SOP Laundry service for CCACs Greece

Sharing expertise and upskilling relevant RIS field staff for the improved management of WASH facilities and contingency planning by Drapen I Havet/Stagona within the Closed Controlled Accommodation Centers (CCACs) in the Aegean Islands, especially ones with limited access to WASH facilities/services.

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Background

There is no clear definition of 'Laundry Services' in the literature, most standards and guidance use it as an umbrella term, referring to a range of practices including soap provision, construction of clean and safe "laundry areas" and transitioning to "sustainable long-term solutions" that often go undefined [1, 2]. Where examples of longer-term solutions are found, they are closely integrated with medical services and include the installation of mechanical washing and drying facilities [3]. This points to the integral role effective laundry services play in maintaining the health of a population, and the importance of providing more than basic household equipment to those most vulnerable. Examples from literature demonstrate the potential impact of having limited options for doing laundry. Supporting earlier work, Biran et al found that households within refugee settlements would prioritise their use of soap for laundry over personal care or handwashing [4]. It should go without saying that anything that impacts people's ability to practice good hand hygiene poses a significant health risk. The main objective of WASH operations in humanitarian response is to reduce public health risks by creating barriers for the spread of pathogens (Sphere Association, 2018). Sanitation is one of the most important aspects of community well-being (Mara et al. 2010; Naughton and Mihelcic 2017, cited in Bako et al., 2021), and inadequate sanitation in non-household settings like refugee camps negatively impacts the health, education, and welfare of the populations (Bako et al., 2021; Mulogo et al., 2018).

Refugees and asylum seekers are at significant risk of diarrheal diseases and respiratory infection, among other communicable diseases, due to higher risk of overcrowding and poor WASH facilities [5-7]. Personal hygiene is a vital component in controlling the spread of these infections, thus, barriers to good personal hygiene must be removed. Evidence suggests adequate laundry facilities may be an effective strategy to achieve this [8]. The impact on wider hygiene practices as detailed above is just one example of the negative effects of inadequate laundry services.

Given the diverse vulnerabilities of individuals residing in CCACs—each supported by different camp service clusters—the following outlines specific risk areas that can be effectively mitigated through the provision of safe and efficient laundry services, as supported by evidence and lessons learned."

Who's at risk?

Medical Vulnerability

The importance of effective laundry in medical settings is well documented, strict control measures are known to successfully reduce the rates of cross contamination and infection among patients [9]. These measures are in place to protect the vulnerable population present in medical settings from secondary infection, patients that are already unwell and immunocompromised are at higher risk of infection and worse outcomes [10]. In fact, refugees and asylum seekers are known to shoulder a higher burden of communicable disease than host populations, from relatively common infections like diarrheal and respiratory disease, to more significant health concerns such as TB, HIV and Hepatitis [11, 12]. This is driven not by the prevalence of these diseases in the country of origin, but rather by infection during the migration journey due to poor living conditions, increased risk of exposure and interruption and inaccessible medical care [11].

Considering the infection risks to refugees and asylum seekers, implementing evidence-based programmes known to combat these risks should be the priority of the Ministry of Migration and Asylum. It is important to note that for these medically vulnerable patients, at home hand-washed laundry in cold water is not sufficient. Temperature plays the most important role in pathogen control during laundry, with temperatures above 40-60 degrees necessary to achieve an antimicrobial effect [13]. Accordingly, laundry services must include mechanical devices able to adequately heat the water and not be limited to household soap provision. Clean laundry forms a crucial part of the infection control mechanism for medically vulnerable patients, services targeting this population must be available within the CCACs.

Pregnant Women, Newborns and Infants

Pregnancy

When compared with non-pregnant women, women in pregnancy are more severely affected by infections such as influenza, bacterial vaginosis, urinary tract infections (UTIs) and sexually transmitted infections (STIs), among others [14, 15]. Infection and illness in pregnancy can also pose significant risk to the health of the baby [15]. Relative to host populations, pregnant refugees and asylum seekers are even more vulnerable, they are at increased risk of adverse pregnancy outcomes and maternal mortality is double that of host populations in Western Europe [16, 17]. Rates of operative delivery have also been found to be higher among refugee women compared to host countries [17]. This is of relevance to laundry provision as the post-operative care for caesarean section requires prolonged wound management and robust hygiene practices, in which clean clothing plays a crucial role. When also considering the increased disease risk among refugees outlined earlier in

this report, the above evidence paints a highly concerning picture of the health of pregnant women in these settings. The need to provide effective healthcare is clear, and access to clean laundry forms a vital protective barrier for an already vulnerable population.

