A GUIDE
to planning, preparing for, and conducting fieldwork in the context of COVID-19

A principles-based approach

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A guide to conducting fieldwork in the context of COVID-19

Since lockdown regulations were lifted to Level 1, the intent within the post school education and training (PSET) sector has been for institutions to actively re-engage in pre-COVID-19 activities, including fieldwork. All PSET institutions must pay due attention to adhering to workplace and PSET COVID-19 prevention and control guidelines to ensure students and staff remain safe during this period. This document provides guidance for how to remain safe in the context of pandemic that affects all of us.

The purpose of this guidance section is to identify and minimise potential risks associated with university-related fieldwork, including internships and placements, conducted by university faculty, staff or students off-campus to prevent the transmission of COVID-19 during the SARS-CoV-2 pandemic.

Off-campus fieldwork is broadly defined and may include teaching, on-site learning placements, and research activities. The research or teaching activity may occur both in outside spaces or indoors in communities (in clinics, homes and community facilities). It does not include the work or research conducted in on-site laboratories which would be covered in other documents, usually internal university protocols.

It is important to read this fieldwork guide within the context of other documents already approved within the sector:

- ▸ The Higher Health Guidelines for the PSET Sector (30 April 2020) for greater detail on general campus preparation, COVID-19 prevention and communication strategies for managing COVID-19 when a campus is fully operational: https://higherhealth.ac.za/wp-content/uploads/2020/05/Guidelines-for-Post-School-Education-and-Training-PSET-Institutions-for-management-of-and-response-to-the-COVID-19-outbreak.pdf

- ▸ The Higher Health Guidelines for Cluster management (10 September 2020): http://higherhealth.ac.za/wp-content/uploads/2020/09/HIGHER-HEALTH-Protocol-on-Managing-Clusters-of-Outbreak-of-COVID-19-within-the-PSET-Institutions.pdf

The Higher Health team can advise on appropriate contact details for the relevant COVID-19 Advisory Teams for your institution.

Important terms

Term	Definition
Screening	Students and staff entering facilities and premises complete a behaviour and symptom questionnaire to screen for COVID-19 contact or possible COVID-19 illness. This may include a temperature check.
Suspected COVID-19	When a staff member or student appears ill or displays symptoms compatible with COVID-19, based on symptom screening according to the NICD case definition but is either not tested or awaiting SARS-CoV-2 test result
Confirmed COVID-19	A staff member or student with laboratory confirmation of SARS-CoV-2 infection (using an RT-PCR assay), irrespective of clinical signs and symptoms.
NICD Case Definition	The National Institute of Communicable Diseases (NICD) Case Definition for COVID-19 is: ▸ Any person presenting with an acute (≤10 days) respiratory tract infection or other clinical illness compatible with COVID-19, or an asymptomatic person who is a close contact of a confirmed case. ▸ Symptoms include ANY of the following respiratory symptoms: cough, sore throat, shortness of breath, anosmia (loss of sense of smell) or dysgeusia (alteration of the sense of taste), with or without other symptoms (which may include fever, weakness, myalgia, or diarrhoea) *[Referral to individuals with COVID-19 as a 'case' can be stigmatising and if possible, these terms should be avoided but are included here for clarity according to conventional terminology]*
Transmission	Current evidence suggests that COVID-19 spreads between people directly (touching) or indirectly (through contaminated objects or surfaces), as well as through close contact with infected people via mouth and nose secretions. These include saliva, respiratory secretions or secretion droplets (both heavy and airborne). These are released from the mouth or nose when an infected person speaks, sings, sneezes, or coughs, and are then inhaled (via the nose), ingested (via the mouth) or transferred into the eyes of a susceptible person.

