

ICCG Myanmar: Operationalizing general guidance on self/home quarantine (MoHS) and self-isolation (WHO) to camp settings in Myanmar

(8 June 2020)

Purpose:

The ICCG Myanmar is not actively recommending home/self-quarantine and home/self-isolation options in camps settings. However, for contingency planning and preparedness purposes, the ICCG prepared the below matrix that operationalizes general guidance provided by MoHS (on self/home quarantine) and WHO (on self-isolation) to the context in which humanitarian partners are working. The matrix complements the ICCG’s Interim Guidance on Quarantine and Isolation in Camp Settings in Myanmar (Version 2)¹, which clarifies concepts and lays out general recommendations and considerations for humanitarian partners.

The intent is not to prescribe a standard or recommended course of action applicable to all camps but to provide practical recommendations and ideas to partners based on IASC interim guidance², Global Cluster guidelines, and practices currently being tried in other humanitarian operations.

Home Quarantine (MoHS)³

Original guidance	Contextualized recommendations/advice
(1) Must stay in a separate room at home up to after home arrival. Be careful that asymptomatic infected person can spread COVID-19 to other household members during quarantine period.	In multi-room shelters, designate one room for the quarantining family member(s) and condense all other living arrangements into the remaining spaces for the duration of the quarantine. If a separate room is not feasible, consider roping off part of a long house or shared room, ensuring maximum space between individual in quarantine and rest of the household.

¹ [ICCG Myanmar: Interim Operational Guidance for COVID-19 Quarantine and Isolation in IDP Camp Settings in Myanmar \(Version 2\)](#)

² [IASC Interim Guidance: Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity Humanitarian Settings \(Version 1\)](#)

³ <https://www.mohs.gov.mm/content/publication/2019-ncov>

	<p>Maintaining the minimum physical distance is the first option. If such a distance cannot be maintained such as in displacement houses, then the use of disposable surgical masks or washable cloth face coverings⁴ is strongly recommended for the person in home/self-quarantine in addition to standard hygiene practices.</p> <p>Pay attention to quarantine space for individuals who are at risk or have suffered intimate partner violence/domestic violence to ensure that survivors are not trapped with perpetrators during this period.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none">• Provision of suggested floorplans for the rearrangement of camp-specific shelter types• Provision of materials for the designation of space – ropes, paint for floor/wall marking, plastic sheeting for internal screening• Provision of face masks or washable cloth face coverings• Caregivers can use developed messages for children to communicate to children on what is happening and support children in practicing behaviors that prevent spread of COVID-19 e.g. explaining to them the distancing and other recommended behaviors.• Caregivers should support children to play using Safe Play activities developed by CPWG (already developed and to be shared).• (Referring to referral pathways) GBV partners to work with relevant agencies on safely identifying individuals at risk of intimate partner/domestic violence
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⁴ [WHO Coronavirus disease \(COVID-19\) advice for the public: When and how to use masks](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html) (last updated 5 June 2020). Additionally, Centers for Disease Control and Prevention (CDC) notes that children under age 2 should not wear masks or have cloth placed over their nose or mouth as this may restrict breathing. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