Newborns and Infants

Newborn babies have underdeveloped immune systems, and while babies that are breastfed receive a level of protection from the mother's antibodies, all newborns remain at increased risk to infection [18, 19]. Further to this, the level of protection offered by breastfeeding is not always afforded to newborns in refugee settings. Emotional and physical stressors, sociocultural norms, food insecurity and inadequate healthcare act as barriers, preventing the adoption of breastfeeding by mothers in these contexts [20, 21]. This puts newborns and infants at increased risk of infection, in a context already known to have higher prevalence of communicable disease. Consequently, additional protective measures must be in place to prevent illness among newborns and infants in CCACs. It is here that laundry services available to this target population provide a vital service. Having an adequate supply of clean clothes and the ability to safely wash soiled clothing are key parts of established guidelines on keeping babies clean and healthy [22, 23].

Unaccompanied Minors (UAMs)

Defined by the Greek Ministry of Migration and Asylum as a person "under the age of eighteen (18) … not accompanied in Greece by parents, or by an adult responsible for their care according to Greek law"[24]. Analysis of UNHCR data showed a doubling of the numbers of UAM inside Greece from 2023 to 2024, with aid agencies reporting alarming camp conditions and calling it a "children's emergency unlike anything seen in recent years" [25, 26]. Compared with adult asylum seekers and refugees, UAMs are at greater risk of harm to their physical and mental health[27]. A recent systematic literature review demonstrated the prevalence of mental health conditions among UAMs in Europe [27, 28]. Considering the numbers of UAMs residing in CCACs across Greece, and the demonstrated risks associated with overpopulation and as a result inadequate living conditions, every effort should be made to ensure safe access to vital services. Based on the above challenges, and the knowledge that personal hygiene, access to adequate and agency-returning services pose positive physical and mental health results, the provision of laundry services can be used as a cost-effective method to reduce health risks and improve living conditions, thus also contributing to the overall mental wellbeing of such a vulnerable population.

Disability

There are no specific data on the prevalence on disability among displaced populations globally. However, the World Health Organisation (WHO) estimates 15% of the world's population suffers from a disability and when combining that with UNHCR global displacement figures, there may be up to 17 million individuals with disabilities displaced across the world [29, 30]. When applying this data to population levels inside the Aegean Island CCACs the picture is still concerning. Persons with disabilities are some of the most

vulnerable and excluded groups in any displacement setting, often facing social stigma, isolation and barriers to accessing services, leaving them at increased risk of abuse and exploitation [31]. Additionally, some of the difficulties facing this population stem from a lack of targeted services and challenges to identification of more hidden disabilities, this has led authors to highlight the need for more inclusive programme design that actively seeks out and supports those with disabilities [32, 33]. Considering this, an operation of targeted laundry service to this population will not alleviate the risks of medical. Such targeted laundry service, as described thereafter in the Standard Operating Procedure, should be done by house visits. House visits refer to by laundry staff collecting and returning clothes directly from the affected individual's home. Such house visits by laundry service staff give further opportunities for social contact, service promotion and safeguarding assessment.

Gender

Evidence demonstrates that in humanitarian emergencies and displacement contexts, women and girls disproportionately face challenges meeting their WASH-related needs and accessing safe, reliable and dignified WASH facilities [34-36]. This disproportionate impact manifests itself in several ways, however for this report it is important to consider the increased burden of domestic duties placed on women and girls in these contexts. Not only do women carry most if not all of the domestic responsibility, but the consequences of doing so are varied and significant [37]. Women face increased threat of sexual violence, exclusion from employment opportunity, and barriers to access education and engagement with capacity building programs, all as a direct consequence of having to undertaking domestic duties, of which laundry plays a large role [37]. Qualitative data from a 2023 needs assessment by Drapen I Havet inside Mavrovouni CCAC supports the above evidence, highlighting concerns raised by women such as the stress of balancing childcare and laundry, the threat of physical or sexual violence, and the physical toll the manual laundry was taking on their bodies [38]. Providing additional, safe and effective laundry facilities will reduce the burden and risk placed on women inside the CCAC and improve their physical and mental wellbeing.

Scabies

Not only is clothing a vector for infectious diseases like diarrheal and respiratory infection, but it is also a method of transmission for common mites such as bed bugs and the Scabies mite [39-41]. Additionally, unwashed clothing is known to contribute to the transmission and exacerbation of skin conditions such as eczema, contact dermatitis and fungal infections [42]. Considering the established prevalence of dermatological issues among populations in refugee and asylum centres in Greece, at times the second most common complaint presenting to health centres, and the documented outbreaks of Scabies infection, a standard operating procedure must be taken to ensure adequate laundry services are present in all CCACs [43, 44].