Term	Definition
Cluster	In general, a cluster is an aggregation of cases grouped in one place and time that are suspected to be greater than the number expected, even though the expected number may not be known. For COVID-19, a cluster occurs on campus when > 2 individuals with confirmed or suspected COVID-19 are identified within seven days in the same class or lecture hall, student group, or between individuals working in the same area on a campus *[Note that the terms 'cluster' and 'outbreak' are not used strictly as defined and are used interchangeably in practice and management is the same]*
Outbreak	In general, an outbreak is when a cluster has a common source. For COVID-19, an outbreak occurs when all the individuals in a cluster on campus are likely to have been infected by the same individual who was positive for COVID-19 *[The terms 'cluster' and 'outbreak' are not used strictly as defined and are used interchangeably in practice and management is the same]*
Close contact (NICD)	Staff member or student who has been in contact with another individual with confirmed COVID-19 for a total of >15 minutes within 1 metre. This includes working together in closed, poorly ventilated spaces.
Casual contact (NICD)	Staff member or student who has been in contact with an individual with confirmed COVID-19 for a short duration (<15 minutes) and maintained physical distancing (>1 m) with a confirmed case/s or who was wearing a mask.

Term	Definition

Period of Infectivity	The time the individual with confirmed COVID-19 was present on campus while in the infectious period as determined by:
	
	▸ In an individual with confirmed COVID-19 who has symptoms, the infectious period is considered to begin 48 hours prior to symptom onset and lasts until 10 days after symptom onset.
	▸ In an individual with confirmed COVID-19 with no symptoms:
	   ▸ Where the *source of infection is unknown*, the infectious period may be regarded as commencing 48 hours before the date of the sample, to 10 days after the sample was taken.
	   ▸ Where the *source of infection is known*, the infectious period can be estimated based on a minimum incubation period of 48 hours following exposure.

Quarantine	A period during which someone who has been exposed to someone who is confirmed to have COVID-19, is separated from healthy people and observed for the development of symptoms of COVID-19. This is usually for a period of 10 days in the case of COVID-19. Quarantine can be involuntary if demanded by the State.
Isolation	A period during which someone who is suspected or confirmed to have COVID-19 is separated from people who are healthy. The period is for a minimum of 10 days. Isolation can be involuntary if demanded by the State. During this period, the individual should not go out, wear a mask in the home, and have separate living and ablution facilities where possible.
Self-isolation	A term used widely in the context of COVID-19 to imply that an individual who either has COVID-19 or has been exposed to someone with COVID-19 selects to separate themselves from other healthy people. It does not differentiate between illness or exposure and can be confusing.

Term	Definition
De-isolation	An individual with confirmed COVID-19 can stop isolation precautions and return to campus after 10 days from the day symptoms start (if mild symptoms) or the date when the test was done (if no symptoms). If admission to hospital is needed for treatment of COVID-19, at least 10 days from discharge and when well enough to return to campus. Repeat testing for SARS-CoV-2 is NOT required before return to work or study on campus.
Cleaning	Washing with soap and water, which kills the virus
Disinfection	Wiping with disinfectants such as 1000 ppm chlorine (hypochlorite) or 70% alcohol, as recommended
VAT	Value-Added Tax

Preface

Hierarchy of Prevention and Control

All fieldwork locations should adhere to prevention and control measures according to the figure below. Optimising engineering and administrative controls reduces reliance on individual behaviours—such as wearing of personal protective equipment—to mitigate transmission risks.

