The WASH Foundation
An evolution of Clean the World Foundation

WASH-in-Healthcare Facilities

TRAINER'S GUIDE

Introduction

The WASH Foundation is a USA-registered 501(c)3 not-for-profit organization. Our programmatic focus is on improving access to adequate safe water, sanitation, and hygiene resources and services through WASH-in-Schools, including menstrual hygiene management and WASH-in-Healthcare Facilities.

The WASH Foundation's WASH-in-Healthcare Facilities (WinHCF) program is designed to support UNICEF and the World Health Organization (WHO) in their efforts to train healthcare facility staff to include water, sanitation, and hygiene (WASH) in health plans, budgets, and operations. This staff training program provides learning materials, support, monitoring, and evaluation opportunities to healthcare facility staff members to strengthen their capacities.

The goal is to train healthcare facility staff and management to integrate good WASH practices and education into annual health sector planning, budgeting, and programming. These integrations will enable healthcare facility staff members to deliver quality services and serve as peer trainers. This document is the trainer's guide to achieving that.

Our Vision

We see a world where people are healthy and thriving because of improved access to safe water, sanitation, and hygiene resources and services.

Our Mission

We will improve the quality of life of vulnerable populations through increased access to safe water, sanitation, and hygiene. We will accomplish this by working in partnerships to strengthen policies, systems, infrastructure, financing, and health-seeking behaviors while empowering women and underserved communities.

Table of Contents

The WASH Foundation
An evolution of Clean the World Foundation

LESSON 1

The Importance of Hand Hygiene

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

At the end of the session, participants will be able to:

- Understand why regularly washing hands is essential to prevent illness.
- Understand when it is critical to wash hands.
- Understand how to wash hands properly following the steps.

Key Messages:

- Proper hand hygiene is the best way to prevent the spread of germs in Healthcare Facilities and communities.
- Good hand hygiene protects staff, patients, and visitors from numerous healthcare-related illnesses.
- Proper hygiene should be used in healthcare settings to demonstrate good hygiene to the community.

Trainer Asks Participants:

1. Why is hand hygiene important?
2. What are the 5 Key Moments to wash hands in a Healthcare Facility?
3. In addition to the 5 Key Moments, when should we always wash our hands?
4. Name the general rules for hand hygiene in a healthcare setting.
5. What is the importance of washing hands regularly to prevent illness?
6. What are the steps for proper hand washing?
7. Where should hand washing stations be placed, and what should be present at each station?

Allow participants to present their respective groups. Then, the trainer evaluates and responds with the correct information as stated below:

Trainer Teaches Participants: *(Use 5-Key Moments Poster)*

1. Hand hygiene is important because germs are transferred from our hands into our bodies through our mouth, nose, and eyes. Hand washing is the best way to prevent the spread of germs in healthcare settings and communities.

2. According to the World Health Organization's ***5 Key Moments***, it is most important when working in a healthcare facility to wash hands:
    a. Before touching a patient.
    b. Before cleaning and decontamination procedures.
    c. After body fluid exposure risk.
    d. After touching a patient.
    e. After touching the patient's surroundings

3. 1. In addition to the ***5 Key Moments***, we should also always wash our hands:
    - Before putting on personal protective equipment.
    - Before preparing food.
    - Before eating.
    - After removal of personal protective equipment.
    - After cleaning.
    - After handling waste.
    - After using the toilet or changing a child's diaper.
    - After taking care of animals.
    - After blowing your nose or coughing.

4. The general rules for hand hygiene in a healthcare setting are:
    - Do not wear jewelry on hands and forearms.
    - Keep nails short and without polish.
    - Do not wear acrylic or glued nails.
    - Wear clothing with short sleeves.
    - Use disposable paper towels for drying.

5. The 6 steps for proper hand washing are: *(Refer to the **6 Steps to Hand Washing Poster** and hang it on the wall.)*

6. The trainer demonstrates proper hand washing, following the steps below:
    a. Wet hands and apply soap.
    b. Rub palms together.
    c. Rub back of hands.
    d. Rub and clean thumbs.
    e. Rub and clean the tips of each finger.
    f. Rub the front and back of hands, including between fingers, for 20 seconds, creating a soapy foam.
    g. Rinse soap from hands thoroughly.
    h. Dry hands with a clean, disposable towel or air dry.

(Each participant demonstrates as feedback is given by the trainers.)

7. Hand washing stations should be placed at the health center entrance, ward entrance, and nursing stations, near toilets, and easily accessible to all patients and staff. All should have:
    - Clean water.
    - Soap.
    - Disposable paper towels.
    - Drainage for water (if using bar soap, it should be correctly stored for water to drain).
    - Trash receptacle.

Activity:

1. Glitter activity ***(The glitter demonstration should be conducted before the hand washing demonstration).***
2. Ensure that hand hygiene indicators are present, written on a newsprint, and posted.
3. All participants must demonstrate hand washing following the same 6-step process demonstrated by the trainers.

Materials Needed:

- Glitter.
- 5 Key Moments poster.
- 6 Steps to Hand Washing poster.
- A portable hand washing station with soap and towels.
- Black pepper and water (for demonstration purposes).

Trainer Reviews Participant Understanding:

1. Name the 5 Key Moments when to wash hands in a Healthcare Facility.
2. Why is hand hygiene important, especially for healthcare workers?
3. What are the general rules for hand hygiene in a healthcare setting, and why are they important?
4. What are the proper steps for hand washing?
5. What should be present at each hand washing station in a Healthcare Facility?
6. Where should a hand washing station in a Healthcare Facility always be placed?