Scabies in these contexts is of particular concern; refugee populations are at significantly increased risk of infection due to overcrowding and poor WASH facilities [45]. Vulnerable groups are at increased risk of developing significant complications from an otherwise simply treatable disease, worsened by living conditions and ineffective treatment pathways. Despite this increased risk, guidance on the treatment of scabies in camps in Greece remains outdated and disconnected from the realities facing the people living in these settings. EODY guidelines recommend the use of Benzyl Benzoate 25% lotion, effective application of which requires detailed instruction, complicated dilution for different ages and access to sufficient WASH facilities [46]. European guidelines suggest oral Ivermectin, presenting a higher level of evidence and stronger grade of recommendation than topical benzyl benzoate [47].

Beyond the appropriateness of medical treatment, the guidelines do not reflect the physical situation facing the populations of these camps. For the treatment to be effective, patients must either wash and dry their clothes at above 60 degrees, possible only in mechanical facilities, or leave all their clothes and bedding in bags for a number of days [45]. In a setting in which people commonly have just one set of bedding and a limited amount of clothing, having uninfected items to use while the rest sits in bags is unrealistic. It is here the importance of having dedicated mechanical laundry facilities is clear. As demonstrated with success in the enhanced and supported WASH facilities inside the CCAC of Lesvos, a laundry facility integrated into the Scabies treatment pathway, able to safely and rapidly wash and dry large volumes of clothing is vital to the successful eradication of the disease.

Standard Operating Procedure Laundry Service

Purpose

The Standard Operating Procedures set out in the following document/s concern the implementation and operation of laundry facilities and laundry adjacent programmes for residents of the CCACs of the Aegean Islands. They are to be used by CCAC technical staff in their capacities within the aforementioned projects. To ensure compliance with international standards and internal guidelines concerning protection of the rights of refugees and asylum seekers, the document/s set out best practices specific to laundry services and/or laundry adjacent programming.

Introduction

WASH facilities across the Aegean Islands CCACs can often be under the pressures of overcapacity and maintenance challenges. In many of the CCACs access to clean water, hot water and facilities for laundry is intermittent at best and at worst non-existent. Laundry services in particular are in dire need, most of the general population lacks any access to effective laundry services leaving them vulnerable the above-mentioned vulnerabilities.

To enable historical and normative learning, produce knowledge and share this widely for the improvement of laundry facilities in the CCACs, the need for a standard operating procedure rose.

Scope

This document sets out the specific laundry needs of the population of a CCAC and gives guidance on how these needs can be effectively and efficiently met.

Definitions

Laundry Station – This refers specifically to a site containing powered washing machines.

Laundry Services – This refers to the operational resources such as staff and material, and the operates mundus that need to be mobilized to provide laundry to residents of CCACs.

Laundry Area – These are designated areas within a camp at which there is regular access to clean water, and the space and equipment to facilitate hand washing of clothes and proper

disposal of the wastewater. This includes areas in which nonelectrical machines are available.

Who to Prioritise?

As detailed in the attached report, when faced with a growing population inside a CCAC and an inability to expand the laundry facilities, prioritisation of services for specific population sub-groups can occur to safeguard urgent needs.

Prioritisation decisions should be based on the specific needs of the population, including medical and other vulnerabilities, according to the capacity of services available and will be specific to the context of each CCAC. Medical, vulnerability and protection services must be involved in the triaging of services in cases of high volume. Limiting services without consultation with the above actors may lead to negative health outcomes for both vulnerable cases and the wider population, including neighbouring towns of CCACS. Without prioritisation in ensuring the basic support to the most vulnerable groups is met, and pre-emptive approaches to uphold hygiene standards, camp administration will face operational challenges such deterioration of WASH areas due to overuse, or rapid degradation of living spaces.

Broadly, those most at risk from complications associated with poor laundry hygiene should always be prioritised, this includes those cases referred by medical or protection services such as new arrivals, as well as the normal operations of scabies treatment programmes. If necessary, services for the wider population should be limited to protect the operation of the above services. Further detail on who is most at risk can be found in the above report and may be used to inform decision making.

Regular Services and Detail

Whole Population

As described in the attached report, laundry service for the general population not only provides a level of protection against the spread of communicable disease but can also have significant positive mental health impact. Below is a breakdown of the cycle of operation for laundry facilities in the CCACs, the different elements required and methods to approach the operation.

Identification, Collection and Distribution

Following the census data of the camp, household heads should be identified and input into a master schedule in which each household has a day for laundry at the facility. Single men count as one household for the purpose of the schedule. An example of this can be found in Appendix X.

On the allocated day, an outreach team passes by the room/unit of each beneficiary distributing a ticket and explaining basic guidance of the service and on next steps for drop-

off and pick-up of their laundry per schedule (this refers to organisational approaches, each location and operation may differ based on needs, staff etc).