<p>(2) Maintain good ventilation, open the windows as much as possible.</p>	<p>Open windows or other openings in your accommodation while ensuring protection from mosquitos and other vectors of disease</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Support for the forming of new window openings if necessary – provision of wire, bamboo, plastic sheeting and community labour • Additional mosquito nets or netting for window screens
<p>(3) Must maintain physical distance at least 2 meters (6 ft.) away from other household members and must not consume foods together.</p>	<p>Maintain as much physical distance as possible from other household members, possibly roping off a small area of a shared room. Consume your meals separately.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provision of materials for the designation of space – ropes, paint for floor/wall marking • Train camp community to measure and mark a 2m buffer zone on floors and walls • Provision of additional household NFI for separate food consumption • Children to be supported in reinforcing the safe distance in homes through using child friendly messages including songs that have already been developed.
<p>(4) Should use separate bathrooms as much as possible. If there is need to share bathrooms, clean used water-tap handles and doorknobs with 1:50 Hypochlorite Solution (1,000ppm). (To get 1:50 Hypochlorite Solution (1,000 ppm), mix 4 teaspoonfuls of 5% bleaching powder into 1 liter of water.)</p>	<p>Work with camp management and camp committees to cordon off one part of shared latrine blocs for individuals in quarantine or build additional single pit latrines for each latrine block for persons in quarantine, with separate hand washing facilities. It is important that the designation of separate latrines for persons in quarantine do not reduce to an unacceptable level the availability of latrines for the rest of the people.</p> <p>Other options include bucket latrines or distribution of peepoo bags and tippy tap to be used in the room where the person is quarantined. These options have their complications as well.</p>

	<p>Latrines, bathing and handwashing facilities should be cleaned after every use by the user in self/home quarantine. In addition, WASH partners should clean the facility daily and support the formation of community cleaning teams through training and equipping (with PPE and back sprayer) to increase and strengthen latrine and handwashing station cleaning.</p> <p>Recommended cleaning materials include: brooms, mops, scrubbing brushing, cleaning cloths, buckets to prepare chlorine solution, waste bins, hand soap, and one 5kg drum of chlorine (bleaching powder, disinfectant) per facility to start and then resupplied based on need and size of facility. For operators of hand washing stations, 2 pieces of carbolic soap every 5 staff should be supplied for handwashing and individual staff should be supplied with his/her own broom, mop and bucket so that each operator is responsible to maintain his/her set clean.</p> <p>Clean used water-tap handles and doorknobs with 1:50 Hypochlorite Solution (1,000ppm). (To get 1:50 Hypochlorite Solution (1,000 ppm), mix 4 teaspoonfuls of 5% bleaching powder into 1 liter of water.) appropriate use of gloves are essential, to protect against skin irritations even at low concentrations.</p> <p>Ensure that the WASH actor includes and specifically allocates child friendly, gender-sensitive, persons with disabilities/mobility challenges sensitive facilities. Ensure that all groups – especially, children, women/girls as well as people with disabilities can safely access these facilities, taking particular attention to height, safety and other accessibility issues.</p>
(5) Must not allow any home visitor. Instead of accepting home visitors, use mobile phones or internet for communication.	Remains applicable

<p>(6) Must totally avoid any crowded place. Please strictly follow this important point.</p>	<p>Remains applicable</p>
<p>(7) Practice frequent handwashing with soap and water at least 20 seconds. Use hand sanitizers with at least 60% alcohol, if soap and water is not available. (Practice proper handwashing after sneezing, coughing, before and after touching commonly used objects, before and after eating)</p>	<p>Remains applicable</p> <p>Children must be supported to learn and adopt COVID-19 safe practices through caregivers, explaining and teaching songs that are played on radios as well as other child friendly methods.</p>
<p>(8) Avoid touching eyes, nose and mouth with unwashed hands.</p>	<p>Remains applicable</p>
<p>(9) Must fully cover mouth and nose with surgical mask whenever talking with other household members.</p>	<p>Remains applicable</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provision of surgical masks to affected households or washable cloth masks following the MoHS guidance to the general public (Reference link: MoHS Guidance on Cloth Face Covering) • <i>Masks and children under 2 years of age: CDC recommends that children under 2 years not use masks or cloth to cover nose or mouth as this may restrict breathing. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</i>
<p>(10) Must use disposable tissues fully covering nose and mouth during coughing or sneezing. Always discard used facemasks, tissues and gloves in a closed bin followed by proper handwashing.</p>	<p>Must use disposable tissues fully covering nose and mouth during coughing or sneezing. Always discard used facemasks, tissues and gloves in a closed bin followed by proper handwashing, or use cloth facemasks and ensure regular washing.</p> <p>Potential support from humanitarian actors:</p>

