



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



COVID-19

**ENVIRONMENTAL HEALTH
RESPONSE**

GUIDELINES

2020

1. BACKGROUND

The National Department of Health has been actively involved in monitoring international travellers entering South Africa with the aim of detecting any carriers of the virus at early stages. This activity has been carried out for all international conveyances. Plans have been prepared and guidelines were developed to guide the whole health sector in the country.

The Country has put all necessary processes in place to ensure that the introduction of cases is detected early at Points of Entry and managed to prevent further spread. If it happens that suspected cases develop symptoms and meet the case definition criteria; this will probably happen at community level or out of the point of entry environment, which may happen after the incubation period has lapsed, Municipal Health Services (MHS) would have to kick in.

This document aims to guide Environmental Health Services (EHS) on key roles related to the management of the outbreak. This guide should be read in conjunction with the guideline for case finding, diagnosis, management and public health response in South Africa and the standard operating procedures on Novel Corona Virus -19 (COVID-19).

2. ROLE OF ENVIRONMENTAL HEALTH PRACTITIONERS IN THE MANAGEMENT OF COVID-19

- Participation in Outbreak Response Teams (ORT) activated at provincial and district level;
- Investigation of suspected cases and contact tracing;
- Monitoring of the management of the human remains and disposal of the dead;
- Facilitate and monitor decontamination and disinfection of affected homes;
- Monitoring of the management of health care waste;
- Health education and awareness on public hygiene measures.

* A multi stakeholder approach should be observed throughout activities involving COVID-19.

3. GUIDELINES

3.1 Guidelines on management of deceased and disposal of bodies infected with covid-19

Environmental health has a key role to play in monitoring the management of human remains that dies of an infectious disease, including COVID-19.

The monitoring will include the following;

- Providing guidance and advice to funeral undertakers on management of infectious human remains;
- Inspection of premises where bodies are prepared, stored and monitoring of the disposal of bodies.

EH monitoring of the management of human remains to be done in line with the Environmental Health Guideline for the Management of Human Remains in the context of COVID-19 (**Annexure A**).

3.2 GUIDELINES FOR TRACING OF CONTACTS

The relevant provincial Communicable Disease Coordinator (CDC) with assistance of Environmental health will be responsible for collating a list of family, household, workplace and community contacts that were exposed a COVID-19 patient.

- A contact line list should be completed for each suspected case at time of sample collection and completion of the Case Investigation Form (CIF) by the facility infection control focal point, attending clinician or designated port health officer.
- Trace and place case contacts under observation e.g. family or cohorts in collaboration with local authorities (district and metropolitan municipalities).
- Collate information and share reports with key stakeholders.
- The CDC will communicate with and assess each contact, and ensure completion of follow-up for the 14-day period for each contact.
- Contacts who do not have symptoms at time of the call, are to be monitored telephonically for 14 days by CDC or NICD call centre personnel post last exposure to the confirmed case.
- Monitoring of contacts may switch from telephonic monitoring to self-monitoring dependant on the number of contacts to be followed up.
- The CDC and EH should prioritise family and household contacts.
- The CDC should report daily to the NICD on their findings.
 - The NICD, CDC and EH should together assess the need for:
 - Additional measures to identify contacts including the use of public service announcements or media releases, and/or the use of social media to invite persons who were at particular events and who are symptomatic to make contact with the NICD using the NICD hotline number **0800 029 999**.
 - Contacts under monitoring should be advised to:
 - Avoid unnecessary social contact;
 - Avoid travel;
 - Remain reachable for monitoring; and
 - Practice good hygiene always.
 - Avoid unnecessary social contact; if necessary and essential to wear mask
 - Avoid contact with sick people
 - When breastfeeding mothers should wear mask

3.3 FACILITATE THE DECONTAMINATION / DISINFECTION (CLEANING) IN HOUSEHOLD, WORKPLACE OF PATIENTS AND CONTACTS AND OTHER ENVIRONMENTS

3.3.1 Disinfection of Patient's homes

EH and CDC to facilitate and monitor that the decontamination and disinfection of patient homes is carried out as follows;

- Clean and disinfect bathrooms and toilet surfaces at least once daily. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied;
- In rural settings/areas where there might not be bathrooms, bowls used for bathing should be disinfected and rooms where patients is washing him/herself.
- Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.

- Gloves and protective clothing (e.g., plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids. Depending on the context, 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% sodium hypochlorite solution. Single-use gloves (e.g., nitrile or latex) should be discarded after each use.
- Perform hand hygiene before and after removing gloves.
- Gloves, masks and other waste generated during at-home patient care should be placed into a waste bin with a lid or suitable HCRW receptacle in the patient's room before being disposed of as infectious waste.
- Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g., do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen).

3.3.2 Environmental disinfection

EH facilitate and monitor the disinfection of public places and other environments in high risk areas. For environmental disinfection guidelines, refer Section 3.2 to the Public Hygiene Strategy and implementation Plan.

3.4 HEALTH EDUCATION AND AWARENESS ON PUBLIC HYGIENE MEASURES

Community Awareness, Education and Communication is critical in the management and prevention of the spread of COVID-19, especially to delay community infection.

EH to play a critical role in raising community awareness and educating on the spread and prevention of COVID-19, particularly on scaling up hygiene measures.

Public education and awareness to be conducted as guided by section 3.1 of the Public Hygiene Measures Strategy and implementation Plan for COVI-19 (**Annexure B**).

EHP's to be part of the planning of the major events and advice on the following;

- Keeping of records for all contacts and service providers for events;
- Regular cleaning and disinfection of surfaces;
- Good personal hygiene and hand washing practices;
- Limiting of contacts, avoiding handshaking and hugging ;
- Identification of visibly sick attendees and advised or separated from the rest of the people.
- Advising notably sick people to stay away from major events;
- The organiser of an event should let all potential patrons declare their travel history;
- Reducing the number of people to minimise exposure.
- Keeping of bathrooms clean and disinfected regularly
- Distribution of hygiene messaging at the venue, such as washing hands with soap and use of sanitizers.
- Provision of hand wash facilities and soap to promote hand washing and hand drying paper with bins.

3.8 MONITORING OF THE MANAGEMENT OF WASTE

EH should monitor the management of waste as part of general hygiene measures for the prevention of the spread of COVID-19.

Health care waste will be generated in various settings in the treatment of the virus i.e. in health care facilities, patient's homes, and quarantine sites.

Best practices for safely managing health care waste should be followed, including assigning responsibility and sufficient human and material resources to dispose of such waste safely. All health care waste produced during the care of COVID 19 patients should be collected safely in designated containers and bags, treated, and then safely disposed of or treated.

EH should monitor the management of waste for COVID-19 in line with Section 3.3 of Public Hygiene Measures Strategy and Implementation Plan (Annexure B).

3.9 REPORTING

- EHPs to provide reports to the province/national on cases, and investigations;
- EHPs should take part in the preparation of line lists as guided and have it submitted to NICD dedicated email address: ncov@nicd.ac.za
- The team must try by all means to encourage patients to be separated from other contacts and restrict their activities.



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ACTING DIRECTOR-GENERAL: HEALTH

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