

# BASIC HYGIENE PRACTICES FOR WORKERS

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In the period between February 29 and today, the Coronavirus emergency has severely limited the life of the entire world and the collaboration between peoples and the country people and Countries.

The ENICBC Med Managing Authority encouraged all partners to actively participate in sharing experiences and solving problems. This document was created by MEDISS partners with the intent of taking stock of the state of the pandemic and transmitting basic knowledge about the virus.

## BASIC HYGIENE PRACTICES



Working with sewage or wastewater is a hazard that exposes the operator to several pathogens commonly present in the waste matter. Basic hygiene practices are the only way to prevent both well-known and new diseases, i.e. COVID-19. Before handling human waste wear your PPE (Personal Protective Equipment).

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Your PPE should be at least composed by:

- Goggles or face shield: to protect your eyes by splash and dust;
- Waterproof gloves;
- Liquid-repellent coveralls;
- Protective face mask: to safeguard nose and mouth from splashes;
- Rubber boots.



Wash frequently your hands is an old and still now efficient way to prevent a large number of infections.



Wash your hands:

- after handling wastewater and other kinds of waste;
- after removing soiled work clothes and boots;
- before touching your face and open sores and cuts;
- before eating or drinking;
- before and after using the toilet.

When safe water and soap are not available use a specific alcoholic gel. In workplaces eat, drink and smoke is designated in areas away from wastewater handling activity.

Clean your work clothing (working clothes) daily with a chlorine solution (0.05% is recommended).

Working in potentially dangerous conditions need constant and dedicated training to prevent illness as well as spreads some pathogens. Training must include basic hygiene practices, use of PPE and proper handling of matrices (wastewater, sludges and so on).

## VACCINATION AND RECOMMENDATIONS FOR WORKERS

Some vaccinations are recommended to prevent illness caused by pathogens such as tetanus, typhoid fever, polio, hepatitis A and B. Worker health and safety risks vary among specific locations and a trained health and safety professional should be consulted to create safety plans.



Should wastewater workers take extra precautions to protect themselves from the COVID-19 virus? Best practices listed above (wash frequently hands, PPE etc.) will help prevent human-to-human transmission of pathogens including SARS-CoV-2, the virus that causes COVID-19.

No additional COVID-19 specific protections are recommended for employees involved in wastewater management operations, including those at wastewater treatment facilities.

## RECOMMENDATIONS FOR STAFF

- Avoid gatherings of people, in all cases keep at least 1 mt distance from one person to another;
- Wear a face mask in presence of other colleagues and other people in the workplace, in particular during meetings and breaks;
- Avoid staying a long time in the same room and frequently open the windows to allow fresh air;
- Inform all the team members to avoid shaking hands, kisses, hugs and any physical contact;



- Wash your hands frequently or use an alcohol-based disinfectant;
- Office rooms and toilets must be clean frequently, paying attention also to door handles, taps, desks, chair armrests, laptop and keyboards.
- If water taps are not controlled by a photocell but must be touched to run water, they should also be cleaned frequently.

To prevent the spread of infections (infectious diseases) avoid any kind of aggregation of people. For this reason, Italy laws reduced any kind of unnecessary contact. At this time, after a strict lockdown of two months, some activities restarted, but following the increase of infections it is mandatory to wear a face mask for the whole day. Despite the previously was reported a high sensitivity of infection in the elderly, new data reported an increase of infection in the age range of 20-40.

Keep you eye on the ball!

## THE IMPACT OF COVID-19 IN MEDITERRANEAN AREA IN THE FIRST SIX MONTHS OF 2020

In the month of June, experts from ENAS, Palestinian Wastewater engineers Group (Lead partner), Aqaba water and Ira Médenine, set up a working group to assess the impact that the COVID - 19 pandemic has had in some Mediterranean area countries. The countries analyzed are 10,