PPEs
Masks and shields

Engineering controls
Ventilation
Distancing

Administrative controls
Hand hygiene
Timetabling
Frequent cleaning
Screening
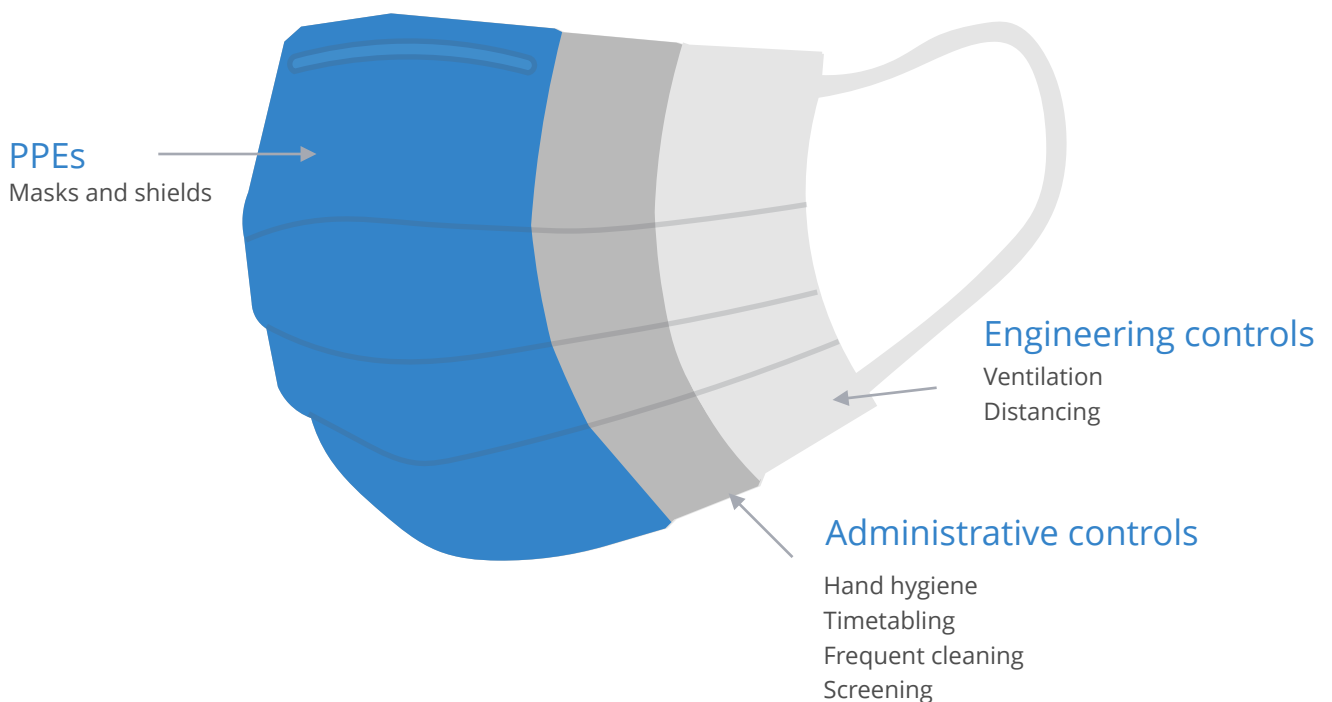
What are COVID-19 related Non-Pharmaceutical Interventions (NPIs)?

NPIs are non-drug interventions to prevent the spread of the SARS-CoV-2 from staff or students with COVID-19 to other students or staff on campus. NPIs are categorised as:

▸ Engineering controls—what we can do to the environment to reduce transmission, such as ensuring ventilation and sufficient space in indoor venues

▸ Administrative controls—what we can arrange to reduce transmission, such as screening, hand hygiene (regular hand-washing with soap and water for 20 seconds or using an 70% alcohol-based sanitiser), cough etiquette (coughing or sneeze into a tissue or elbow) and environmental cleaning of high-touch areas in indoor venues

▸ Personal protective equipment (PPE)—what we can wear to reduce transmission, such as non-medical (cloth) face masks and eye protection visors

The Guide is divided into the following sections:
▸ Section 1: BEFORE the fieldwork: Planning and preparation for safety before going into the field
▸ Section 2: TRAVELLING TO and FROM the field
▸ Section 3: IN the field: Working and learning safely in the field
▸ Section 4: AFTER the field: Remaining safe after being in the field

Each section is further divided where appropriate by location of responsibility (university or individual level, including staff or students) and where possible further delineated by role (academic staff, administrative staff or students) for ensuring safe fieldwork practices.

It should be remembered that the fieldwork team will be seen as the face of the university and must be models of safe practice at all times.

Section 1. BEFORE the Field: Planning for safety before going into the Field

University responsibility

Approval for fieldwork

1. Any fieldwork to be engaged in by staff and students must receive university approval through an approved structure or body that will be responsible for approving requests for fieldwork within the university. This structure and its terms of reference can utilise prior established COVID-19 structures or prior structures related to fieldwork. While each institution should determine the details of these structures adopted, it is suggested that such approvals be given (according to the guidelines) at a departmental or faculty level, and not by a single institutional committee/body. Departments and faculties will have a far better understanding of the fieldwork issues for each project than a central body.

