**HANDWASHING / GENERAL TIPS FOR COVID 19 RESPONSE**

1. In addition to handwashing at regular key times (before cooking and eating, and after visiting the toilet or changing baby’s nappies), handwashing is important after coughing and sneezing or touching on possible infected surfaces.
2. WHO recommendations on handwashing for COVID around 40-60 seconds, using water and soap and only with hand sanitizers (60% alcohol base) when water and soap is not available and hands are not visibly dirty.
3. Hand sanitizers are not 100% effective when hands are very greasy or soiled with organic matter, so not very cost effective in a community setting. Any form of soap, medicated soap, antibacterial soap, bar soap, laundry powdered soap, liquid soap, natural soap, home-made soap, is effective, as long as it produces lather and visually removes dirtiness.
4. The use of chlorinated solution (0.05% concentration) for handwashing is the last resort option as chlorine solutions are not stable, are prone to human error during preparation of solution, are highly irritating for skin and smell can be unpleasant.
5. The use of soapy water (detergent or soap diluted in water) is recommended as a low-cost alternative for liquid soap or soap bars, or to prevent stealing of soap bars in communal setting. It is always recommended the use of soapy water to be followed by water rinsing to be affective and pleasant.
6. In some countries general population is using plastic gloves in their daily life as a barrier to COVID. WHO recommends to use gloves only by health staff as part of their PPE equipment but not by general population as may give a false perception of safety and make people relax with handwashing. If this is directed by the Ministry of Health, NS should conform but emphasizing the need to wash gloved hands with water and soap or change to new gloves as often as possible.
7. Handwashing Stations should be located at homes, schools and at entrance and exit of all public spaces (e.g. markets, places of worship, transportation centers). National Societies can support health facilities to produce their alcohol-based hand-rub, install handwashing stations and run handwashing quality control along the different patient tracks.
8. Do not forget the SPHERE standards for handwashing in the WASH chapter of the [SPHERE handbook](https://spherestandards.org/wp-content/uploads/Sphere-Handbook-2018-EN.pdf), consider standards around soap and water access and hygiene promotion.
9. [IFRC COVID 19 IEC materials](https://docs.google.com/document/d/1asdQs8YGl7GLP_kMeyrizNcPYwiqLHsewtPNU1kvW00/edit) for handwashing that can be easily adapted in the [App CANVAS](https://www.canva.com/). But the MOH, UNICEF and others might be producing IEC materials on handwashing already. A transmission route chart for COVID 19 can be easily downloaded from internet. This can be used to organize group activities (remotely or on-site) about breaking the transmission and highlight the importance of handwashing.
10. Traditional face-to-face interaction might not be possible under a context of social confinement and main communication may need to happen remotely. Using mass media and digital channels to inform population and address fears and concerns like radio, TV, phone hotlines, [social media](https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/03/Tips-on-using-social-media-for-COVID-19-FINAL.pdf), instant messaging, loudspeakers installed in motorbikes / cars, etc. might the only options. Capacities of the communication department in our NS might be critical for COVID 19.
11. Dealing with rumors around handwashing (for example ‘applying chlorine to my hands protects me from COVID´, ´using plastic gloves protects me from COVID´) is a key activity. In IFRC Go platform you have [RCCE guidance for rumor tracking and blocking rumor behaviour](https://www.communityengagementhub.org/wp-content/uploads/sites/2/2020/02/IFRC-nCov-RCCE-Guide-0202_EN.pdf).
12. Understanding current practice, believes and perceptions around handwashing is crucial. Do not forget to add questions on handwashing when running KAP surveys. When collecting data, divide respondents between doers & non doers so the analysis gives you helpful insights on motivators and barriers.
13. Some population groups may need to intensify their handwashing practice like people living with HIV AIDS, TB or any other illness that compromise immune system, and also elderly group. In a context of social confinement, these groups together with people with disabilities, minorities or disadvantaged people, may find difficult to access enough water and soap specially if they fetch water in communal water points or buy water from water vendors in the street.