| Countries            | Cases          | Deaths        | Population 2019    |
|----------------------|----------------|---------------|--------------------|
| Cyprus               | 996            | 19            | 875.899            |
| Egypt                | 66.754         | 2.872         | 100.388.076        |
| Greece               | 3.390          | 191           | 10.724.599         |
| Israel               | 24.441         | 319           | 8.519.373          |
| Italy                | 240.436        | 34.744        | 60.359.546         |
| Jordan               | 1.128          | 9             | 10.101.697         |
| Lebanon              | 1.745          | 34            | 6.855.709          |
| Malta                | 669            | 9             | 493.559            |
| Palestine            | 2.443          | 8             | 4.981.422          |
| Syria                | 269            | 9             | 17.070.132         |
| Tunisia              | 1.172          | 50            | 11.694.721         |
| Turkey               | 198.613        | 5.115         | 82.003.882         |
| <b>Total of Area</b> | <b>542.056</b> | <b>43.379</b> | <b>314.068.615</b> |

*Source: processing on OpenData EU*

In the first six months of 2020, 0,2% (542.056 cases) of Mediterranean population was infected with Sars Cov 2 - Covid-19 and 43.379 people died.

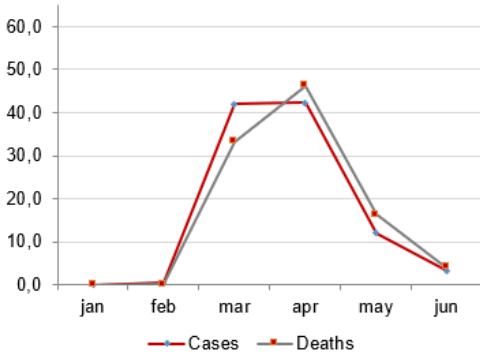
In Italy, Jordan, Palestine and Tunisia there were 245.179 cases and 34.811 deaths, with an incidence of 45,2% on total of countries' cases considered and 81% of deaths. Italy has had the greatest impact (44,4% of total cases and 80% of mortality)

\*Since 31 December 2019 and as of 03 November 2020, 47 093 222 cases of COVID-19 (in accordance with the applied case definitions and testing strategies in the affected countries) have been reported, including 1 207 290 deaths. The 10 most-affected countries with the highest number of COVID-19 cases are: US (9.382.617), India (8.313.876), France (1.419.295), United Kingdom (1.073.882), Brazil (5.566.049), Colombia (1.099.392), Spain (1.259.366), Russia (1.661.096), Argentina (1.195.276), Mexico (938.405), Italy is twelfth with 759.829 cases. *Source: Johns Hopkins University*

# CASES AND DEATHS BY COUNTRY AND MONTH (JANUARY - JUNE)

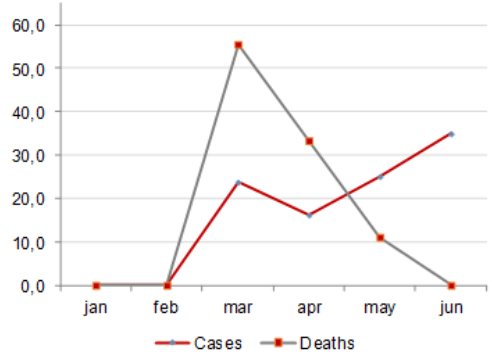
## ITALY

April is the month with the higher percentage of cases (42,4%) and deaths (46,3%) on the first six months of 2020



## JORDAN

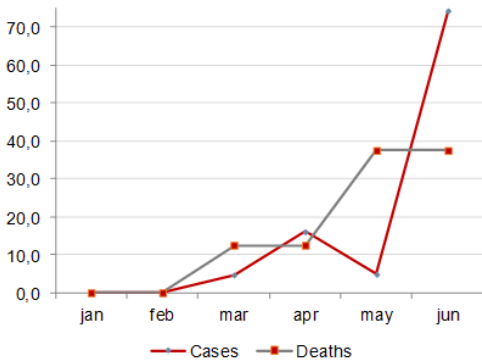
June is the month with the higher percentage of cases (34,9%). In March the percentage of deaths was 55,6%



*Source: processing on OpenData EU*

## PALESTINE

June is the month with the higher percentage of cases (74,4%) on the first six months of 2020. In May and June the percentage of deaths was 37,5%



## TUNISIA

April is the month with the higher percentage of cases and deathss (57% and 64%) on the first six months of 2020.