	<ul style="list-style-type: none"> • Establish stockpiles of disposable tissues, facemasks, soap and closable bins for delivery to camps where home-base quarantine is practiced • Alternatively, stock re-useable items alongside buckets, gloves, soap and bleaching powder for disinfection and washing • Provision of separate closed bins for used facemasks, tissues, and gloves
<p>(11) Use personal utensils, bed linens and clothes separately. Used utensils, bed linens and clothes should be washed thoroughly using washing machine. Before washing, put these materials up to 30 minutes in a solution containing 1 time 1:50 Hypochlorite Solution (1,000ppm) and 20 times of water.</p>	<p>Use personal utensils, bed linens and clothes separately if possible.</p> <p>Used utensils, bed linens and clothes should be washed thoroughly. Before washing, put these materials up to 30 minutes in a solution containing 1 time 1:50 Hypochlorite Solution (1,000ppm). Gloves should be used to protect skin again irritation when using Hypochlorite Solution even at low concentrations.</p> <p>Wash personal utensils, bed lines and clothes separately and to the best extent possible given availability of soap, water and hypochlorite solution.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide training on disinfection and washing of clothes, bed linens, towels and utensils. Provide gloves if Hypochlorite Solution is to be used. • Ensure supplies of bleaching powder, soap, buckets and water to affected camps
<p>(12) Check body temperature twice a day if possible. Wear a surgical mask and inform designated health center or fever center if there is any symptom such as fever, cough, difficulty in breathing, sore throat, body aches and pain, and other flu-like symptoms.</p>	<p>Remains applicable</p> <p>In addition, follow instructions from health care worker assigned to monitor your household</p>

<p>Family/Household members of quarantined persons must abide by the following instructions:</p>	
<p>(1) Prepare a separate room for person under home quarantine.</p>	<p>If not possible, cordon off part of a shared living space for the person under quarantine.</p> <p>Ensure children have play activities to reduce mental stress. Work with Child Protection actors in your location to learn more about services available to support children in home quarantine.</p>
<p>(2) Provide specific utensils, plates, cups and towels for personal use.</p>	<p>Remains applicable</p>
<p>(3) Must maintain physical distance at least 2 meters (6 ft.) away from person under quarantine and must not consume foods together.</p>	<p>Maintain as much physical distance as feasible in the living space.</p> <p>Promote the use of surgical masks or washable cloth masks, if physical distance is not possible.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide surgical masks or washable cloth masks to persons residing in same living space, if physical distancing is not possible.
<p>(4) Practice frequent handwashing with soap and water at least 20 seconds. Hand sanitizers with at least 60% alcohol can be used if soap and water is not available. (Practice handwashing after sneezing, coughing, before and after touching objects, before and after eating). All household member must avoid any crowded place as much as possible.</p>	<p>Remains applicable</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Ensure adequate water supply to affected camps • Provide additional soap to affected household • Work with Child Protection actors to ensure messages are reinforced for children in child friendly manner and that WASH actors are made aware of child Protection services for referral. Services include MHPSS and Case management which also include Child Helplines and Phone case management.

<p>(5) Make sure that person under home quarantine must not go outside and stay at home.</p>	<p>If person needs to go outside to access WASH facilities, ensure they use areas designated by camp committees for persons under quarantine, and avoid all other contact while accessing such facilities.</p>
<p>(6) Regularly inform health status of person under home quarantine to the designated health center and provide psychological support as much as possible.</p>	<p>Follow instructions from health care worker assigned to monitor your household. Identify psychosocial support (PSS) services at camp level that could be provided to persons in home/self-quarantine and their families.</p>
<p>(7) Inform designated health center or nearest fever center if there is any development of symptoms such as fever, cough, difficulty in breathing, sore throat, body aches and pain, and other flu like symptoms in person under home quarantine.</p>	<p>In addition, adhere to any additional instructions from MoHS designated health monitor Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Ensure households with members under quarantine are aware of how to inform their nearest health center
<p>(8) Cooperate and support basic health service professionals whenever they come to do disease control procedures at home.</p>	<p>Remains applicable</p>
	<p><u>Groups at particular risk requiring additional community support and/or specialized services:</u></p> <ul style="list-style-type: none"> • Individuals at risk of or survivors of intimate partner domestic violence • Single heads of household, women headed households, elderly or disabled heads of households, children headed households • Persons with disabilities or elderly without immediate family or community support <p><u>Child Protection support services:</u></p>