The trainer summarizes the sessions by emphasizing the key messages and the learning objectives set at the beginning of the session.

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

At the end of the session, participants will be able to:

- Understand the relationship between a well-constructed, clean latrine and our health.
- Explain how to correctly position a latrine away from water sources and why it's important.
- Identify and explain the correct ways to dispose of wastewater safely.
- Understand the minimum requirement and global sanitation standards.
- Understand the common factors in the fecal-oral route summarized as the ***5 Fs:*** fingers, flies, fields, fluids, and food. Diseases caused by fecal-oral transmission include typhoid, cholera, polio, hepatitis and many other infections, especially ones that cause diarrhea.
- Explain the safe management of toilets, latrines, and sewers as the primary barrier that prevents the spread of fecal matter.
- Describe the minimum requirements for sanitation in healthcare facilities.
- Understand what "safely managed sanitation" is and why it is important for human health and providing safe care.
- Understand the links between AMR and sanitation in healthcare facilities and how to address the problem.
- Describe the different sanitation technology options and the effects of climate change on technologies.
- Understand how to make sanitation facilities user-friendly, gender-inclusive, and climate-resilient.

Key Messages:

- The reasons why sanitation is important in Healthcare Facilities.
- Sanitation includes:
  - Gender-specific toilets.
  - Bathrooms and showers.
  - Safe management of feces, urine, and menstrual hygiene materials.
  - Proper drainage.
- Minimum requirements and global sanitation standards.
- Cleaning, management, and maintenance.
- The ***5 Fs*** in addressing good sanitation.

Activity:

Trainer Quizzes Participants - Sanitation

1. According to the latest global estimates (2020), what proportion of Healthcare Facilities do not have a toilet?
2. Define what is meant by "safely managed sanitation."
3. Toilets should have a hand washing station within _____ metres.
4. One shower should be available for every _____ users.
5. Toilets should be cleaned every _____.

Answers to the Quiz

1. Globally, **1 in 10** Healthcare Facilities do not have a toilet.
2. A system that **safely manages health risks from exposure to excreta** at all steps of the sanitation service chain (containment, conveyance, and treatment).
3. Toilets should have a hand washing station within **5 meters.**
4. 1 shower should be available for **every 40 users.**
5. Toilets should be cleaned **every day.**

Trainer Asks Participants: *(Group Work Exercise)*

1. Describe healthcare facility sanitation and what it includes.
2. What are the Global Sanitation Standards?
3. What factors make a toilet "usable"?
4. Name the basic sanitation requirements for toilets and showers in a healthcare facility.
5. What are the 5 basic steps to properly cleaning a healthcare facility?
6. What are the key factors to properly managing and maintaining sanitation facilities?
7. How is sewage/wastewater properly managed?

Activity:

The **Sanitation Ladder Game**. This activity can be conducted outside if there is space, and it requires time to allow all participants to understand the rules of the game and its implications, as the whole group gives feedback to ensure the intended good sanitation best practice is agreed on.

Trainer Teaches Participants:

1. Proper Healthcare Facility sanitation ensures safe bathing and defecation, which protects public health and the environment. It includes: ***(The trainer uses the stop microbes with good sanitation poster to illustrate more)***
    a. Gender-specific toilets.
    b. Bathrooms/Showers.
    c. Safe management of feces and urine.
    d. Proper drainage of sewage/wastewater.

2. The Global Sanitation Standards include:
    a. Toilets and bathrooms should be on-site, usable, and accessible to all staff, patients, and visitors.
    b. Toilets shall be ***clearly separated*** for staff and patients/visitors.
    c. Toilets should be ***clearly separated*** for male and female users.
    d. At least one facility should meet the needs of people with ***limited mobility*** and ***menstrual hygiene management needs.***
    e. Toilets should have a functioning ***hand hygiene station*** within ***5 meters.***
    f. Toilets should be cleaned every day and have a ***record of cleaning*** clearly visible.
    g. Toilets should be ***adequately lit*** for use at night.
    h. ***Sewage/wastewater*** should be disposed of promptly and safely to avoid contamination.
    i. ***Rainwater/stormwater*** should be drained through properly designed channels directing flow away from buildings and into a safe area in the environment.

3. A "usable" toilet is defined as a toilet with:
    a. A lockable door.
    b. Clear access to the hole, pit, or toilet bowl.
    c. Available water (for flush/pour toilets).
    d. A solid, clean structure free of cracks, leaks, visible dirt, excreta, and insects.

4. According to the World Health Organization, healthcare facilities should have **1 toilet for every 20 users and 1 shower for every 40 users.**

5. Proper cleaning of Healthcare Facilities includes:
    a. The cleaning of ***floors*** at least twice a day or as needed with a wet mop, detergent, and water.
    b. Scrubbing of ***sinks*** frequently with a cloth or brush, detergent, and water.
    c. Cleaning of ***toilets*** frequently, at least twice a day or as needed.
    d. Ensure a sufficient ***inventory of supplies*** to permit effective cleaning.
    e. Post visible, ***signed cleaning records*** in all bathrooms and toilets.

