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NOTE: This is an interim guidance document, representing sound public health practice and information as it is currently available. It will be updated any time any new guidance is released on this topic.

GUIDANCE FOR HOUSEHOLD LEVEL INFECTION CONTROL

How these guidelines reflect faithful Christian practice:

For Christians, a commitment to limiting the spread of the coronavirus can never stop at a commitment to care for ourselves alone. We were created for relationship with others and these relationships are the ways we know of God's grace in our lives. Because of this, we have an obligation as part of our faith to care for those we love (those in our household), to care for our neighbor as ourselves (those in our community), and to care for the stranger. This document reflects these ideas, not only encouraging people to protect themselves but also to limit the spread of infection to others. This document does so by offering strategies for infection control in an individual household, in our communities through partnership with other households, and in our interactions with strangers.

Part 1: Strategies for infection control for a household with many family members living together in a large common area that serves both as living space and sleeping quarters

The members of the household should identify feasible, practical strategies to lessen the chances of infection in the house. This document offers some suggested strategies with the understanding that some households will not find them practical. Heads of household will need to choose strategies that are most practical for their circumstances. No action should be taken by households that contradicts the policies or mandates of health officials.

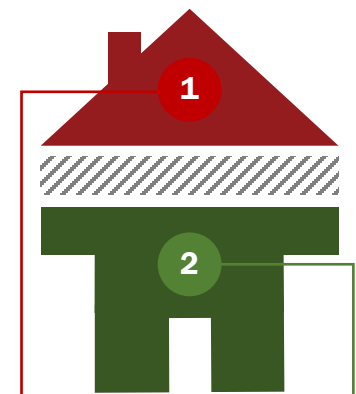


Strategy One: Household Zones

This strategy involves dividing a single household into two or three separate zones with members of the household occupying distinct zones depending on their movement outside the house or the presence of symptoms. Adults in the household should decide if two or three zones are needed.

Divide the house into two zones if no one in the house is showing symptoms.

- Create a ceiling to floor barrier to divide the space into two spaces—one space for those who are leaving the home to generate income for food and daily essentials (“leave-the-home zone”) and a separate space for those who are able to remain in the home (“stay-at-home zone”). The barrier could be established with a large piece of heavy plastic; if that is not available, a cloth could be used.
- If possible, spouses/partners of those who leave the home should remain in the stay-at-home zone if those spouses will not be leaving the home for work. If that is not possible, those that leave their home and their spouses should both be included in the leave-the-home zone even if the spouses do not leave.
- Anyone that is at higher risk for more severe symptoms (anyone with an underlying medical condition, compromised immune system, or the elderly) should remain in the stay-at-home zone.
- Children should also remain in the stay-at-home zone.
- Once these zones are established, they should be maintained; family members should not move between the group that remains at home and the group that leaves the household to support the household's livelihood.
- Open windows or doorways as feasible to encourage room ventilation.
- The “leave the household” zone should be closest to the outside door so that they can come and go with minimal disruption to the “stay at home” zone.
- Those in the “stay at home” zone should minimize movement in the morning while those in “leave the household” zone are preparing to leave.
- If someone from the stay at home zone needs to assist in preparing food for those leaving, they should wash hands with soap and water before preparing and after serving the food. Avoid close interaction or physical touching between those from either zone during this time or immediately after until they have washed their hands.
- Minimize movement at night to keep the zone boundaries. For example, try to avoid getting up to go to the toilet or latrine.



Stay-at-Home



Leave-the-Home



Strategy One: Household Zones

Divide the house into three zones if member(s) of the house are showing symptoms of the disease.

- Create the third zone by placing another ceiling to floor barrier such as plastic or cloth.
- Choose one person with fewest underlying vulnerabilities to care for them (no underlying medical condition, strong immune system, not elderly) . The caregiver should follow these guidelines:
 - This person should avoid all contact with others in the household other than the family member for whom they are providing care.
 - Except as needed to provide for physical care needs, the caregiver should also avoid contact with those who are ill or suspected of infection to reduce multiple exposures to the virus. Those who are showing symptoms should wear a mask, if available.
 - When providing care, the caregiver should maintain some barrier between their own hands and the person infected if possible (household gloves if nothing else is possible).
 - The caregiver should immediately wash their hands with soap and water after any interaction and if they used some kind of barrier such as a glove, they should wash that with soap and water as well.