	<ul style="list-style-type: none"> • Child Protection actors to work with Camp Coordination to ensure the distribution of Child Friendly interventions including messages and access to services for Children infected or affected including case management and MHPSS • Child Protection package also includes; Case management services through trained DSW and other frontline workers. <p><u>Gender Based Violence support services:</u> Provision of GBV services, including case management, PSS and referrals for women and girls at risk</p> <p><u>MHPSS:</u> Updated Referral Directory with mapping of remote services e.g. helplines, tele-counseling, case management, quarantine services: https://www.mhpssmyanmar.org/referral mhpss</p> <p><u>Children under 2 years of age:</u> CDC recommends that children under 2 years not use masks or cloth to cover nose or mouth as this may restrict breathing. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</p>
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Annex 2: Self Isolation for suspected or confirmed cases with mild symptoms (WHO) ⁵

Original guidance	Contextualized recommendations/advice
Place the patient in a well-ventilated single room (i.e. with open windows and an open door).	In multi-room shelters, designate one room for the isolating family member(s) and condense all other living arrangements into the remaining spaces for the duration of the isolation. If a separate room is not feasible, consider roping off part of a long house or shared room, ensuring maximum space between individual in isolation and rest of the household.

⁵ [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

Open windows or other openings in your accommodation while ensuring protection from mosquitos and other vectors of disease.

Pay attention to isolation space for individuals who are at risk or have suffered intimate partner violence/domestic violence to ensure that survivors are not trapped with perpetrators during this period.

Potential support from humanitarian actors:

- Provide suggested floorplans for the rearrangement of camp-specific shelter types
- Provide materials for the designation of space – ropes, paint for floor/wall marking.

Support for the forming of new window openings if necessary – provision of wire, bamboo, plastic sheeting and community labor. Maintain as much physical distance as possible from other household members, possibly roping off a small area of a shared room. Consume your meals separately.

Potential support from humanitarian actors:

- Provision of materials for the designation of space – ropes, paint for floor/wall marking
- Train camp community to measure and mark a 2m buffer zone on floors and walls
- Provision of additional household NFI for separate food consumption
- Children to be supported in reinforcing the safe distance in homes through using child friendly messages including songs that have already been developed.
- Additional mosquito nets or netting for window screens
- Caregivers can use developed messages for children to communicate to children on what is happening and support children in practicing behaviors that

	<p>prevent spread of COVID-19 e.g. explaining to them the distancing and other recommended behaviors.</p> <ul style="list-style-type: none"> • (Referring to referral pathways) GBV partners to work with relevant agencies on safely identifying individuals at risk of intimate partner/domestic violence.
<p>Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, bathroom) are well ventilated (keep windows open).</p>	<p>Maintain as much physical distance as possible from other household members, possibly roping off a small area of a shared room.</p> <p>Open windows and keep them open or other openings in your accommodation while ensuring protection from mosquitos and other vectors of disease</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provision of materials for the designation of space – ropes, paint for floor/wall marking • Train camp community to measure and mark a 2m buffer zone on floors and walls • Provision of additional household NFI for separate food consumption • Children to be supported in reinforcing the safe distance in homes through using child friendly messages including songs that have already been developed. • Ensure children are well occupied using safe play activities to reduce anxiety and movement.
<p>Household members should stay in a different room or, if that is not possible, maintain a distance of at least 2 metres from the ill person (e.g. sleep in a separate bed).</p>	<p>In multi-room shelters, designate one room for the isolating family member(s) and condense all other living arrangements into the remaining spaces for the duration of the isolation. If a separate room is not feasible, consider roping off part of a long house or shared room, ensuring maximum space between individual in isolation and rest of the household.</p>