6. The key factors for proper management and maintenance of sanitation facilities include:
    a. ***Training*** of technical staff in the operation and maintenance of facilities.
    b. A plan and process for rapidly addressing ***dirty or broken toilets.***
    c. ***Routine maintenance*** of sanitation facilities, including the decommission of pit latrines when full.
    d. ***Clear communication*** between all staff members, including cleaners, technicians, managers, and engineers.
    e. Conduct of supportive ***supervision and monitoring.***
    f. Assignment of ***roles*** to all staff.

7. Safe sewage/wastewater management includes:
    - The ***disposal of sewage*** (for flushing toilets) through a municipal sewer system or with an appropriate septic tank that is regularly maintained and monitored.
    - Location of septic tank at least ***30 meters*** away from the water source and more than ***1.5 meters*** above the water table.

8. ***Clean*** toilets ***more often*** when there is greater demand or risks (e.g., during a cholera outbreak).

9. Safe sanitation is important because:
    a. Human feces is the ***most common source of microbial pathogens*** (germs).
    b. One gram of human feces has over ***1,000,000,000 pathogens.***
    c. The feces of those seeking treatment in healthcare facilities could be infectious, and great effort must be taken to prevent the spread of diseases, such as ***cholera***, which can easily spread to others from the feces of infected individuals.
    d. Proper sanitation is a fundamental human right that promotes ***dignity, well-being, and health-seeking behaviors.***

10. Ways to improve the ***climate resiliency of sanitation*** technologies include:
    a. **Locate toilets** in an area of the facility that is less prone to flooding, erosion, etc. (e.g., away from low-lying areas, sharp drop-offs).
    b. Toilets with an open pit or soak-away should be located up-gradient ***at least 15m away*** from sources of water and a ***minimum of 1.5m above*** the water table.
    c. Install raised and/or temporary enclosed toilets that can be regularly emptied in water-scarce or flood-prone areas, using ***low*** or ***waterless toilet designs*** (e.g., urine-conversion dry toilets).

Activity:

Facility Tour

1. Group tours facility and checks for WASH FIT sanitation indicators.
2. Discuss the importance of completing the bathroom/toilet cleaning log and that the staff member in charge signs daily.
3. Discuss what cleaning tools, detergents, and PPE (personal protective equipment) are currently available at the health center and list what is missing.

Materials Needed:

- WASH FIT Sanitation Indicators
- Bathroom Cleaning Record
- Stop Microbes and Good Sanitation poster
- Protect your Well and Water supply poster
- Sanitation Ladder Game

Trainer Reviews Participant Understanding:

1. Name 3 Global Sanitation Standards.
2. What 4 key factors make a "usable" toilet?
3. Name the 5 Key Moments when to wash hands in a healthcare facility.
4. Provide 2 ways to properly manage sewage/wastewater in a healthcare facility.
5. What should be present at each hand washing station in a healthcare facility?
6. How many toilets should healthcare facilities have for every 20 users?

Key Messages:

- Sanitation facilities must be accessible to all users, protect against the spread of infections, and meet the well-being needs of patients.
- A clean, well-functioning toilet is important but not enough. Fecal waste should always be safely collected, transported, treated, and disposed of.
- Regular cleaning and maintenance of toilet facilities is a low-cost, high-impact measure to manage risks from fecal waste.
- Antimicrobial Resistance (AMR) can be reduced through safely managed sanitation systems. High-tech, high-cost options are not necessary.

LESSON 3

Managing Safe Water and Supply in Healthcare Facilities

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

At the end of the session, participants will be able to:

- Understand how water can be contaminated in many ways.
- Explain how to protect water to maintain our health.
- Know the safe places people should dispose of feces.
- Explain the different ways of treating water to ensure safety.
- Understand the importance of having a safe water supply.
- Describe the minimum requirements for safe and sufficient water in healthcare facilities.
- Describe the impacts of inadequate water supplies.
- List the tools available to monitor and improve water quality and quantity.
- Describe common plumbing problems and simple improvements that can be made to avoid them.
- Understand the causes of ***Legionella*** and how to address it.
- Understand how ***climate change*** can affect a facility's water supply and some simple, low-cost improvements to address it.

Key Messages:

- Improved water sources and their importance.
- What ***safely managed water*** means for healthcare facilities.
- The minimum water quantities and storage required in healthcare facilities.
- An understanding of water quality and storage requirements.
- The 4 essentials for good water quality.
- Five proven ways to treat drinking water to ensure its safety.
- A sufficient and safely managed water supply is essential in all healthcare centers to prevent contracting potentially dangerous waterborne illnesses like diarrhea.

Trainer Asks Participants:

1. Name several examples of an improved water source.
2. Why must water always be available in healthcare facilities?
3. Name 5 actions that healthcare facility employees can take to ensure a safe water supply.
4. Can you name the specific minimum water quantities that the World Health Organization suggests for all healthcare facilities?
5. How many days of water storage should every healthcare facility always have?
6. Name 4 essentials for good water quality.
7. What are 5 proven ways to treat drinking water to make sure it is safe to drink?

Trainer Teaches Participants:

1. Improved water sources include:
    a. Water systems in buildings.
    b. Water systems on facility grounds.
    c. Public tap/fountain.
    d. Protected well.
    e. Protected rainwater collection.

2. Water must always be available in Healthcare Facilities for:
    a. Drinking.
    b. Personal hygiene, including hand washing and bathing.
    c. Personal utensils.
    d. Cooking.
    e. Laundry.
    f. Cleaning.
    g. Medical activities.