Do your part! Responsibilities of each member of the *Leave-the-Home Zone*

- Those who leave the home daily have an important responsibility—they work to provide income for the home while also practicing physical distancing and regular handwashing with soap as much as is feasible.
- Wear a cloth mask when in public around others. See *How to Make a No-Sew Mask* for guidance for wearing masks and instructions on how to create a no-sew mask.
- Wipe your mobile phone down with a slightly wet cloth and soapy water. If this is not available a light swab with alcohol or hydrogen peroxide can also be used. Avoid large amounts of water, as this may damage your phone.
- Avoid any large gatherings, including weddings, funerals, religious services, and work meetings with more than 10 people
- Minimize interactions in which you are close with others (e.g. a bus)
- In addition to these recommendations, see *Guidance for Individual Infection Control* for additional actions all individuals should take.



Strategy One: Household Zones

Do your part! Responsibilities of each member of the *Stay-at-Home Zone*

- Those who remain in the home space have an important responsibility—Clean the home DAILY. Wash all hard surfaces with soap and water.
- If feasible, wash and launder the ceiling to floor barriers if cloth, hanging them outside to dry before re-hanging. If the barriers are plastic sheets, wipe down one side with a cloth using soap and water. Wipe down the other side with a SEPARATE cloth; do not re-use the water.
- If you have an infected person in your home, maintain a barrier between them and the household at all times. Do this by hanging a second cloth alongside the one that was already hanging with the new cloth just outside of the showing-symptoms zone. Have the care-giver in the showing-symptoms zone remove the cloth that was hanging and pass it to someone from the stay-at-home zone who will place it into the wash basin for the daily washing. The person who removed the old cloth should wash their hands with soap and water as soon as possible and the person who took the cloth should do the same. After the cloth has been washed, hang it to dry. Swap between the cloths daily.
- As cloths are drying outdoors, wash all surfaces other than the area with anyone with known or suspected infection with soap and water. If possible, use a scrubbing brush or cleaning cloth. For the area where the member(s) with known or suspected infection are housed, have the care-giver caring for them to wash down all surfaces in that area separately using soap and water. If possible, use a scrubbing brush or cleaning cloth.
- If possible, do not share common household items such as plates or utensils. If this is not possible, wash them with soap and water after each use.
- Any clothing or bedclothes of those infected or suspected of infection should be washed daily if unsoiled by the designated caretaker. If soiled, the clothing or bedclothing should be washed as soon as possible. The caregiver should wash their hands with soap/water immediately after washing these items.
- In addition to these recommendations, see *Guidance for Individual Infection Control* for additional actions all individuals should take.

Do your part! Responsibilities of each member of the *Showing-Symptoms Zone*

- The caregiver's responsibilities have been spelled out above and are repeated here:
 - This person should avoid all contact with others in the household other than the family member for whom they are providing care.
 - Except as needed to provide for physical care needs, the caregiver should also avoid contact with those who are ill or suspected of infection to reduce multiple exposures to the virus. Those who are showing symptoms should wear a mask, if available.
 - See *Caring for Those with Symptoms* for more information on how to care someone who is sick while minimizing infection. When providing care, the caregiver should maintain some barrier between their own hands and the person infected if possible (household gloves if nothing else is possible).
 - The caregiver should immediately wash their hands with soap and water after any interaction and if they used some kind of barrier such as a glove, they should wash that with soap and water as well.
 - To change the cloth barrier, have someone in the stay-at-home zone hang a second cloth alongside the one that was already hanging. Have the care-giver in the third zone remove the cloth that was hanging and pass it to someone from the stay-at-home zone who will place it into the wash basin for the daily washing. The person who removed the old cloth should wash their hands with soap and water as soon as possible and the person who took the cloth should do the same. After the cloth has been washed, hang it to dry. Swap between the cloths daily.



Strategy Two: Household Networks

This strategy involves an individual household combining with other household to create a network of households with members of the household sharing responsibility in relation to their role.

This household network strategy recreates the groups—“stay at home”, “leave the home” and “showing symptoms”—identified in the household zone strategy. However, rather than creating zones for each of these groups in one household, this strategy identifies residences for each group from the households and community facilities in the network. Households in the network would be designated “stay-at-home” or “leave for work” while another building in the community such as a closed school, community centre, church, or mosque would be designated as the residence for “showing symptoms.” Networks could be quite small and locally organized, or they could be the organizing model for a larger community with multiple households being designated as one of the types of residence listed below. Because this strategy requires coordination with multiple households and the use of a building in the community, it requires planning and collaboration. It should be coordinated through trusted leaders such as village elders, the village chief, and religious leaders.