	<p>Open windows or other openings in your accommodation while ensuring protection from mosquitos and other vectors of disease.</p> <p>Pay attention to isolation space for individuals who are at risk or have suffered intimate partner violence/domestic violence to ensure that survivors are not trapped with perpetrators during this period.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provision of materials for the designation of space – ropes, paint for floor/wall marking. • Train camp community to measure and mark a 2m buffer zone on floors and walls • Support children to understand ‘buffer zone’ and the need for separate spaces through child friendly communication i.e. songs, pictures etc. that can be provided by Child Protection actors in that location
<p>Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immunocompromising conditions.</p>	<p>Remains applicable.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Support camp communities in maintaining an updated list of designated caregivers • Prioritize patients and caregiver in the provision of masks and other PPE as available
<p>Visitors should not be allowed until the patient has completely recovered and has no signs or symptoms of COVID-19.</p>	<p>Remains applicable</p>

<p>Perform hand hygiene before and after any type of contact with patients or their immediate environment.</p>	<p>Remains applicable</p> <p>Practice frequent handwashing with soap and water at least 20 seconds. Use hand sanitizers with at least 60% alcohol, if soap and water is not available. (Practice proper handwashing after sneezing, coughing, before and after touching commonly used objects, before and after eating)</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Ensure sufficient supply of soap affected HH
<p>Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly dirty, an alcohol-based hand rub can be used. For visibly dirty hands, use soap and water.</p>	<p>Remains applicable</p> <p>Practice frequent handwashing with soap and water at least 20 seconds. Use hand sanitizers with at least 60% alcohol, if soap and water is not available. (Practice proper handwashing after sneezing, coughing, before and after touching commonly used objects, before and after eating)</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Ensure sufficient supply of soap affected HH
<p>When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands. If these are not available, use clean cloth towels and replace them frequently.</p>	<p>Remains applicable</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Establish stockpiles of disposable tissues soap and closable bins for delivery to camps where home-base quarantine is practiced • Alternatively, stock re-useable items alongside buckets, gloves, soap and bleaching powder for disinfection and washing
<p>To contain respiratory secretions, a medical mask should be provided to the patient and worn as</p>	<p>Remains applicable</p>

<p>much as possible, and changed daily. Individuals who cannot tolerate a medical mask should use rigorous respiratory hygiene; that is, the mouth and nose should be covered with a disposable paper tissue when coughing or sneezing. Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water).</p>	<p>Must use disposable tissues fully covering nose and mouth during coughing or sneezing. Always discard used facemasks, tissues and gloves in a closed bin followed by proper handwashing</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Establish stockpiles of disposable medical masks and closable bins for delivery to camps where home-base quarantine is practiced • Alternatively, stock re-useable items alongside buckets, gloves, soap and bleaching powder for disinfection and washing • Community training on the use and disposal of masks
<p>Caregivers should wear a medical mask that covers their mouth and nose when in the same room as the patient. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask.</p>	<p>Remains applicable</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Establish stockpiles of disposable medical masks and closable bins for delivery to camps where home-base quarantine is practiced • Alternatively, stock re-useable items alongside buckets, gloves, soap and bleaching powder for disinfection and washing • Community training on the use and disposal of masks
<p>Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it. Discard the mask immediately after use and perform hand hygiene.</p>	<p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Community training on the use and disposal of masks • Ensure training is child friendly and includes child protection frontline actors to deliver already developed child friendly messages.
<p>Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine,</p>	<p>Remains applicable</p>