3. To ensure a safe water supply, Healthcare Facility staff should take the following actions:
    a. Water should be piped into the facility or available on facility grounds.
    b. Water should be available at all points of care (all outpatient and inpatient treatment locations).
    c. Water should be available throughout the year (not affected by seasons, power outages, etc.).
    d. Water piping must be functional (no major leaks, all endpoints connected to an available water supply).
    e. A reliable point for safe drinking water should be available to all staff, patients, and caregivers.

4. The World Health Organization recommends the following ***minimum water quantities*** per patient/per day in healthcare facilities:

Outpatients	5 liters/consultations
Inpatients	40-60 liters/patient/day
Operating Theatre/Maternity Ward	100 liters/intervention
Cholera Treatment Center	60 liters/patient/day
Severe Acute Respiratory Diseases Isolation Center	100 liters/patient/day

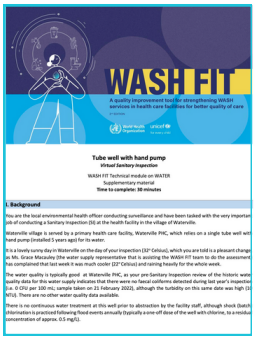
5. All Healthcare Facilities should have sufficient water storage to meet the needs of the facility for ***2 full days.***

6. Water quality should be tested on a routine basis to ensure:
    a. It is free of fecal contamination.
    b. The national water quality standards are all being met.
    c. Drinking water is always easily accessible to everyone in all wards.
    d. Drinking water is always safely stored with a clean bucket/tank, lid, and tap.

7. 4 proven ways to ***treat drinking water*** to ensure that it is safe for consumption include:
    a. Purification filters (ex. Bio-sand, electric-driven models).
    b. Boiling.
    c. Solar.
    d. Chlorine (for non-turbid/unclear water).

Activity:

- WASH FIT-Water-Virtual SI Exercise.



Materials Needed:

- How Water Gets Contaminated Poster
- Flip chart sheet and markers.
- Handout-Water Supply Standards.

Trainer Reviews Participant Understanding:

1. Provide 2 ways to manage sewage/wastewater in a healthcare facility properly.
2. What are the proper steps for hand washing?
3. How many toilets should healthcare facilities have for every 20 users?
4. How many liters of water should be available for 1 outpatient per day in the facility?
5. Name 4 proven ways to treat drinking water to ensure safety.
6. Why is hand hygiene important, especially for healthcare workers?
7. Why should water quality be tested on a routine basis?
8. Name 3 improved water sources.

LESSON 4

Cleaning, Disinfection, Infection Prevention, and Control

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

At the end of the session, participants will be able to:

1. Understand the difference between ***cleaning, disinfection,*** and ***decontamination*** in a health center.
2. Explain what infection prevention and control is.
3. Understand the 5 fundamental principles of infection control.
4. Demonstrate and practice correct cleaning and disinfection procedures.
5. Describe the importance of having an organized cleaning approach to achieve a safe healthcare environment.
6. Understand why it is important to clean healthcare facility environments.
7. Describe the best institutional practices associated with cleaning.
8. Recognize the most important products/resources, processes, supplies, and equipment associated with effective and safe cleaning and disinfection.

Key Messages:

- Differences between cleaning, disinfection, and decontamination.
- When to use cleaning, disinfection, or sterilization.
- Recommended frequency of cleaning.
- The cleaning, disinfection, and sterilization process:
  - The 6-step process of cleaning.
  - The 4-step process of disinfection.
  - The 2 types of sterilization processes.
- How to clean reusable ***PPE:***
  - Masks
  - Boots
  - Rubber gloves
  - Aprons
  - Gowns
  - Goggles
- Cleaning and disinfection ***indicators.***
- The 5 basic principles for infection and control.
- Cleaning and disinfection are part of decontamination, a process that prevents the spread of germs and other contaminants that may threaten the health of human beings, animals, or the environment.

Activity: *(Group Work)*

The trainer breaks the group up into pairs to address the following questions:

1. What are the 5 Principles of Cleaning and Disinfection?
2. How do you define cleaning, and how does it affect the healthcare center?
3. List the 6 steps to effective cleaning.
4. List the 4 steps to the proper disinfection process.
5. Can you name 7 key materials necessary for cleaning and disinfection?
6. How should soiled linens be handled, cleaned, and disinfected?
7. Do you know the recommended frequency of cleaning healthcare facility rooms and equipment?
8. What is infection prevention and control?
9. Mention the 5 basic principles of infection control.

(Participants present their work in their respective groups.)

Trainer Teaches Participants:

1. The action of cleaning is defined by:
    a. The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms) from surfaces, i.e., the action taken to wipe, mop, etc.
    b. It physically removes rather than kills microorganisms.
    c. Cleaning is achieved with water and detergents and using 'mechanical action' (e.g., friction, scrubbing).

2. Why it is important to clean:
    - Cleaning and disinfection (when needed and based on risk) of environmental surfaces and (what is termed) non-critical patient care equipment renders the health care environment safe for patients, healthcare facility staff, and others.

3. ***Non-critical patient care equipment*** poses a risk because it:
    - It makes contact with the patient's intact skin or is touched by hands (mainly health workers) during health care delivery.

