

# Área de proteção e cuidados (APC) WASH-fit COVID-19

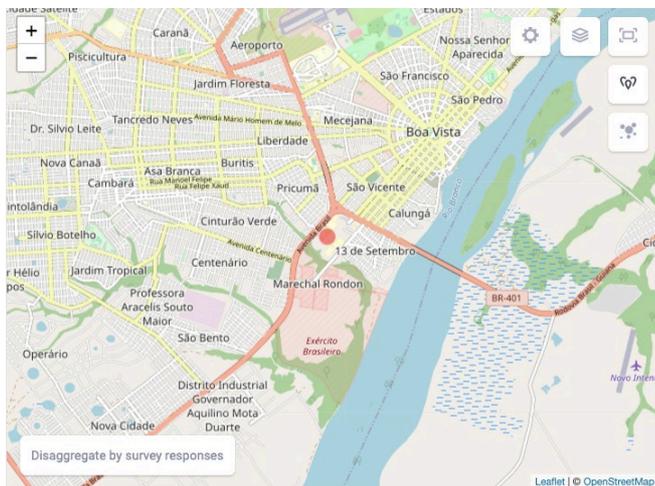
**Boa Vista, Brazil | 09/07/2020**

**Date of assessment:** 09/07/2020

**Location:** Área de Proteção e Cuidados (APC), Boa Vista, Brasil

**Type of facility:** Primary health care facility

**Assessment conducted by:** Delmo Vilela and Daiana Albino Pena in collaboration with APC management



**General comments and implementation advice:**

The APC is starting-up operations and has few people in attendance (25 beds). The site is large and widely set-up. In the near future, a capacity expansion from the current 1000 beds to up to 1500 beds is expected, but the actual usage is unsure. After the COVID-19 pandemic, the site is planned to be transformed into one or two shelters for migrants.

It is advised to monitor the number of patients closely. Once patient numbers increase significantly, the fecal sludge management has to be improved and on-site water storage capacity has to be increased. For now, from the awareness raising perspective, it is advised to install additional hand washing facilities (with soap and water available) to reduce distance to handwashing stations and to ensure drinking water availability by donating filters.

The APC management has joined the assessment exercise and has thus been made aware of existing standards and guidelines.

**General information**

**Beds:** 1000 beds (1500 planned)

**Screening area:** yes

**Presence of isolation:** yes

**On-site treatment of COVID-19 patients:** yes

**Data on water services**

**Water availability:** Water services available every day and of sufficient quantity

**Water storage:** Water storage to meet less than 75% of the needs of the facility for 2 days. Currently there is an on-site water storage of 15000 liter. Following the standard of 60 l per day per patient and an on-site storage capacity of 2 days, a minimum storage capacity of 18.000 liter is required but preferably more.

**Water quality:** Yes, drinking water has appropriate chlorine residual

Drinking water fountains: Present, but are out of order due to lack of cleaning filters



Fig 1. Site impression



Fig 2. Toilets impression



Fig 3. Water fountain



Fig 4. Water storage above toilets



Fig 5. Cleaning equipment storage



Fig 6. Tank connected to toilets



Fig 7. Lay-out of facility



Fig 9. Checking water quality

### Data on sanitation

**Showers:** Yes, at least one shower or bathing area is available per 40 patients in inpatient settings and is functioning and accessible

**Toilets:** Yes, toilets or improved latrines are clearly separated for staff and patients and visitors

**Toilets for people with special needs:** No toilets for disabled users (but ramps will be installed)

**Hand washing facilities:** Yes, functioning hand hygiene stations within 5 m of latrines

**Toilet cleaning management:** Toilets cleaned but not recorded

**Fecal sludge management:** On-site waste water treatment is present in the shape of a concrete box with a very small volume compared to the need once the site is at full capacity. The box receives both black and grey water and was not designed to receive large volumes. An adequately designed treatment installation is required if the envisioned number of patients will arrive and when the site will be transferred to a shelter to prevent leaking of untreated waste water into the environment.

**Staff trained in medical waste:** Yes, a trained person responsible for health care waste is present and adequately trained

**Medical waste management system:** Yes, functional collection containers for each type of health care waste is in close proximity to all waste generation points

**Medical waste management implemented:** Some sorting of waste but not all correctly or not practiced throughout the facility

**Safe disposal of infectious and sharps waste:** Yes, there is a functional and of a sufficient capacity incinerator or alternative treatment technology for the treatment of safe disposal of infectious and sharps waste

**Infectious waste stored in protected area and treated within safe time period:** Yes, all infectious waste is stored in a protected area before treatment

**Protocol or Standard Operating Procedure in place for health care waste:** Protocol or SOP (Standard Operating Procedure) for safe management of health care waste is written but not visible or implemented

**Appropriate protective equipment for waste treatment and disposal:** Yes, all staff in charge of waste treatment and disposal have appropriate protective equipment

### (Hand) Hygiene

**Functioning hand hygiene stations are available at all points of care:** Yes. Functioning hand hygiene stations are available at points of care. However, distances between handwashing stations are sometimes far.

**Hand hygiene promotion materials are available:** Yes.

**Functioning hand hygiene stations available in service areas:** Hand hygiene stations (combined with drinking water fountains) are present, but there is not always available water or soap available.

**Hand hygiene compliance activities undertaken regularly:** Yes, hand hygiene compliance activities are undertaken regularly

**Floors and horizontal work surfaces appear clean:** Yes

**Appropriate and well-maintained materials for cleaning available:** Yes

**Personal protective equipment available to all cleaning and waste disposal staff:** Yes

**Staff can demonstrate correct procedures for cleaning and disinfection:** Yes, at least one member of staff can demonstrate correct procedures for cleaning and disinfection

**Mechanism exists to track supply of IPC-related materials:** Yes

**Record of cleaning visible and signed by the cleaners each day:** No record of floors and surfaces being cleaned exists

**Facility has sufficient natural ventilation:** Yes

**Beds adequately separated from each other (1m at least):** Yes

**WASH FIT or other quality improvement/management plan:** WASH FIT or other quality improvement/management plan for the facility is complete but has not been implemented and/or monitored or is incomplete

**Adequate cleaners and WASH maintenance staff:** Yes

**Regular audits of hand hygiene supplies:** Yes, regular ward-based audits are undertaken to assess the availability of handrub, soap, single use towels and other hand hygiene resources

**New personnel receive IPC training:** Yes

**Immediate training on IPC and WASH / recent refresher:** Yes, health care staff are trained on WASH/ IPC each year

**Dedicated WASH or IPC focal person:** No, the facility does not have a dedicated WASH or IPC focal person