2. The need for approval for fieldwork must be clearly communicated within the university.

3. All proposals to carry out fieldwork must adopt the regulations, protocols and guidelines that flow currently from the National Disaster Management regulations and adhere to the restrictions imposed by the risk-adjusted approach (Alert Levels) from government. Future changes to the regulatory framework will need to be included.

4. The approval structure must develop clear guidance for a fieldwork Risk Assessment to categorise fieldwork as essential and non-essential, prioritising safety over productivity. In principle the following will apply:

    ▸ Delay fieldwork where COVID-19 safety rules cannot be upheld.
    ▸ Consider the age and co-morbidities of university staff or students, as well as volunteers and the research participants, prior to providing approval for fieldwork.

COVID-19 Safety Training

1. The university to ensure provision of general and/or fieldwork-specific COVID-19 safety training to staff and students prior to engaging in fieldwork (such training can either be developed internally where expertise is available or outsourced). Topics to include:
    ▸ The dangers of COVID-19.
    ▸ Modes of transmission.

- ▸ Measures to prevent transmission such as physical distancing, personal hygiene practices, social etiquette (including cough etiquette, greetings, respiratory hygiene), and PPE requirements and utilisation (including masks).
- ▸ Symptom monitoring, screening and testing.
- ▸ Referral and management of a participant or research team member if suspected of being COVID-19 positive.
- ▸ Specific practices related to the relevant area of fieldwork.

Continuity Planning

An assumption is made that all universities will have institutional protocols to assess COVID-19 related research risks and the precautionary measures to be taken to mitigate these risks for staff, students, volunteers and participants. To ensure continuity

1. All documents should be clearly written to ensure consistency within a department.
2. Universities must ensure training, preparing and evaluation of the team for fieldwork (see above) and put processes in place to immediately report any unsafe or unhealthy situations to the fieldwork team leader or research study/ project supervisor.

Staff level responsibilities

Approval for fieldwork

1. Academic staff who are principal investigators of human participant research will need to consider obtaining approval from their research ethics review committees for amendments to research protocols to ensure that COVID-19 related issues will be addressed when researching human participants.
2. Academic staff (or administrative staff where delegated) who lead fieldwork projects to prepare and complete a Fieldwork Risk Assessment prior to submission for approval to 1) identify possible hazards, 2) evaluate the potential to mitigate the hazard, and 3) indicate how the hazard will be eliminated or mitigated and who will be responsible.
3. Academic staff (or administrative staff where delegated) who lead fieldwork projects to facilitate approval for travel permits (if applicable) by students for fieldwork, guided by the regulations issued by the Department of Home Affairs and the Department of Higher Education and Training.

COVID-19 Safety Training

Academic and administrative staff who lead and engage in fieldwork to attend

university general and/or fieldwork-specific COVID-19 safety training prior to entering the field.

Planning

1. Staff leaders of fieldwork must ensure planning for emergency, unexpected circumstances procedures in the field, for instance: communication procedures if no cell service is available, preparation of a field safety plan, and where appropriate, availability of a map to required support systems, such as a nearest hospital.
2. Get permissions to access the location in the field ahead of time and send university protocols ahead. To avoid awkwardness, include that it is university COVID-19 policy not to shake hands, to maintain physical distancing, to use hand-rub sanitisers and wear masks.
3. Establish if the field team will be working with the public, contractors or an at-risk community in less-than-ideal spaces and plan accordingly.
4. Do not rely on the supply of PPE by anyone outside of the university—take sufficient PPE for the team and possibly for anyone the team may have to engage with face-to-face.

Student level responsibilities

Approval for fieldwork

Students who will participate in fieldwork to ensure that required approval forms and permits have been completed and submitted in a timely manner.

COVID-19 Safety Training

All students who will engage in fieldwork to attend university general and/or fieldwork-specific COVID-19 safety training prior to engaging in fieldwork.