<p>and other waste. Perform hand hygiene before and after removing gloves and the mask.</p>	
<p>Do not reuse masks or gloves that are designed for single-use</p>	<p>Remains applicable</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provision of surgical masks to affected households or washable cloth masks following the MoHS guidance to the general public (Reference link: MoHS Guidance on Cloth Face Covering) • <i>Masks and children under 2 years of age: CDC recommends that children under 2 years not use masks or cloth to cover nose or mouth as this may restrict breathing. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html</i>
<p>Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and water after use and may be re-used instead of being discarded.</p>	<p>Use personal utensils, bed linens and clothes separately if possible.</p> <p>Used utensils, bed linens and clothes should be washed thoroughly. Before washing, put these materials up to 30 minutes in a solution containing 1 time 1:50 Hypochlorite Solution (1,000ppm). Gloves should be used to protect skin again irritation when using Hypochlorite Solution even at low concentrations.</p> <p>Wash personal utensils, bed lines and clothes separately and to the best extent possible given availability of soap, water and hypochlorite solution.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide training on disinfection and washing of clothes, bed linens, towels and utensils. • Provide gloves if Hypochlorite Solution is to be used • Ensure supplies of bleaching powder, soap, buckets and water to affected camps

<p>Daily clean and disinfect surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bedframes, and other bedroom furniture. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite (i.e. equivalent to 1000 ppm) should be applied.</p>	<p>Remains applicable.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide training on disinfection of surface areas. • Ensure supplies soap, hypochlorite buckets and water to affected camps
<p>Clean and disinfect bathroom 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 0.1% sodium hypochlorite should be applied.</p>	<p>Work with camp management and camp committees to cordon off one part of shared latrine blocs for individuals in isolation, with separate hand washing facilities. Clean used water-tap handles and doorknobs with 1:50 Hypochlorite Solution (1,000ppm). (To get 1:50 Hypochlorite Solution (1,000 ppm), mix 4 teaspoonfuls of 5% bleaching powder into 1 liter of water.) Latrines, bathing and handwashing facilities should be cleaned after every use by a people in self home isolation.</p> <p>Other options include bucket latrines or distribution of “peepoo bags” and tippy taps to be used in the room where the person is isolated. These options have their complications as well.</p> <p>Latrines, bathing and handwashing facilities should be cleaned after every use by the user in self/home quarantine. In addition, WASH partners should clean the facility daily and support the formation of community cleaning teams through training and equipping (with PPE and back sprayer) to increase and strengthen latrine and handwashing station cleaning.</p> <p>Recommended cleaning materials include: brooms, mops, scrubbing brushing, cleaning cloths, buckets to prepare chlorine solution, waste bins, hand soap, and one</p>

	<p>5kg drum of chlorine (bleaching powder, disinfectant) per facility to start and then resupplied based on need and size of facility. For operators of hand washing stations, 2 pieces of carbolic soap every 5 staff should be supplied for handwashing and individual staff should be supplied with his/her own broom, mop and bucket so that each operator is responsible to maintain his/her set clean.</p> <p>Clean used water-tap handles and doorknobs with 1:50 Hypochlorite Solution (1,000ppm). (To get 1:50 Hypochlorite Solution (1,000 ppm), mix 4 teaspoonfuls of 5% bleaching powder into 1 liter of water.) appropriate use of gloves are essential, to protect against skin irritations even at low concentrations.</p> <p>Ensure that the WASH include and specifically allocate child friendly, gender-sensitive, persons with disabilities/mobility challenges sensitive facilities. Allow access for children by (e.g. making some hand washing stations lower so that children can access them), as well as ensuring safety for everyone when using the bathroom and toilet.</p>
<p>Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap 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.</p>	<p>Used utensils, bed linens and clothes should be washed thoroughly. Before washing, put these materials up to 30 minutes in a solution containing 1 time 1:50 Hypochlorite Solution (1,000ppm). Gloves should be used to protect skin again irritation when using Hypochlorite Solution even at low concentrations.</p> <p>Wash personal utensils, bed lines and clothes separately and to the best extent possible given availability of soap, water and hypochlorite solution.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide training on disinfection and washing of clothes, bed linens, towels and utensils. Provide gloves if Hypochlorite Solution is to be used. • Ensure supplies of bleaching powder, soap, buckets and water to affected camps • Provide laundry bags

