards.

It is important for authorities to support families in saying goodbye to their loved ones and this should be facilitated through education and supervision of physical distancing at funerals, as well as provision of hand hygiene materials and PPE if required. Messages about hand hygiene and avoiding face touching should be reinforced at every opportunity during the funeral arrangement.





# Community

## **Why is there inconsistency and divergent views about physical distancing, 1 m, 1.5 m, 6 ft and 2 m?**

The aim of physical distancing is to reduce the chance of droplets from a person speaking, coughing or sneezing from dropping on another person. Most droplets are heavy and will fall to the ground within 1 m, but smaller droplets can travel further, up to 2 m. Very few droplets can travel even further than that, they are very few that the risk of transmission is very small. It is important to maintain physical distance of 1 m as a minimum. In some areas it is possible to maintain physical distance of 2 m and a more precautionary approach is advised. It is important to comply with the recommendations in your area as this will take into consideration your specific local circumstances.

## **Among internally displaced persons setting where overcrowding is inevitable, how do we ensure IPC measures?**

Wearing masks and hand hygiene are strongly recommended, regular cleaning of the environment with soap and water should be considered. Spraying of disinfectant should be avoided. Perform hand hygiene after touching the masks and ensure that the masks (cloth masks) are washed every day. If a person is sick, others should keep distance from them, wear mask and seek medical attention immediately if the health condition does not improve. Healthy eating and physical exercise are recommended because this can help the body to fight diseases. Exposure to sunlight for some hours every day can also help.

### **What are the IPC considerations for pharmacies and patent medicine vendors who attend to ill patients?**

Wearing masks and regular hand hygiene are strongly recommended after every transaction. Regular cleaning of the highly touched areas with disinfectant should be encouraged. Physical distancing between the patient, other customers and the person dispensing is recommended as well.

### **What is the most effective protective measure for the community in African context?**

Based on current evidence, physical distancing, hand washing or sanitising, wearing a mask and cleaning of the environment with soap and water is recommended. Social gathering and cultural ceremonies should be avoided or reduced. All the cultural norms such as kissing children or the elderly should be avoided. As our knowledge of the virus improves, this advice may be tailored more precisely.

### **What are the important precautions during and after shopping?**

Wearing masks and regular hand hygiene are recommended. Regular cleaning of the highly touched area with disinfectants should be considered too. Physical distancing between the shoppers and between the cashiers and the shoppers is recommended.

### **What is the difference between quarantine and isolation?**

Quarantine and isolation are public health practices used to protect the public by limiting people's exposure to people who have or may have a contagious disease such as COVID-19. Isolation separates sick people with a contagious disease from people who are not sick while quarantine separates and restricts the movement of people who have been exposed to an infectious disease such as COVID-19 to see if they become sick. These people may have been exposed to an infectious disease without knowing it, or they may have the disease but do not show symptoms as at the time.





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