COVID-19 Safety Toolkit for fieldwork

Once staff and students are permitted to undertake fieldwork involving activities in close proximity to each other or participants, each member of the team should ensure that they have a personal "COVID-19 fieldwork Safety Toolkit" when interacting with other members of the team and, if relevant, with human participants in research.

Item	Considerations
Mask	‣ Cloth or surgical ‣ No "buffs/gaiters" nor masks with valves ‣ May require several if spending the whole day and having to change masks between data collection points if working with human participants ‣ Masks for fieldwork participants as necessary ‣ Masks for others in the fieldwork participants' homes if research is home or community-based
Visor	If used by a fieldworker or a participant, visors must be used in conjunction with masks
Alcohol-based hand sanitiser (70%)	For regular cleaning of own hands throughout the day
Sanitiser or disinfectant for surfaces e.g., chairs, table	For cleaning and disinfection between collecting data with human participants and for or maintaining clean surfaces between yourself and other fieldworkers
A4 size zip-lock plastic bags	To store informed consent documents, completed paper questionnaires or other documentation (these should be left in the plastic bag for a minimum of two days prior to opening)
Basic communication materials on COVID-19	One-pager info-leaflets on proper use of masks, proper hand washing, physical distancing and cough etiquette to distribute to participants (World Health Organization has free posters)
Bag with ties	For disposal of any waste materials (e.g., used masks, tissues or gloves)
Box of tissues	To use if required or for distribution to participants as needed

Mask	Cloth or surgical
	No "buffs/gaiters" nor masks with valves
	May require several if spending the whole day and having to change mask between data collection points if working with human participants
	Masks for fieldwork participants as necessary
	Masks for others in the fieldwork participants' homes if research is home or community-based
Visor	If used by a fieldworker or a participant, visors must be used in conjunction with masks

Section 2:   Travelling TO AND FROM the field

General guidance for travel

1. Transportation to and from the field site must be planned in advance.
2. A detailed plan for exposure prevention must be outlined in the fieldwork Risk Assessment submitted to the university approval structure.
3. Consideration in the fieldwork Risk Assessment must also include transportation availability should any individual need to leave the site of the fieldwork for any reason and specifically if she/he falls ill.
4. Eliminate clutter in the vehicles and organise gear to limit the contact between different individual's belongings to make cleaning easier.
5. Have a waste bag in the vehicle.
6. The vehicle ventilation should be set to fresh air only (no recirculation of air) and windows should be open to maximise air flow and kept open. If not possible to open all windows, then at minimum the front and back window opposite from each other to be open.

Loading of the vehicle

1. Everyone should handle their own personal bags and belongings during loading and unloading of the vehicle.
2. Sanitise hands before and after loading/unloading.

Cleaning of the vehicle and other equipment

1. Before each trip, clean and disinfect the frequently or commonly touched

internal and external surfaces of the vehicle, including door handles, hard seat backs of seats that may be manipulated, seatbelts and buckles, steering wheel, levers, radio knobs, handbrake, etc. The same should apply to other pieces of equipment. This also applies to boats and life jackets.

2. Clean and disinfect again before anyone else accesses the vehicle and after each use of the vehicle. Always follow manufacturer's guidelines on the cleaning/disinfecting products used. Cleaning must occur before disinfection can be done for the disinfection to be effective.

3. Gloves should be used to carry out cleaning and disinfection (see Appendix 1 on correct donning and doffing of gloves). The risk of self-contamination is high when removing gloves, if not done correctly. Hands should be sanitised after removal of gloves.

Provisions and supplies to be carried in the vehicle

1. Supplies must include disinfectant wipes, alcohol-based (at least 70% alcohol) hand rub/sanitiser, disposable gloves, surgical masks (in case of someone developing symptoms while on the trip) and cloth masks (for regular use).

2. Waste bags with drawstring closure for waste. Any waste considered to be contamination risk must be bagged and tied in two bags.

3. Each team member should supply their own field provisions for the day in their own containers and cooler boxes, which should be marked with their name.

4. Thermometer for use with the whole group for daily screening.

Section 3: IN the Field: Working and learning safely in the field

Staff responsibility

Screening

1. No staff to join the field trip if sick.

2. All fieldwork staff must conduct daily self-monitoring for symptoms and should be encouraged to use the Higher Health screening app.