The following operation of laundry service is provided on Lesvos CCAC, set as an example:

Residents have two second chances the next day of the outreach in case that they were not able to be reached the first scheduled day. At a collection point the laundry station team is informing the service users to return the following day to collect their clean laundry at a specific time. Upon collection, the laundry station team creates a label (with the name, ticket no., housing no., day of collection). The label follows the clothes throughout the washing process. The following day, the resident must bring their ticket back to receive their clothing (clean laundry). The service users need to be informed that the clothes can't be replaced if they are damaged, white and coloured clothes are washed together, shoes and carpets can't be washed. The outreach team usually recommends the service users to prioritize the washing of heavy items which are not easily nor properly cleaned when hand-washed, such as blankets, bedsheets heavy coats etc.

Once the bag is collected, all the items must be unloaded into a box. This way items can be checked before being loaded onto the washing machine, valuables or damaging items to be introduced in the machines. The items must be unfolded to be properly washed. For regular washing, excluding scabies protocol, the water temperature must be 40 degrees Celsius. This is the minimum standard temperature that ensures water are properly washed.

Once the washing cycle is done, items can be moved to a box. From the box, items are one by one loaded to the dryer. With this way clothes are drying faster.

When everything is dried, clothes can be folded in a see-through bag, including the label to identify the owner of the clothes.

IMPORTANT NOTE:

In every stage of the process the items need to be followed with a label (bag, boxes, washing machines, dryers). Folders attached to washing/drying machines are recommended to every stage, where labels could be located.

A division on boxes between clean and dirty items is mandatory to avoid contamination in case of infectious diseases. Different colour boxes (clean and dirty) are recommended.

Gloves are mandatory for the loading of the items in the washing machines

Frequency and Volume

When the necessary equipment of machines, facilities and staff are met according to camp population capacity , everyone residing within the CCAC should have the option to have one bag of clothes washed every two weeks. Amounts of clothes able to be washed vary by demographic and are as follows, ensuring all can be served in a fair manner:

Single Men – 4kg (for washing machines 6kg) or 6 kg (for washing machines 8kg and more)

Families up to 5 Persons – 6kg (for washing machines 6kg) or 8kg (for washing machines 8kg and more)

Families of 5+ - 8kg (for washing machines 6kg) 10kg (for washing machines 8kg and more)

Equipment and Facilities

To enable the above rates of washing, the following equipment is required proportional to the population of the CCAC. Each machine may need to run up to 8 cycles per day to meet demand. Both washing machines and dryers should have a minimum capacity of 8kg. Power and water calculations are approximate and will vary by cycle duration/type and model of machine.

Pop.	Electrical Washing Machine	Water per day (Litres) - 8hours	Power per day (kWh)	Electric Dryer	Power per day (kWh)	Hand Powered Machines	Water per day (Litres) - 8 hours
250	1	320 – 440	3.2 - 11.2	1	20 - 40	2	480
500	2	640 – 880	6.4 - 22.4	2	40 - 80	4	960
750	3	960 - 1320	9.6 - 33.6	3	60 - 120	6	1440
4000	16	5120 - 7040	51.2 - 179.2	16	320 - 640	35	7680

Detergent

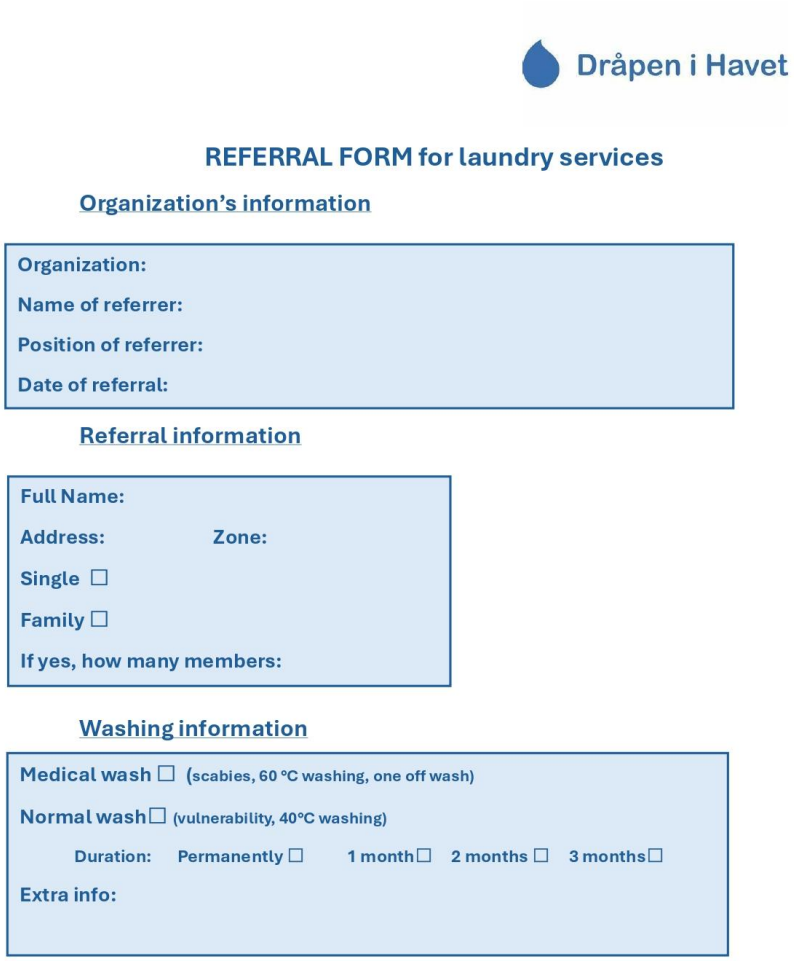
Detergent sheets should be provided for use in both electrical and hand powered machines. The amount needed for electrical washing machines is tied to the number of cycles needed. Sheets are easier to use and need less space to be stored. Eco-sheets are preferrable considering grey waters may end up in the nature (depends on the location).