What types of residences make up a network?

- A network consists of three types of residences: stay-at-home, leave-the-house, and showing-symptoms. Stay-at-home and leave-the-house residences can be established by designating households in the network as these types of residences. Households should not be designated as a showing-symptoms residence; instead, a larger community institution such as a closed school, community centre, church, or mosque could serve this function.

Can individuals move between residences or socially interact with those in another residence?

- Individuals should NOT move from one residence to another. This includes moving from one type of residence to another (e.g., a leave-the-home residence to a stay-at-home residence) as well as moving between two residences of the same type (e.g., from one stay-at-home residence to another stay-at-home residence). In addition, individuals should NOT socially interact with resident in another residence. There is ONE exception. If a person residing in a stay-at-home residence secures employment and needs to leave the residence to work to support the family, s/he should move into a leave-the-home residence.

How many types of each residence are needed in a single network?

The smallest network would need to consist of the following:

1. A leave-the-home residence for single adult men and older adolescent males (>14). Everyone in this type of residence should be leaving the home for employment; otherwise, they should be in a stay-at-home residence.
2. A leave-the-home residence for single women and older adolescent females (>14). Everyone in this type of residence should be leaving the home for employment; otherwise, they should be in a stay-at-home residence.
3. A leave-the-home residence for spouses/partners. This residence should be reserved for spouses and partners who BOTH leave the home; if possible if only one spouse/partner is leaving the home, the spouse/partners who are not should reside in the appropriate stay-at-home residence. If this is not possible (e.g., only the male leaves the household but insists that his spouse stay with him), then those who remain at home during the day should stay only in this residence and they should assume the responsibility of cleaning this residence each day.
4. A stay-at-home residence for adult men and older adolescent males (>14). Everyone in this type of residence should be staying at home for the duration of the outbreak.
5. A stay-at-home residence for adolescent females, women, the children of those women, and any children whose parents are all residing in a leave-the-home residence. Everyone in this type of residence should be staying at home for the duration of the outbreak.
6. At least one showing-symptoms residence. If the building that houses the residence is large enough to care for women and men in separate areas with necessary privacy, then only one larger residence is required. If such a building is not available, then two smaller building— one for men and one for women— will be needed.

The actual number of households that comprise a network can vary. The smallest network would need five households, along with access to building that could be designated as a showing-symptoms residence. A network could be larger, with different households being designated as one of the types of stay-at-home residences or of the leave-the-home residences.



Strategy Two: Household Networks

Do your part! Responsibilities of each member of the *Leave-the-Home Residence*

- Those who leave the home daily have an important responsibility—they work to provide income for the home while also practicing physical distancing and regular handwashing with soap as much as is feasible.
- Wear a cloth mask when in public around others. See *How to Make a No-Sew Mask* for guidance for wearing masks and instructions on how to create a no-sew mask.
- Wipe your mobile phone down with a slightly wet cloth and soapy water. If this is not available a light swab with alcohol or hydrogen peroxide can also be used. Avoid large amounts of water, as this may damage your phone.
- Avoid any large gatherings, including weddings, funerals, religious services, and work meetings with more than 10 people.
- Minimize interactions in which you are close with others (e.g. a bus).
- In addition to these recommendations, see *Guidance for Individual Infection Control* for additional actions all individuals should take.
- If any individuals are in this residence as the spouse/partner of someone leaving the home but they are staying at home, these individuals should assume responsibility for cleaning this residence while others are out of the residence at work. See the section below for cleaning instructions. These individuals should also assume responsibility for preparing meals and laundering clothes for those in this residence.
- If possible, do not share common household items such as plates or utensils with others in the residence. If this is not possible, wash them with soap and water after each use.

Do your part! Responsibilities of each member of the *Stay-at-Home Residence*

- Those who remain in the home space have an important responsibility—Clean the stay-at-home and the leave-the-home residences. This should be daily, if possible. If not, it should be done as often as feasible. Wash all hard surfaces with soap and water scrubbing to generate soap suds and leaving the sudsy water on surfaces for 1-2 minutes before wiping off.
- Launder clothes and bed linens from the leave-the-home residences each day. If this is not feasible, wash them as often as possible. While the clothes are dry, clean the hard surfaces with soap and water.
- If possible, do not share common household items such as plates or utensils with others in the residence. If this is not possible, wash them with soap and water after each use.
- In addition to cleaning and laundering, those in the stay-at-home residence should cook food for the other residences in the network, including the showing-symptoms residence(s). Food for the showing-symptoms residences should be left outside the door and those leaving it should call out to caregivers inside to pick it up after those who have delivered it have left.
- If some individuals are staying with their spouses/partners in the leave-the-home residences but are actually remaining in the residence, they could assume responsibility for cleaning this residence, preparing food, and laundering. Those staying in the stay-at-home residence should not interact with these individuals even though both are staying at home.
- If possible, do not share common household items such as plates or utensils. If this is not possible, wash them with soap and water after each use.
- In addition to these recommendations, see *Guidance for Individual Infection Control* for additional actions all individuals should take.