4. The ***5 Principles of Cleaning and Disinfection*** are:
    a. Always move from the cleanest area to the dirtiest area.
    b. Always clean patient care equipment between each patient use.
    c. 1 bucket = 1 job (Buckets for specific purposes must be labeled and/or colored to avoid contamination.)
    d. Cleaning supplies for isolation areas should be kept and only used in isolation areas.
    e. Where possible, the isolation area should be cleaned last.

5. ***Cleaning is*** the general removal of debris (dirt, food, feces, blood, saliva, and other body secretions). It reduces the number of debris that can cause the spread of bacteria and viruses and increases the effectiveness of chemical disinfection.

6. The ***6 steps to effective cleaning*** are:
    - Remove rubbish (e.g., garbage, soiled linens, etc.).
    - Dust.
    - Damp wipe (using germicide for all surfaces except glass).
    - Clean bathrooms (start at door, end with toilet, using separate wiper for toilets).
    - Damp mop (starting with the corner furthest from the door and mop out toward the door).
    - Inspect room (restock and report and necessary repairs).

7. The ***4 steps for proper disinfection*** are:
    a. Clean with soap or detergent and water.
    b. Disinfect with an approved disinfectant spray or solution.
    c. Wash away any remaining disinfectant with clean water.
    d. Let air-dry or take outside to dry in the sun.

8. The ***7 key materials for cleaning and disinfection*** are:
    a. Risk-appropriate personal protective equipment (masks, goggles, gloves, gowns/aprons, and boots).
    b. Detergent and water.
    c. Cloths and towels.
    d. Bucket and mop.
    e. Disinfectant.
    f. Non-infectious waste bag.
    g. Infectious waste bag.

9. All linens should be handled as if contaminated with blood or body fluids.
    a. Always use ***PPE*** (masks, goggles, gloves, gowns/aprons, and boots).
    b. Place soiled linens in leak-proof bags or buckets labeled "soiled" for transport to laundry.
    c. Before washing, remove any waste and rinse excess blood.

10. Infection prevention and control is practical. It is an evidence-based approach towards preventing patients and health workers from being harmed by avoidable infections.

11. The ***5 basic Principles of Infection Control:***
    a. Hand hygiene is the most important measure to prevent the spread of infections among patients and health workers.
    b. Respiratory hygiene/cough etiquette.
    c. Sharps safety.
    d. Safe injection practices,
    e. Sterilization and disinfection of patient care items and devices.
    f. Environmental infection prevention and control.

12. ***Cleaning products*** are liquids, powders, sprays, or granules that remove organic material (e.g., dirt, body fluids) from surfaces and suspend grease or oil. It can include liquid soap, enzymatic cleaners, and detergents (most common).

13. ***Disinfectants*** are chemical compounds that inactivate (i.e., kill) pathogens and other microbes and fall into one of three categories based on chemical formulation: l***ow-level, mid-level, and high-level.*** Disinfectants are applied only to ***inanimate objects.***

14. All ***organic material*** (body fluids) and dirt/soilage must be removed by a cleaning product before the application of disinfectants.

15. ***Cleaning schedules should include:***
    a. Frequency of cleaning.
    b. Method of cleaning: Product(s) Processes (for all surfaces) Person(s) responsible.
    c. Schedules, determined on transmission risk level:
    d. A risk level can be applied to a specific room, ward, or entire department.
    e. Higher risk may require different product(s) or processes.

16. The recommended frequency of cleaning healthcare facility rooms and equipment are:

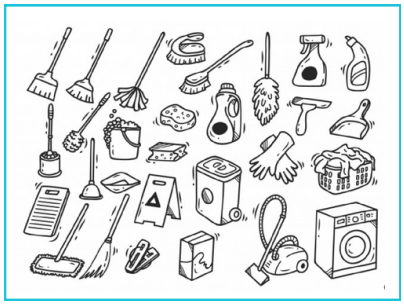
Item	Frequency
High hand touch surfaces	Between cases, using detergent and disinfectant
Minimal touch surfaces (floors, walls, tables)	· After the patient is discharged. · Daily or when soiling occurs.
Medical equipment	After every patient (refer to manufacturer's instructions)
Plates and Utensils	After every patient
Reusable PPE (aprons, boots)	· After procedures · After exiting an isolation area · When visibly soiled
Linens and mattresses	· After every patient · When visibly soiled

Activity:

- Instructor and participants demonstrate and practice correct cleaning and disinfection practices.
- Instructor and participants demonstrate standard scrubbing of the hands using soap and water before and after procedures.

Materials Needed:

- Samples of supply and cleaning logs.
- Hand washing station with soap and water.
- Cleaning Supplies Poster. *(optional)*
- HCF Cleaning Frequency Poster.
- Cleaning Schedule for HCFs



Trainer Reviews Participant Understanding:

1. How many liters of water per day should be provided to inpatients?
2. How do we define a "usable" toilet?
3. How many showers should be provided in a healthcare facility for 40 users?
4. How many meters away from toilets should hand washing stations be located?
5. Name 3 general rules for proper hand hygiene in a healthcare setting.
6. What are the 6 steps to effective cleaning?
7. How often should medical equipment be cleaned?