Alternatively, powder detergent can be used in electrical machines, depending on type of machine/cycle and the availability of affordable supply.

Medical Referrals

Identification, Collection and Distribution

The laundry facility team should receive referrals (kindly find bellow an example of a referral form). for those with medical vulnerabilities requiring specialised or more regular laundry services. These referrals should ideally come from the competent medical actor or vulnerability service within the CCAC. Clothing is then delivered back to the house of the patient once cleaned.



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REFERRAL FORM for laundry services

Organization's information

Organization:

Name of referrer:

Position of referrer:

Date of referral:

Referral information

Full Name:

Address: Zone:

Single ☐

Family ☐

If yes, how many members:

Washing information

Medical wash ☐ (scabies, 60 °C washing, one off wash)

Normal wash☐ (vulnerability, 40°C washing)

Duration: Permanently ☐ 1 month☐ 2 months ☐ 3 months☐

Extra info:

4

Frequency and Volume

On a frequent basis, at least weekly, it is recommended that the facility team should collect the clothes, of those referred to for medical laundry service, directly from their house. To ensure separation from the general population and prevent overload of the facility, medical washes should be staggered through the week and a dedicated time slot left each day for them to occur. An example of this can be found in Appendix X

Specific Procedure

Medical washes should be carried out separately from any general population's clothing. To achieve the required antimicrobial effect, clothes must be washed at temperatures between 40 to 60 degrees Celsius and then dried at over 60 degrees.

Pregnant Women and New Mothers

Identification, Collection and Distribution

Similarly to medical cases, referrals for pregnant women and new mothers should come to the facility team through the competent protection or vulnerability actor present in the CCAC. It is recommended that clothes should be collected and distributed directly from and to the shelter of the woman referred. (Suggested referral period the last 3 months of the pregnancy and the first 3 months of the newborn)

Frequency and Volume

Once weekly collection of clothes up to 8-10kg, considering new born need generally to be changed more often, and to ensure the highest hygiene standard for pregnant women and new mothers, also considering the general limited access to NFIs.

Specific Procedure

To achieve the required antimicrobial effect, clothes must be washed at temperatures of at least 40 to 60 degrees Celsius and then dried at over 60 degrees ensuring medical standards are met.

Disability

For those unable to wash their clothes themselves due to mental or physical disability, a targeted service should also be provided.

Identification, Collection and Distribution

Like medical cases, referrals should come from the competent protection or vulnerability service of the CCAC. They may also come from medical services but good communication between all relevant services should be maintained. Collection and distribution directly from and to the house of the individual.

Frequency and Volume

Once weekly wash of 8-10kg.

Specific Procedure

To achieve the required antimicrobial effect, clothes must be washed at temperatures of at least 40 to 60 degrees Celsius and then dried at over 60 degrees ensuring medical standards are met.

Unaccompanied Minors

Identification, Collection and Distribution

It is important to ensure the highest protection and safeguarding practices when dealing with the entire population, and especially with UAMs. Referrals must come only from the protection team responsible for the care of the unaccompanied minors. Clothes are gathered by the protection team, collected by facility staff, making sure that the bags are labelled correctly (with the name, ticket no., housing no., day of collection), and returned to protection team after washing.

Frequency and Volume

All the clothing of the unaccompanied minors should be washed once per week, considering the limited access to NFIs, and the over use of clothes from young individuals.

Specific Procedure

To achieve the required antimicrobial effect, clothes must be washed at temperatures of at least 40 to 60 degrees Celsius and then dried at over 60 degrees ensuring medical standards are met.