Strategy Two: Household Networks

Do your part! Responsibilities of each member of the *Showing-Symptoms Residence*

- Choose the appropriate number of people needed to provide care to those showing symptoms and to clean the showing-symptoms residence. Caregiver should be those with fewest underlying vulnerabilities (no underlying medical condition, strong immune system, not elderly) . The caregivers should follow these guidelines:
 - Caregivers should avoid all contact with those from any other residence other than those for whom they are providing care.
 - Except as needed to provide for physical care needs, caregivers should also avoid contact with those who are ill or suspected of infection to reduce multiple exposures to the virus. Those who are showing symptoms should wear a mask, if available.
 - When providing care, caregivers should maintain some barrier between their own hands and the person infected if possible (household gloves if nothing else is possible).
 - Caregivers should immediately wash their hands with soap and water after any interaction and if they used some kind of barrier such as a glove, they should wash that with soap and water as well.
 - See *Caring for Those with Symptoms* for more information on how to care someone who is sick while minimizing infection.
- In addition to caring for those who are ill, caregivers should launder clothes and bedclothes of those in their residence with soap and water daily. If this is not possible, these items should be laundered as often as possible.
- As often as can be done, wash all hard surfaces with soap and water scrubbing to generate soap suds and leaving the sudsy water on surfaces for 1-2 minutes before wiping off.
- In addition to these recommendations, see *Guidance for Individual Infection Control* for additional actions all individuals should take.

Part Two: Option to Move Household Activities Outdoors

If the household design allows for family members to safely cook, eat, socialize, and/or sleep outdoors or under a covered pavilion, family members should consider doing this to the extent possible. This option is preferred because the likelihood of transmission is lowered when physical distance of at least two metres can be maintained. This is difficult to achieve indoors but could be achieved outside. Some households may be able to move some activities (e.g., socializing, eating, and cooking) outside while others (e.g., sleeping) would need to remain indoors due to safety. To assess the practicality of this option, consider the following:

- **Temperature:** The nighttime temperature cannot fall too low for physical comfort for sleep. In some places, an outdoor heating source such as a fire, or heavy blanket can be used to make outdoor sleeping practical. Additionally, the daytime temperature may rise so high that staying outdoors for long periods could compromise health.
- **Safety:** Safety issues to consider include the possibility of physical harm from persons who could access the property, especially at night. In addition, the possibility of harm from wildlife should be considered.

This option will be feasible for few families but could work in some households such as a fenced, rural, upcountry home or a home in the city that is located within a secure, fenced compound. If a single household or household networks moves activities outside, the same distinct groups—stay-at-home, leave-the-home, and showing-symptoms—should be maintained. Part one of this document provides extensive information on the roles and responsibilities of those in these groups.



Strategy Two: Household Networks

Part Three: Guidance for families with larger permanent dwellings with utilities (running water and electricity) and jobs which can be carried out from the home.

If families have sufficient savings or family members can perform their jobs from home, then by all means stay at home. Limit contact with anyone who has not been in your household and maintain a rigorous regimen of hard surface cleaning with soap and water or sanitizing agents) and handwashing (1x/hour with soap and warm water or hand sanitizer). Over the course of the outbreak, you may be required to care for someone infected or exposed to the virus. If your household allows, a member of the household who is known to be infected or who is showing signs of infection should self-isolate (ideally in their own separate bedroom with closed door and with access to a separate bathroom) and an adult in the household should contact a medical provider if possible. If the person remains at home throughout their illness (and most of those infected will do this), anyone who interacts with the person who is sick should follow strict guidelines for handwashing, immediate cleaning of dishes and utensils, laundering of clothes and bed linens, and regular cleaning of household services in the area where the person is quarantined with soap and water or sanitizing agents. The person who is infected should not remain in common areas with other members of the household for the course of their illness.

Much of the household guidance developed by many global organizations has presumed this type of household structure. Full guidance on strategies for staying at home can be found here:

- <https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome>
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html>