Key Take-Aways:

- Implementing environmental cleaning according to best practices requires strong organizational infrastructures, leadership, staffing, policies and procedures, and budget.
- Environmental cleaning staff should always be trained and given positive reinforcement through monitoring and feedback.
- Environmental cleaning standard operating procedures ***(SOPs)*** should be developed for all patient areas based on risk level.
- Cleaning products and disinfectants should be carefully selected and managed at the facility level (minimize the number of types of products used).
- Records of cleaning, reliable availability of all cleaning equipment and supplies that keep those who clean safe, (e.g., PPE and hand hygiene products).

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

1.The difference between hazardous and non-hazardous waste.
2.The 8 key steps to a proper waste management system.
3.The 3 categories for waste segregation.
4.The 6 best practices for handling waste. [PL1]
5.How waste should correctly be transported.
6.The proper form of storage for infectious and sharp waste.
7.The best treatment and disposal methods for waste.
8.Understand the risks caused by unsafe healthcare waste management practices in healthcare facilities.
9.Understand the healthcare waste management process from generation to safe treatment and disposal.
10. Understand which waste treatment options are the most environmentally friendly and be aware of mitigation measures against climate change.
11. Apply an incremental improvement approach.

Key Messages:

- Difference between hazardous and non-hazardous waste.
- Key steps to a proper waste management system.
- 3 categories for waste segregation.
- Proper handling and transportation of waste.
- Correct waste storage and disposal methods.
- Inadequate waste management in a healthcare facility can be just as deadly as disease.

Activity:

- The instructor shows the **poster of different improper healthcare center waste disposal** and asks participants what is wrong with the picture.
- Trainer **quizzes** participants:
  a. On average, what percentage of waste in health care facilities is **non-hazardous** or 'general' health care waste?
  b. What percentage of healthcare waste is regarded as **hazardous**?
  c. What proportion of healthcare facilities in Least Developed Countries **lack basic waste services**?

Answers to The Quiz:

a. **75% - 90%** of the waste produced is considered non-hazardous or general waste. (Not a biological, chemical, radioactive, or physical hazard)
b. **0-25%** of healthcare waste is regarded as "hazardous." (May pose a variety of environmental and health risks.)
c. **7 out of 10** facilities lack basic waste management in Least Developed Countries.

Trainer Asks Participants: *(Activity)*

The trainer breaks the group into pairs to discuss and present:

1. What is the difference between hazardous and non-hazardous waste?
2. Name the 8 key steps to a proper waste management system.
3. What are the 3 categories of waste segregation?
4. Name the 6 best practices for handling waste.
5. How should waste be correctly transported?
6. What is the proper form of storage for infectious and sharp waste?
7. What are the best treatment and disposal methods for waste?

Participants present in their respective groups.

Trainer Teaches Participants:

1. ***Non-hazardous waste*** – does not pose a hazard to the environment or health and can be disposed of with household waste (e.g., paper, bottles, cans, food, leaves, furniture). It makes up 75-90% of HCF waste.
   Hazardous waste - causes various health and environmental risks (e.g., infectious, sharp, chemical, radioactive, and anatomical/pathological waste).

2. The waste management system includes:
   a. Waste Minimization (tablets-vs-injections)
   b. Segregation
   c. Handling
   d. Collection
   e. Transport
   f. Storage
   g. Treatment
   h. Final disposal

3. All waste must be segregated into 3 categories:
   a. Bin for ***non-hazardous***/general waste (black-lined container)
   b. Bin for ***hazardous***/infectious waste (yellow-lined container)
   c. ***Sharp*** container or needle cutter

4. The 6 best practices for handling waste are:
    a. Wear appropriate personal protective equipment (PPE).
    b. Handle waste with care.
    c. Practice hand hygiene before and after handling waste.
    d. Do not re-sort waste.
    e. Never carry waste bags/containers against the body.
    f. Avoid heavy loads (use transport tools)

5. The steps to the proper transport of waste include:
    a. Wear appropriate PPE.
    b. Transport waste with a covered trolley, wheel barrel, wheeled bin, or cart.
    c. Separated transport of hazardous and non-hazardous waste.
    d. Transport equipment should be dedicated to waste transportation only.
    e. The equipment must be cleaned and disinfected at the end of each workday.

6. Proper storage of infectious and sharp waste includes:
    a. Inaccessible to unauthorized persons, animals, insects, and birds.
    b. Sign with biohazard symbol.
    c. Floor and walls are sealed or tiled to allow easy disinfection.
    d. Keep well-ventilated and protected from rain.
    e. Restrict access and keep it locked at all times.
    f. Use for waste only.
    g. Large enough to cater for overflow waste due to collection and treatment breakdowns.
    h. Fenced to prevent unauthorized access (waste picker, animals) and paved.
    i. Easy access for municipal waste collection trucks.
    j. Where recycling takes place, separate areas for recyclables should be available.
7. Final disposal methods of waste include: *(Demonstrate the methods in groups)*
    a. Ash pit – disposal of incineration ash
    b. Landfill or waste burying pit – disposal of general waste
    c. Burning pit – waste disposal only during emergency
    d. Encapsulation – cement/sealed container for expired vaccines and medications
    e. Placenta pit – disposal of placentas and body parts
8. Health impacts of improper waste management include:
    a. Needle-stick injuries to health care workers (Hepatitis B and C).
    b. Transmission of infectious disease (e.g., antimicrobial-resistant infections).
    c. Inhalation of pollutants (dioxins and furans).
    d. Exposure to chemicals, including heavy metals such as mercury.
9. Ways in which climate change affects waste:
    a. Shipping and packaging of health commodities (PPE, vaccines, diagnostics, medicines) become waste, becoming a large contributor to carbon emissions from the health sector.
    b. Incineration and landfill use lead to emission of greenhouse gasses (CO_2, CH_4, N_2O).
    c. Methane (CH_4) has 28x the global warming potential of CO_2.
    d. Changes in hydrology and temperature affect the stability of waste containment structures.

e. Increased rainfall and flooding affect waste containers, leading to the spread of contaminants.

f. Disruption to the waste management chain from local flooding can displace medical waste and become dangerous to communities.