Blankets and Other NFIs

A program should be in place to, on a semi-regular basis, clean the blankets and other NFI fabric items left behind by those who leave the camp. When carried out regularly this service should ideally wash and replace the blankets in use by people still living in the camp. This not only reduces the risk of household-to-household transmission of pests like Scabies and bed bugs, but it also takes pressure off NFI distribution services by ensuring an adequate supply of clean material is available. Access to laundry facilities avoid over sourcing of NFIS from donors and relevant partners of the Ministry of Migration and Asylum, alleviating unnecessary spendings and waster. This is of specific importance before winter as there will be increased demand for these items. It is recommended to appoint a day when NFI materials should be washed instead of resident's clothes.

Scabies

While individual scabies referrals should form part of the normal day-to-day operation of the laundry facility, the level of guidance needed means it requires its own section. Further detail on the specific risks and challenges of Scabies infection can be found in the attached report.

Regular Scabies Services

Identification, Collection and Distribution

A surveillance mechanism must be placed through the medical services for the identification and treatment of scabies cases by relevant medical actors responsible in the CCAC. . Cases must be flagged, and the process of referral and treatment must begin through a medical protocol.

Referrals for scabies washes must come directly from medical providers after diagnosis of scabies infection. Information on the process of treatment should be provided at the earliest opportunity in which interpretation is available, ideally during medical consultation. This will require the training of medical staff in aspects of the treatment pathway outside of medication provision.

Once identified, a referral needs to be sent to the facility staff for washing and to the shelter office for disinfection of the shelter and to avoid relocation of the scabies case to other room/unit with a result of further transmission. The facility staff should go to the houses and collect the clothing and bedding to be taken away for cleaning. It is important for the facility team to be able to provide all the necessary information to the cases. Clothes will be returned through the same mechanism.

Frequency and Volume

On referral, all the clothing and bedding of the patient and household must be washed and dried within a very short period after medication has been taken.

Specific Procedure

All items must be washed at 60 degrees Celsius and dried at or above 90 degrees Celsius. These temperatures are necessary to ensure the eradication of all Scabies mites and their potential eggs.

It is vital that Scabies washes take place in strict isolation from the clothing of the non-infected population. Scheduling and dedicated machines can be used to ensure the separation of infected laundry.

NFI Distribution

Considering that all clothing worn within the last three days prior to medical treatment must be washed, this may be all the clothes the patient has with them. As such, coordination with any actors distributing NFIs such as spare clothing is vital to the success of the

treatment. Without clean clothing to wear during the process the treatment is impossible, and acceptance and adherence will remain low. During periods of operational challenges, e.g overcapacity and lack of NFIs, it is recommended that the treatment starts after receiving a new set of clean clothes. The affected household's regular clothes should in the meantime be closed tightly in a plastic bag for 3 days and then washed normally.

Health, Hygiene and Service Promotion

Staff engaged in the outreach of the operation and connection to the medical sector should be trained in the basics of how to administer the medications used for scabies. This is to ensure again the patients understand the treatment and how to administer it. The commonly used treatment of Benzyl Benzoate can be complex and challenging to use in the setting of the CCAC, particularly if translation issues impacted the initial explanation. It is of paramount importance to double-check the patient has fully understood the instructions.

Scabies Campaigns

When case numbers begin to increase above the level of incidental cases, further steps must be taken to prevent the rapid spread of disease to the wider population of the CCAC. Previous outbreaks have been combated by the coordinated mass medical treatment, washing of clothes and bedding and the disinfection of patient houses. This is made possible through the collaboration of relevant actors, coordinated by the technical and medical services of the CCAC. It requires input from several services in the CCAC, medical, vulnerability, housing and the technical team.

Guidance on these campaigns should come from medical actors, however there are several WASH related actions that must be included to ensure successful treatment of large numbers of cases, such as NFI, protection and interpretation sectors.

Communication

Prior to and during any Scabies campaign, effective communication with the community is vital. Efforts should be made to communicate the process of the campaign to the general population, specifically regarding any interruption of normal services. Use of interpreters in hygiene promotion outreach, campaign posters, door-to-door outreach, and the use of community leader meetings are a few examples on how to communicate with the population.

Roles and Responsibilities

Medical Actors

Responsible for the identification and medical treatment of suspected scabies cases. Together with CCAC management and the technical team, medical actors should organise the running of daily scabies treatment clinic locations within the CCAC for the duration of the Scabies Campaign.

Where possible this should not impact on the running of their regular medical services. To ensure this, the technical team and/or camp management should make available additional space in which to host the clinic.

CCAC Technical Staff

The primary responsibility is the washing of all clothing and bedding as per protocols set out below.