<p>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.</p>	<p>Remains applicable</p>
<p>After use, utility gloves should be cleaned with soap and water and decontaminated with 0.1% sodium hypochlorite solution. Single-use gloves (e.g. nitrile or latex) should be discarded after each use. Perform hand hygiene before putting on and after removing gloves.</p>	<p>Remains applicable</p>
<p>Gloves, masks, and other waste generated during home care should be placed into a waste bin with a lid in the patient's room before disposing of it as infectious waste. The onus of disposal of infectious waste resides with the local sanitary authority.</p>	<p>In low-resource settings or emergencies, countries will need to rely on interim transitional methods while considering how to incrementally implement techniques which minimize human and environmental health risks and adhere to international regulations.</p> <ul style="list-style-type: none"> • Small medical waste incinerators, such as single-chamber, drum and brick incinerators, are designed to meet a need for public health protection where there are no resources to implement and maintain more sophisticated technologies. This involves a compromise between the environmental impacts from controlled combustion with an overriding need to protect public health if the only alternative is uncontrolled dumping. These circumstances exist in many developing countries and small-scale incineration can be a transitional response to an immediate requirement. As far as possible, the burning of PVC plastics and other chlorinated waste should be avoided to prevent the generation of dioxins and furans. (WHO, 2014). • Burning of health-care waste in a pit is less desirable, but if it is genuinely the only realistic option in an emergency, or if chosen as an interim solution in case

	<p>no other solution is in place, it should be undertaken in a confined area. The waste should be burned within a dugout pit, followed by covering with a layer of soil (WHO, 2014).</p>
<p>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).</p>	<p>Remains applicable</p> <p>Use personal utensils, toothbrushes, drinks, towels, bed linens and clothes separately if possible.</p> <p>Used items should be washed thoroughly. Before washing, put these materials up to 30 minutes in a solution containing 1 time 1:50 Hypochlorite Solution (1,000ppm). Gloves should be used to protect skin again irritation when using Hypochlorite Solution even at low concentrations.</p> <p>Wash items separately and to the best extent possible given availability of soap, water and hypochlorite solution.</p> <p>Potential support from humanitarian actors:</p> <ul style="list-style-type: none"> • Provide training on disinfection and washing of key shared items • Provide gloves if Hypochlorite Solution is to be used. • Ensure supplies of bleaching powder, soap, buckets and water to affected camps
<p>When HCWs provide home care, they should perform a risk assessment to select the appropriate personal protective equipment and follow the recommendations for droplet and contact precautions.</p>	<p>HCWs should adhere to relevant SHD/MoHS protocols</p>

Groups at particular risk requiring additional community support and/or specialized services:

- Individuals at risk of or survivors of intimate partner domestic violence
- Single heads of household, women headed households, elderly or disabled heads of households, children headed households
- Persons with disabilities or elderly without immediate family or community support

Child Protection support services:

- Child Protection actors to work with Camp Coordination to ensure the distribution of Child Friendly interventions including messages and access to services for Children infected or affected including case management and MHPSS
- Child Protection package also includes; Case management services through trained DSW and other frontline workers.