10. Climate-resilient improvements include the phasing out of incineration and implementation of non-burn technologies that can safely disinfect, neutralize, or contain waste (e.g., autoclaves).

11. In flood-prone areas, best practices around waste include:
    a. Alternative storage in elevated containers and/or transporting off-site.
    b. Ash pits that are watertight and not over-filled.
    c. Waste treatment areas and pits that are elevated to prevent flooding.

Activity: *(Group Work)*

The trainer presents the following scenario to participants to address:

- You are responsible for waste management at a facility. The director of your facility receives complaints from the local community about smoke from the incinerator used for treating infectious and sharp waste and is asking you to improve the situation.
  a. What are the positives and negatives of using incineration?
  b. What measures should you take to address the community's concerns? Which actions take priority?
  c. What improvements could you make along the way?
- The Healthcare center Waste Manager explains how all waste from the health center is currently disposed of.
- Group tours the center to certify where all the disposal places are managed.
- Participants create and position the 3 waste segregation bins for the HCF.

Materials Needed:

- Well-labeled bins placed in the right position in the health center.
- Poster of different improper healthcare center waste disposal.
- Waste Process Management poster.
- Three-Bin System for Waste poster.
- Poster illustrating the different ways to dispose of sharps and other materials from a healthcare facility.

Trainer Reviews Participant Understanding:

1. How is sewage/wastewater properly managed?
2. Define non-hazardous and hazardous waste.
3. What is the system for proper waste management?
4. What are the best practices for handling waste?
5. Describe the proper storage of infectious and sharps waste.
6. What are the disposal methods of waste?

Key Takeways:

- Segregate hazardous and non-hazardous waste at the point of generation.
- Use sharp boxes – never recap or reuse needles.
- Keep infectious and sharp waste away from patients and the public.
- Treat infectious and sharp waste before disposal – preferably with environmentally friendly technologies like autoclaving.
- Plan for incremental improvement of waste systems where resources are limited.
- As much as possible, adapt waste systems to reduce the negative impact on climate.

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

By the end of the session, participants will be able to:

1. Understand the gender and social inclusion implications.
2. Explain the quality of care and qualities of a health professional.
3. The importance of monitoring responsibility for better improvement of services at the HCF.
4. Describe the monthly checklist for health center staff.

Key Messages:

- A well-managed Healthcare Facility includes good leadership, community engagement, and motivated staff members who understand and perform proper WASH practices.
- The design and management of WASH services in healthcare facilities must consider a variety of user needs.
- Users include women in labor, menstruating women, infants, children, older people, people with disabilities, and individuals with different religious or cultural practices and beliefs.
- The qualities of a good leader must be emphasized and cut across all staff members.

Trainer Asks Participants: *(Activity)*

The trainer breaks the group up in pairs to address the following:

1. How would you describe a good healthcare facility leader?
2. What key focal person or position should be in all healthcare facilities?
3. What are the 4 best practices for healthcare facility management?
4. How can healthcare facility staff share knowledge and experience with other healthcare facility staff?
5. Why is patient and community feedback important?
6. Why is a budget for WASH important, and what should it include?
7. Why is it important to monitor and evaluate services at the HCF?

Trainer Teaches Participants:

1. A great leader in a healthcare facility:
    a. Motivates and encourages staff to do their best work.
    b. Recognizes and promotes good performance.
    c. Values the cleaning staff equally with the clinic staff and reinforces teamwork.
    d. Provides written job descriptions for each staff position and designs clear roles for subordinates.
    e. Is an exemplary and good communicator.
    f. Is approachable, confident, respectful.
    g. Inspires others.
    h. Is accountable.
    i. Is knowledgeable and empathic.
    j. Is a good planner and organized.

2. Every healthcare facility should have at least one ***WASH Specialist*** because:
    a. A Healthcare Facility cannot be effective without clean water, proper sanitation, and hygiene.
    b. Proper WASH standards require a budget for materials, and the WASH Specialist is dedicated to keeping inventory and budgeting for purchasing supplies such as soap and cleaning disinfectants.

3. The 4 best practices for healthcare facility management are:
    a. All staff members have a written job description and divide tasks based on their job descriptions and skills.
    b. Ongoing training and professional development.
    c. Regular staff meetings.
    d. Motivation, encouragement, and value of ALL staff with recognition of good performance and correction of bad performance.

4. Healthcare facility staff can share their knowledge and experience with other healthcare facility staff by organizing learning exchange events through:
    a. Staff visits to other facilities.
    b. Peer-to-peer learning exchange.
    c. The support of referral hospitals to smaller facilities.

5. Patient community feedback is vital because:
    a. Patients and the community are a critical part of a healthcare facility, and their opinions should always be valued.
    b. It ensures that everyone's voice is heard and should include those who cannot read or write.