In addition, the facilities staff and/or external contractor must ensure the cleaning and disinfection of the mattresses and housing area of any scabies patients.

Finally, the technical staff should provide coordination and logistical support for the other actors involved in the campaign, ensuring they have what they need within the CCAC to effectively carry out the campaign. As detailed above, providing a medical actor with additional space is one example of this.

Shelter Office

Responsible for ensuring suspected scabies cases are not moved around within the CCAC during their treatment, and that new arrivals are not housed with known scabies patients until their treatment is complete.

NFI Distribution

As part of the process, all patients will need a complete set of new clothes and bedding to use for the duration of their treatment. This may be possible with the resources of the CCAC, or otherwise external support should be sought from NGOs providing similar services.

Identification, Collection and Distribution.

When cases are identified by the medical actor, a ticket/ referral should be given to the case. The patients then pass from the shelter desk to get information needed to schedule with the laundry service. Plastic bags need to be distributed at the spot for the case to start gathering their laundry.

Once the referral is made and processed, the competent persons will collect directly from homes or brought to collection point by the patients. A ticketing system is used for redistribution of clean clothing.

Communication and coordination with the NFI cluster is essential here, as clean clothing should be provided prior to the point of collection of clothes to be washed, to ensure individuals have a set of clothes during the process.

Frequency and Volume

All clothing and bedding of Scabies patient and household. During a scabies campaign it may be necessary to suspend or reduce laundry operations for the general population to ensure safe capacity for scabies only washes. Some capacity should always be left for other special case laundry such as other medical issues or pregnancy etc.

Specific Procedure

All items must be washed at 60 degrees Celsius and dried at or above 90 degrees Celsius. These temperatures are necessary to ensure the eradication of all Scabies mites and their eggs It is important to ensure that facilities have the capacity to operate at the required output, they can reach the required degrees Celsius, in order to effectively combat the need.

It is vital that Scabies washes take place in strict isolation from the clothing of the non-infected population. Additionally plastic one-use bags are recommended for the collection of the infected items. Scheduling and dedicated machines can be used to ensure the separation of infected laundry.

Environmental Considerations

Attention should be given to the safe disposal of the wastewater generated by both electrical washing machines as well as by the manual laundry carried out by CCAC residents. The technical team should ensure all grey water produced is disposed of in accordance with local and national guidelines, either by integration of the sewage system with municipal waste infrastructure, or the contracting of disposal by competent local partners.

Where manual laundry takes places outside, and wastewater will inevitably flow into the storm drains on the CCAC, ecologically friendly detergent should be distributed to prevent chemical contamination of the surrounding area.

Community Engagement

Providing laundry services is a service that brings staff into very close contact with the population. It requires the building of strong and trusting relationships, particularly with specific vulnerable cases. For this reason, efforts should be made to include the community at every level of the operation.

Interpretation

Providing the service will require at every point a level of good communication with the community, as such it is vital to have members of the laundry service team able to speak the language of the community and understand its needs.

Training

Delivery

Community members should, where possible, be trained to deliver health, hygiene and service promotion trainings, as well as training on how to use relevant laundry and WASH infrastructure. As a member of the target population, they will far better understand the norms and practices of their culture and be able to deliver tailored information to a better effect than any external trainer.

Reception

Any community member that are part of the team delivering services must receive the necessary GDPR and safeguarding training commensurate to their level of involvement with personal information and decision making.

Maintenance

Where possible, members of the community should be trained and equipped to carry out simple maintenance to the non-electrical washing machines and associated WASH facilities. This will enable faster resolution of any issues and take pressure off the existing facilities team, allowing them to focus on the improvement of other services.

Communication With Communities

If not already in place, a CWC meeting should take place regularly at which WASH concerns should always be a point on the agenda. Meetings should be facilitated by an external body such as the UNHCR who have no mandate or individual agenda, or alternatively a community officer, for the topics to be discussed. It should be an open platform for residents to receive important information and crucially to voice concerns.

Interagency Collaboration

Working Groups

Where possible, a WASH cluster working group should be established to facilitate coordination between all relevant actors. This should include at a minimum the CCAC facilities staff and any WASH and/or medical NGOs serving the population of the CCAC.

Contingency Planning

As mentioned earlier, the challenges involved in planning for an increased demand on services are significant and complex. Decisions will need the involvement of several relevant services and outlining a specific plan in a template such as this is not feasible.