Gender Based Violence support services: Provision of GBV services, including case management, PSS and referrals for women and girls at risk

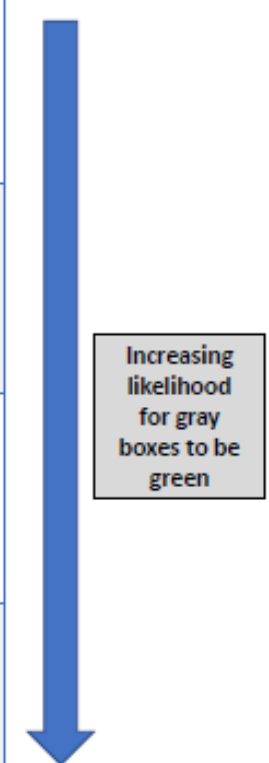
MHPSS: Updated Referral Directory with mapping of remote services e.g. helplines, tele-counseling, case management, quarantine services:
https://www.mhpssmyanmar.org/referral_mhpss

Masks and children under 2 years of age: CDC recommends that children under 2 years not use masks or cloth to cover nose or mouth as this may restrict breathing.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

Annex: Diagrams of COVID-19 Transmission Scenarios and Corresponding Quarantine and Isolation Options

Quarantine options (in a defined geographical area/unit)

Transmission Scenario	Current expectation	Additional options
No reported cases	<p>Quarantine facilities outside camps</p>	<p>For:</p> <ol style="list-style-type: none"> 1) Returning migrants from overseas 2) Travelers from other state/region (S/R) 3) Travelers from other townships but same S/R
Sporadic cases	<p>Quarantine facilities outside camps</p> <p>Quarantine facilities inside camps (as per MoSWRR action plan)</p>	<p>For:</p> <ol style="list-style-type: none"> 1) Contacts of confirmed case in the same area 2) Returning migrants from overseas 3) Travelers from other state/region (S/R) 4) Travelers from other townships but same S/R
Clusters of cases	<p>Quarantine facilities outside camps</p> <p>Quarantine facilities inside camps (as per MoSWRR action plan)</p>	<p>Home quarantine</p> <p>Notes:</p> <ol style="list-style-type: none"> 1) Local government decision in consultation with Central-level committee and MoHS, SHD/RHD 2) Depends on the volume of eligible people for quarantine and capacity of facility-based quarantine 3) Currently implemented in Yangon Region which can be characterized as cluster of cases transmission scenario
Community transmission	<p>Quarantine facilities outside camps</p> <p>Quarantine facilities inside camps (as per MoSWRR action plan)</p>	<p>Home quarantine</p> <p>Notes:</p> <ol style="list-style-type: none"> 1) Local government decision in consultation with Central-level committee and MoHS, SHD/RHD 2) Depends on the volume of eligible people for quarantine and capacity of facility-based quarantine 3) Currently implemented in Yangon Region which can be characterized as cluster of cases transmission scenario



Legend:
Green – active
Gray – dormant

Isolation options (in a defined geographical area/unit)

Transmission Scenario	Current expectation		Additional options	
No reported cases	MoHS designated health facilities	With health partner support across all the pillars except case management		
Sporadic cases	MoHS designated health facilities	With health partner support across all the pillars except case management		
Clusters of cases	MoHS designated health facilities	With health partner support across all the pillars except case management	Additional MoHS designated health facilities (fixed)	Notes: 1) MoHS, SHD/RHD decision in consultation with Central-level committee and local government 2) Depends on the volume and severity of confirmed cases 3) Depends on availability of accessible and appropriate health facilities
			Temporary treatment/ isolation center	With health partner support across all the pillars possibly including mild to moderate case management. Health Cluster HRP Covid addendum contingency part.
Community transmission	MoHS designated health facilities	With health partner support across all the pillars except case management	Additional MoHS designated health facilities (fixed)	Notes: 1) MoHS, SHD/RHD decision in consultation with Central-level committee and local government 2) Depends on the volume and severity of confirmed cases 3) Depends on availability of accessible and appropriate health facilities
			Temporary treatment/ isolation center	With health partner support across all the pillars possibly including mild to moderate case management. Health Cluster HRP Covid addendum contingency part.
			Home isolation?	Remote possibility likely for mild cases only, currently not implemented anywhere in Myanmar



Increasing likelihood for gray boxes to be green

Legend:
Green – active
Gray – dormant