Low Cost Hygiene and Social Distancing Interventions

The Prevent Epidemics team at Resolve to Save Lives has been impressed with these simple, practical guidelines. They were produced by a team from Australia: Dalton, Craig and Corbett, Stephen and Katelaris, Anthea, Pre-Emptive Low Cost Social Distancing and Enhanced Hygiene Implemented before Local COVID-19 Transmission Could Decrease the Number and Severity of Cases. On March 5, 2020. Available at SSRN: https://ssrn.com/abstract=3549276 or http://dx.doi.org/10.2139/ssrn.3549276

Although these guidelines are not applicable to all areas, we hope you find the ideas useful. During times when schools, workplaces, or other locations are closed, they are not applicable.

- Supervised sanitisation of hands at entrance and at regular intervals
- Defer activities that lead to mixing between classes and years
- Promote cough and sneeze etiquette (but focus on excluding ill persons)
- Strict stay-at-home policy if ill
- Gamifying hygiene rules e.g. to discourage touching face
- Regular handwashing schedule
- Disinfect high-touch surfaces regularly and between users
- Outdoor lessons where possible
- Consider opening windows and adjusting air conditioning
- Enhance hygiene and screening for illness among food preparation (canteen) staff and their close contacts
- Review after-school care arrangements that lead to mixing of children from multiple classes and ages

**SCHOOL INTERVENTIONS**

**All Households**
- Enhanced hand sanitisation
- Gamifying hygiene rules e.g. to discourage touching face
- Disinfect high-touch surfaces regularly
- “Welcome if you are well” signs on front door
- Increase ventilation rates in the home by opening windows or adjusting air conditioning
- Promote cough and sneeze etiquette

**Households with Ill Members** (in addition to measures on left)
- Ill household members are given own room if possible and only one person cares for them
- The door to the ill persons room is kept closed
- Wearing simple surgical/dust masks by both infected persons and other family members caring for the case
- Consider extra protection or alternative accommodation for household members over 60 years or with underlying illness

**HOUSEHOLD-BASED INTERVENTIONS**

- Enhance hand sanitisation
- Gamifying hygiene rules e.g. to discourage touching face
- Disinfect high-touch surfaces regularly
- “Welcome if you are well” signs on front door
- Increase ventilation rates in the home by opening windows or adjusting air conditioning
- Promote cough and sneeze etiquette

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WORKPLACE INTERVENTIONS

- No handshaking policy
- Promote cough and sneeze etiquette (but focus is on excluding ill staff)
- Videoconferencing as default for meetings
- Defer large meetings
- Enforced sanitisation of hands at entrance
- Regular hand sanitation schedule reminders via email
- Lunch at desk rather than in lunch room
- Gamifying hygiene rules e.g. to discourage touching face
- Ill* people stay at home and ill workers immediately isolated
- Hold necessary meetings outside in open air if possible

- Sanitisation of hands at building entrance encouraged
- Tap and pay preferred to limit handling of money
- Disinfect high-touch surfaces regularly
- Avoiding crowding through booking and scheduling, online pre-purchasing, limiting attendance numbers

COMMERCIAL/ENTERTAINMENT/TRANSPORT SETTING INTERVENTIONS

- Staff with ill household contacts should stay at home**
- Disinfect high-touch surfaces regularly and between users
- Work from home where possible
- Consider opening windows and adjusting air conditioning***
- Limit food handling and sharing of food in the workplace
- Assess staff business travel risks****
- Enhance hygiene and screening for illness among food preparation (canteen) staff and their close contacts
- Analyse the root cause of crowding events on site and prevent through rescheduling, staggering, cancelling

- Enhance hygiene and screening for illness among food preparation staff and their close contacts
- Enhance airflow and adjust air conditioning
- Public transport vehicles/taxi/ride share-vehicle windows opened where possible, increased air flow, high-touch surfaces disinfected

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*“Ill” person refers to someone with an undiagnosed respiratory illness or fever, who is not yet under investigation for COVID-19 but nevertheless could be an unrecognised case.

** This could be costly unless used judiciously while awaiting exclusion of COVID-19 in the case and should be introduced based on likelihood of local transmission.

*** Evidence that low temperature and low humidity in air conditioned environments may enhance the survival of coronaviruses such as SARS.

**** Sites such as the CDC travel risk assessment site may be useful [https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html](https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)