3. Assign fieldwork administrator or designate to ensure safe and secure storage of daily registers of fieldwork staff and students in case of contact tracing.

4. Fieldwork administrator or designate to keep detailed records of where and

when the fieldwork team has travelled, who was travelling, and the locations of the fieldwork so that details for contact tracing can be provided to the local public health unit should a staff member or student become ill with COVID-19.

5. If any member of staff or student is feeling unwell in any way or is advised to initiate further medical follow-up on completion of the self-assessment tool, the fieldwork Team Leader should ensure that the individual immediately refrains from fieldwork and returns home to self-isolate and to obtain a COVID-19 test if indicated. Other team members should be able to continue fieldwork as long as they have always strictly adhered to physical distancing and hygiene and cleaning requirements and are not working alone.

6. All field team members must know how to access the appropriate emergency medical services.

7. There must be a contingency plan for any field team member to return home in the event they cannot continue their work for any reason, including suspicion of COVID-19 infection.

Logistics in the Field

1. Allow extra time daily for logistics and co-ordination.
2. Where possible, try to maintain appropriate physical distancing in any fieldwork. (1.5m).
3. Physical distance (1.5m) must be maintained between any individual, including other field team members. At the same time, field workers should not work alone.
4. When working indoors, the fieldwork Team Lead to ensure that all windows are open, if possible. Open all tent flaps if working in tents.
5. Avoid as far as possible any field activities requiring face-to-face discussions with members of the public, unless physical distancing can be maintained.
6. Wherever possible, try to meet outdoors rather than indoors, but allow for privacy, as required.
7. Limit the number of participants per day and space meeting times.
8. Limit use of in-person group meetings, reduce the numbers of participants and maintain 1.5m distancing.
9. All staff to ensure that they have their own previously mentioned COVID-19 Safety Toolkit for fieldwork.
10. Ensure sanitising and cleaning measures are in place on return from the fieldwork before contact is made with family/friends/colleagues sharing the home/office.

Student responsibility

Screening

1. No student to join the field trip if sick.
2. All fieldwork students must conduct daily self-monitoring for symptoms and should be encouraged to use the NICD COVID-19 self-assessment tool (see Appendix 2) or the Higher Health screening app.
3. If a student is feeling unwell in any way or is advised to initiate further medical follow-up on completion of the self-assessment tool, the student must inform the fieldwork team leader and follow their instructions to return home to self-isolate and to obtain a COVID-19 test if indicated.

General guidance for infection prevention and control in the Field

1. All NPI measures to be adhered to by all staff and students at all times:
   ‣ Practice cough etiquette if you happen to sneeze or cough around people.
   ‣ Hands should be washed frequently with soap and water for at least 20 seconds (see Appendix 2 for method), or use alcohol-based hand-rub/ sanitiser (see Appendix 3), before and after each vehicle ride and before and after touching anything, especially before touching one's own face.
2. Meals must allow for physical distancing and sharing of utensils must be avoided.
3. Launder clothes/bedding and shower on arrival home.
4. Use technology as much as possible for communication—texting and phoning on mobile phones rather than having face-to-face discussions. Use technology to send and receive paperwork e.g. use a scanning app on your mobile phone.
5. Clean and disinfect mobile phones at least twice daily.
6. Mobile phones may be placed into ziplock bags after cleaning to remain clean when stored and bags disinfected with antiseptic wipes.
7. Any risk waste possibly contaminated with secretions or excretions of persons with possible COVID-19 infection should be bagged twice and securely tied to prevent leakage.

Caring for cloth masks in the field

1. Cloth masks are sufficient for casual contact when physical distancing cannot be maintained.
2. Cloth masks must be washed daily or after each use. Place in a container of

boiling water with washing detergent, allow to cool. Wash, rinse and dry. Each team member to carry at least 3 cloth masks.