6. Some ideas for measuring patient satisfaction are:
    a. Comment box at the entrance of a facility.
    b. Comment books are at key places in the facility.
    c. Regular surveys.
    d. Community discussions with patients in the waiting room.

7. A WASH budget is important because:
    a. It is necessary for managing services.
    b. Provides valuable information for facility managers, administrators, donors, and suppliers.

8. A good Healthcare Facility should be able to answer the following questions:
    a. How much money is spent on WASH monthly and yearly?
    b. What is the budget for operation and maintenance?
    c. What is the budget for the provision of supplies?
    d. Where does the budget funding come from? How is the money raised for it?

9. Monitoring and reporting progress are important parts of WASH FIT by indicating which facilities need additional support and mentoring, providing examples of good practices, and helping facilities stay on track. Assigning clear responsibilities for each of these tasks helps to address the issue of accountability.

Activity:

- Create a comment box for patients and staff.
- Discuss the importance of a designated WASH Specialist, draft a job description together, and decide who this individual will be and if the health center budget can support this as a paid position.
- The trainer draws learning from participants by summarizing the learning objectives and whether they were achieved.

Materials Needed:

- Monthly checklist for staff.

LESSON 7

Community Participation and Action Plan

The WASH Foundation
An evolution of Clean the World Foundation

Learning Objectives:

By the end of this session, participants should be able to:

- Explain what community participation is.
- Understand why community participation is important in primary health care.
- Give some examples of community participation.
- Mention the 5 objectives of community participation.
- Describe the barriers of community participation.

Key Messages:

- Community involvement and inclusion, power, and control are all necessary for an individual or community to feel a sense of ownership over WASH infrastructure. This sense of ownership has a significant impact on shaping outcome availability and longevity of WASH interventions.
- In many resource-limited settings, family members or visitors provide care to patients and play an important role in demanding quality services.
- Community participation in the WASH process and as part of the WASH team serves a dual purpose: to increase awareness of staff, patient, and visitor safety and to encourage community buy-in.
- Community participation aims to promote the active involvement and engagement of all sections of a community in project planning and decision-making.
- It encourages people to take responsibility for the process and outcomes, both short and long-term, of the WASH program.
- The WASH team should include at least one community representative, local leader, or influencer to hold the facility accountable for good governance of WASH infrastructure.
- Community representatives may also help identify areas for improvement that may otherwise be overlooked.

Trainer Asks Participants:

The trainer breaks group up into pairs to address the following:

- What is community participation?
- What are the 2 benefits of community participation?
- Mention some examples of community participation.
- What are the barriers to community participation?

Participants present in their respective groups.

Trainer Teaches Participants:

1. What is community participation?
    a. Community participation can be loosely defined as the involvement of people in a community in projects to solve their own problems. People cannot be forced to 'participate' in projects that affect their lives but should be given the opportunity where possible.

2. Why is community participation important in primary health care?
    a. There are many reasons why community participation is important in PHC. First, it helps to ensure that health services are responsive to the needs of the community. When communities are involved in planning and delivering health services, they are more likely to use those services and to be satisfied with them.

3. The 5 objectives of community participation are:
    a. Project cost sharing.
    b. Increasing project efficiency.
    c. Increasing project effectiveness.
    d. Building beneficiary capacity.
    e. Empowerment.

4. To achieve Community Activation, your overall strategy should be centered around the top three types of participation:
    a. Functional Participation.
    b. Interactive Participation,
    c. Self-Mobilization.

5. Benefits of community participation includes:
    a. Opportunities to build relationships with friends.
    b. Grow your social networks.
    c. Help you feel more included.
    d. Increase your confidence and build your ability to participate with your peers.
    e. Help you develop skills to be more independent and feel safe in your community.

6. Community participation is important because involvement in community activities in non-segregated spaces would help people learn new skills or brush up on their hobbies. It also helps people to build and improve their confidence. Community participation paves the way for self-development and contribution.

7. The barriers to community participation include:
    a. Lack of time for participation.
    b. Disability or impairment.
    c. Distrust.
    d. Digital capability.
    e. Privacy concerns.
    f. Language.
    g. Internet access.
    h. Financial strain.

8. Although there are pros and cons to using each one and the approaches you use will depend on the groups of stakeholders being consulted and the intended outcomes of your initiative, the most effective methods of community participation include the following:
    a. Community meetings.
    b. Focus group discussions.
    c. Surveys and questionnaires.
    d. Online engagements.

Activity:

The group drafts an Action Plan, including the tasks below:

- Draft a list of relevant community members to include.
- Create written descriptions of the different participant roles.
- The trainer reviews the lesson with participants for understanding by reviewing the learning objectives.

Materials Needed:

- Manilla papers and scissors.

Appendix

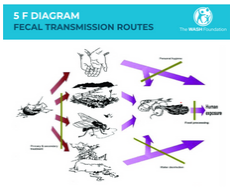
The WASH Foundation
An evolution of Clean the World Foundation

Lesson 1

5 Key Moments Poster

Lesson 2

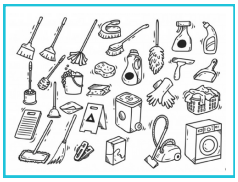
Stop the Microbes Poster



5 F's Poster

Lesson 3

WASH FIT-Water-Virtual SI Exercise.



Lesson 4

Cleaning Supplies Poster

Lesson 5

Improper Waste Disposal

The **WASH** Foundation

An evolution of Clean the World Foundation