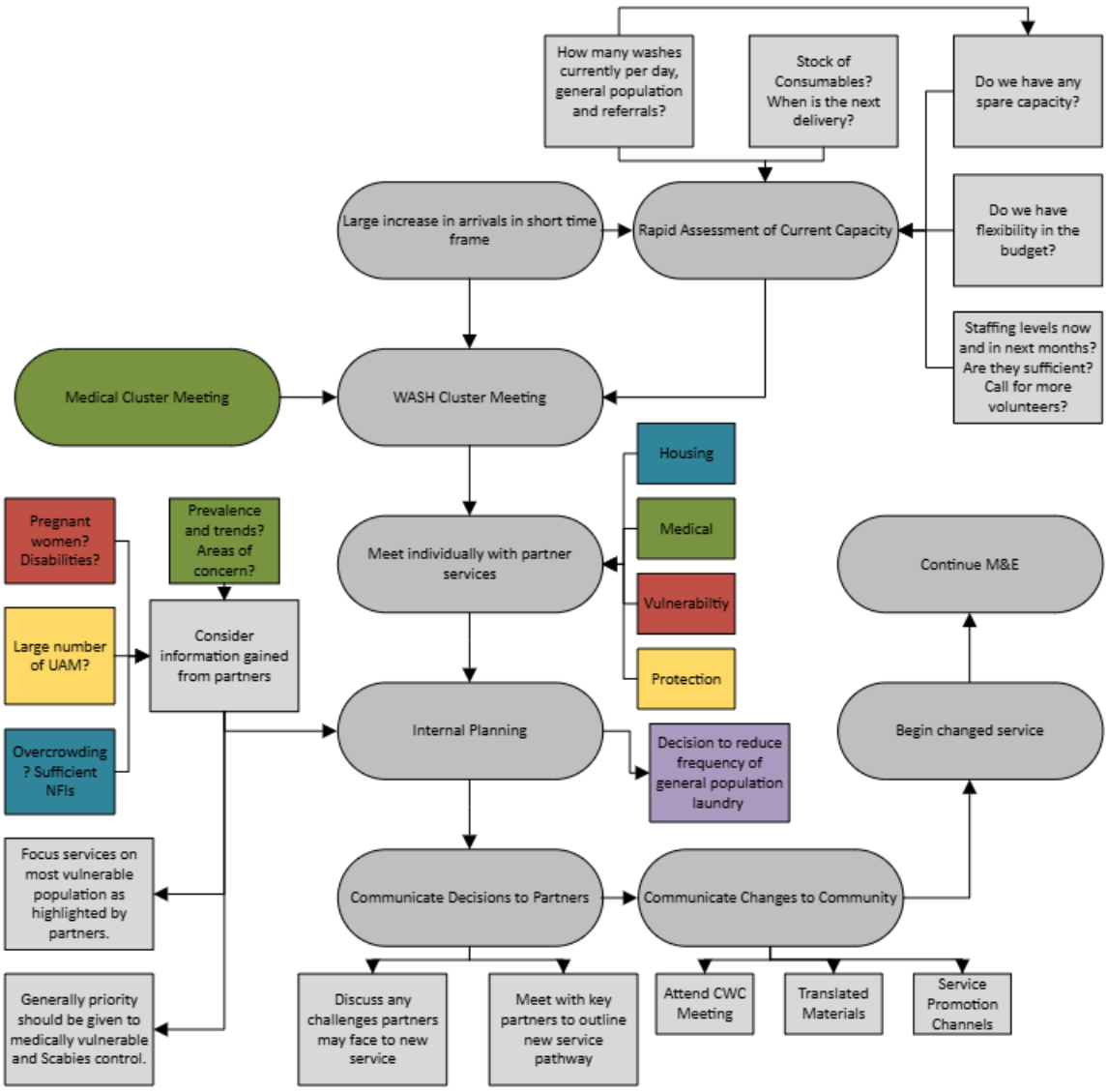
Below is one example of the process of reorganisation of services that may take place, it is included in giving an idea of the steps needed. This may not always be the correct course of action; it serves only as an example.

In this standard Operating Procedure, the evidence presented clearly demonstrates that laundry services are far more than a matter of convenience in CCACs—they are essential public health interventions. From infection prevention among medically vulnerable individuals, pregnant women, and newborns, to the reduction of disease transmission and support of mental wellbeing for unaccompanied minors and people with disabilities, clean laundry is a foundational component of hygiene and dignity.

In contexts where laundry infrastructure is limited or strained by overpopulation and resource scarcity, the absence of a robust **contingency plan** and **prioritisation framework** puts already vulnerable populations at heightened risk. Without a strategic approach, including the pre-identification of high-risk groups and integration with medical and protection services, service gaps can rapidly lead to preventable outbreaks, deteriorating health outcomes, and system-wide breakdowns in camp operations.

Therefore, **effective contingency planning and clear prioritisation protocols** are not optional—they are vital safeguards. They ensure that, even under pressure, critical services are maintained for those who need them most, prevent broader public health crises, and uphold the basic rights and dignity of displaced populations.

Process Example



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