Section 4: AFTER the field: Remaining safe after being in the field

University responsibility

Contact tracing administration

1. The fieldwork administrator or designate to ensure a register of staff and students is given to the responsible departmental administrator for secure storage.
2. If a student or member of staff notifies the institution that they became ill within 48 hours after the fieldwork excursion or activity with suspected or confirmed COVID-19, the designated university COVID-19 Point Person is to ensure the register is sourced from the departmental administrator.
3. Evaluation of the contact risk to all staff and students sharing transport or working in proximity during the field trip must be conducted. Pay attention to those who sat in direct proximity to the individual who reported illness, and to the duration that contacts were in the same venue if working indoors. The decision as to who is a close contact should be made in consultation with local public health officials or the designated institutional COVID-19 Cluster Management Team and appropriate contact tracing actions taken. See http://higherhealth.ac.za/wp-content/uploads/2020/09/HIGHER-HEALTH-Protocol-on-Managing-Clusters-of-Outbreak-of-COVID-19-within-the-PSET-Institutions.pdf

Staff and student responsibility

Contact Tracing

1. All staff or students who develop symptoms within 48 hours after the field trip to notify the Fieldwork Team Leader and to seek testing while self-isolating.
2. The Fieldwork Team Leader to notify all members of the field trip to immediately quarantine until the test of a symptomatic staff member is known.

3. A staff or student who tests positive for COVID-19 following a field trip to isolate for 10 days according to guidelines.
4. If a member of the field trip tests positive for COVID-19 within the 48 hour period following the trip, all members of the trip are to quarantine for 10 days and monitor for symptoms.

Wrap-up

1. Clean and disinfect all shared equipment and common-touch surfaces.
2. Bag-up used supplies for return to the Field Office for further management or disposal.
3. Debrief with all team members and share ideas for improvement.

Appendix 1: Donning and doffing gloves

Donning gloves[1]

1. Gloves should be donned immediately before the intervention for which they are required.

2. Clean hands.

3. Take a glove from the dispenser or package, touching only a restricted surface at the wrist end (Fig 1a).

4. Holding the wrist end open with one hand, ease the fingers of the other hand inside.

5. Gently pull the wrist end of the glove while easing the hand into the glove, taking care not to overstretch the material (Fig 1b).

6. Taking a second glove with the bare hand, turn the external surface of this glove onto the gloved fingers at its opening. Ease the glove onto the hand (Fig 1c). This avoids touching the skin with the gloved hand.

7. Once gloved, hands should not touch anything that is not defined by indications and conditions for glove use.

Fig 1.

1a. Take a glove from the dispenser, touching only a restricted surface

1b. Hold the wrist end open with one hand and ease the fingers of the other inside

1c. Repeat for other hand

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[1] Wigglesworth N (2019) Infection control 3: use of disposable gloves and aprons. *Nursing Times* [online]; 115, 7: 34-36.

Removing gloves

1. To avoid contaminating the hands or environment, gloves should be removed carefully as soon as the intervention is complete; if a disposable apron is also used gloves should be removed first.

2. Pinch one glove at the wrist without touching the skin of the forearm and peel away from the hand (Fig 2a), turning the glove inside out. Hold the removed glove in the gloved hand.

3. Hook the index and middle finger of the bare hand inside the remaining glove, taking care not to touch the outside of the glove (Fig 2b). Pull off the glove, turning it inside out with the first glove inside (Fig 2c).

4. Dispose of the gloves in a clinical waste bin or, if contaminated with blood or bodily fluids, into a hazardous waste bin.

5. Perform hand hygiene.

Fig 2. **Removing gloves**

2a. Hold the glove at the wrist and peel away from the hand

2b. Turn the second glove inside out, with the first glove inside
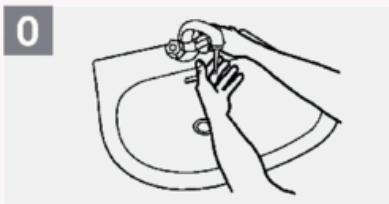

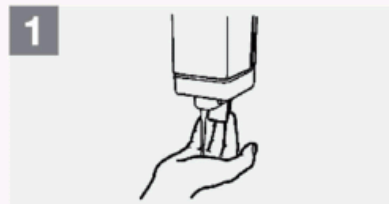**2c.** Dispose of the gloves

Appendix 2: Hand-washing technique[2]

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

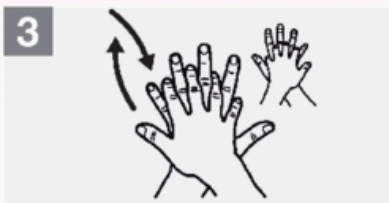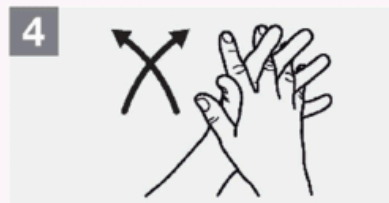🕐 **Duration of the entire procedure: 40-60 seconds**

0 Wet hands with water;

1 Apply enough soap to cover all hand surfaces;

2 Rub hands palm to palm;

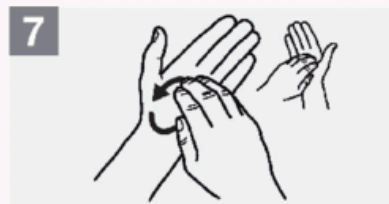**3** Right palm over left dorsum with interlaced fingers and vice versa;

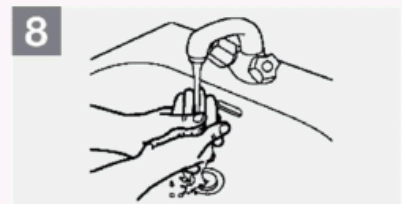**4** Palm to palm with fingers interlaced;

5 Backs of fingers to opposing palms with fingers interlocked;

6 Rotational rubbing of left thumb clasped in right palm and vice versa;
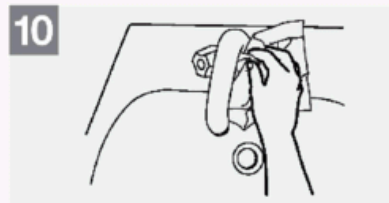
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
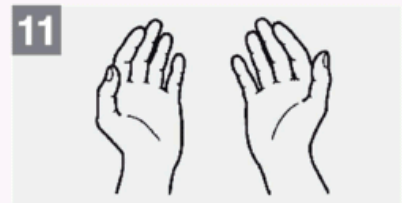
8 Rinse hands with water;

9 Dry hands thoroughly with a single use towel;

10 Use towel to turn off faucet;

11 Your hands are now safe.

[2] World Health Organization. Available at https://www.researchgate.net/publication/318391092_Hand_Hygiene_Practices_Among_Indian_Medical_Undergraduates_A_Questionnaire-Based_Survey/figures?lo=1

Appendix 3: Hand rubbing technique

How to hand rub

- Use 70% alcohol-based hand rub (ABHR).
- If hands are visibly soiled, rather use soap and water.
- Keep nails short and clean. Avoid artificial nails as they do not allow for adequate cleaning/disinfection.

20 seconds

Clean your hands for at least 20 seconds using steps below:

1
- Apply palmful of ABHR to cupped hand.
- Use elbow to dispense where able.

2 Rub tips of nails against palm. Swap hands.

3 Rub palms together.

4 Place one hand over back of other, rub between fingers. Swap hands.

5 Rub fingers between each other.

6 Grip fingers and rub together.

7 Rub each thumb with opposite palm. Swap hands.

Once dry, your hands are safe.

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

Source: NDoH. *Practical manual for implementation of the National Infection Prevention and Control Strategic Framework.* 2020
Adapted from the Infection Control Society of South Africa (ICSSA) and World Health Organization (WHO) and sponsored by the Knowledge Translation Unit (KTU).

Pires, D., Bellissimo-Rodrigues, F., Soule, H., Gayet-Ageron, A., & Pittet, D. (2017). Revisiting the WHO "How to Handrub" Hand Hygiene Technique: Fingertips First? Infection Control & Hospital Epidemiology, 38(2), 230-233. doi:10.1017/ice.2016.241

NDP 2030