

COVID-19 HOSPITAL PREPAREDNESS GUIDELINE

This is a guide for hospitals on what needs to be in place already as they monitor situation. If all the minimum recommended guidelines are complied, the facility should be ready to deal with potential COVID-19 suspected and confirmed cases.

All hospitals should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All hospitals should ensure their staff are trained, equipped and capable of practices needed to:

1. Prevent the spread of respiratory diseases including COVID-19 within the facility.
2. Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities, including safe transfer of such patients to the COVID-19 Management centers.
3. Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations (If the facility is a designated COVID-19 management center).
4. Potentially care for a larger number of patients in the context of an escalating outbreak (once the facility is equipped and designated as a COVID-19 management center).
5. Monitor and manage any healthcare personnel that might be exposed to COVID-19.
6. Communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

The following checklist does not describe mandatory requirements or standards; rather, it highlights important areas for hospitals to review in preparation for potential arrivals of COVID-19 patients.

ELEMENTS TO BE ASSESSED

1. Infection prevention and control policies and training for healthcare personnel (HCP)

The Facility leadership should review the COVID-19 control and prevention guidelines and provide education and on the job-specific training to HCP regarding COVID-19 on the following topics:

- Signs and symptoms of infection
- How to safely collect a specimen from the COVID-19 suspected patients.
- Correct infection control practices and personal protective equipment (PPE) use
- HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
- How to report the COVID-19 suspected and confirmed cases.

2. Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19

There should be a prescreening area in all the facilities that is close to the entrance equipped with all the necessary equipment and manned by trained staff. The role of this station is to screen all the patients walking into health facilities and ensuring that all those who present with any of the signs and symptoms of the COVID-19 are directed to a separate isolation area where they will further be screened.

At the Isolation area, all suspected cases should:

- Immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions.

All the service points and entry points within the facilities should have;

- Posters with information on COVID-19 should be displayed at service points and entry points advising patients and the public with fever or symptoms of respiratory infection to immediately notify triage personnel so appropriate precautions can be taken.
- Running water and soap or Alcohol based hand sanitizer for hand hygiene is available at each entrance and at all service points across the facility.
- Provision for tissues and no-touch bins for disposal of tissues in waiting rooms and at all service points.
- Facility should provide a separate well-ventilated space that allows waiting not to crowd, with easy access to respiratory hygiene and cough etiquette supplies. The facilities could use the open spaces within the facility as waiting bays incase patient numbers are high.

Alternatively, for patients that cannot be immediately placed in a room for further evaluation, a system is provided that allows them to wait in a personal vehicle or outside the facility (if medically appropriate) and be notified by phone or other remote methods when it is their turn to be evaluated.

All facilities should also ensure that.

- Triage personnel are trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect cases.
- Facility has a process that occurs after a suspect case is identified to include immediate notification of facility leadership/infection control.
- Facility has a process to notify local or state health department of a suspect case soon after arrival.
- Facility has a process for receiving suspect cases arriving by ambulance.

3. Patient placement

- All the healthcare facilities should confirm the number and location of their isolation areas/rooms.
- All the Isolation areas/rooms should ideally be away from other medical activities and areas, be well ventilated and lit, and have proper control of access.
- The rooms should have a good connection to the sewerage system to facilitate disposal of the body secretions.
- The isolation room should have clear administration registers that track all those coming in and out.
- A waste management plan should also be in place that clearly states how the waste shall be segregated, collected, transported and disposed.
- Guidelines on how the room shall be decontaminated should also be provided and in line with national/international directives.
- All the activities at the Isolation area/room should also be clearly documented.

Verification of each of the Isolation area/room should be done and should meet the following criteria.

- Well ventilated and lit.
- Air from these rooms should be exhausted directly to the outside if suction of air is provided.
- Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized.
- The facility should have plans to minimize the number of HCP who enter the room. Only essential personnel should enter the Isolation room/area. Facilities should consider caring for these patients with dedicated HCP to minimize risk of transmission and exposure to other patients and HCP.
- The facility should have a process (e.g., a log, electronic tracking) for documenting HCP entering and exiting the patient room.
- The facility should have a policies for dedicating noncritical patient-care equipment to the patient.
- Referral protocol other Isolation rooms/areas should also be in place in case this is required.

4. Handling COVID-19 Confirmed Cases

- Once a case of COVID-19 is confirmed at a Facility, Personal Protective Equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient) should be available and in sufficient supply at patient arrival, triage, and assessment locations.
- To be ready for possible complications from COVID-19, the facility, if identified as a COVID-19 case management center, should have a respiratory protection program where all the selected staff have been trained appropriately to handle severe cases. The appropriate HCP should have been medically cleared, fit-tested, and trained for respirator use.
- Due to the magnitude of the operations, the supplies for day to day running at facilities that may be at the center of an infection may really affected. It's therefore recommended that a dedicated team be trained, on key supply chain concepts to ensure that all the required supplies are available.
- All the staff should be trained on the selection and proper use of (including putting on and removing) PPE, with a required demonstration of competency. The outcome of this should be documented.
- All the facilities should also have a process for auditing adherence to recommended PPE use by HCP. Outcomes for all such audits should be documented and records kept. This should be done at least twice a week if resources allow.

5. Movement of patients with confirmed or suspected COVID-19 within the facility

For all patients who have been confirmed to have the COVID-19 virus:

- Their movement outside of the Isolation room/area will be limited to medically essential purposes.
- In case, a patient is transported outside the isolation area/room there should be a protocol in place to ensure that the HCP in the receiving area are notified in advance.
- Patients transported outside of the isolation room/area should wear a facemask and be covered with a clean sheet during transport.

6. Hand hygiene (HH)

- All facilities should provide hand hygiene supplies, including alcohol-based hand sanitizer/soap water and paper towels at all service points, including areas where HCP remove PPE
- The facility should have a process for auditing adherence to recommended hand hygiene practices by HCP. The findings should be documented and filed.

7. Environmental cleaning

For proper control of infections, the environment should be cleaned as properly and regularly. It is recommended that:

- The facility develops a plan to ensure proper cleaning and disinfection of environmental surfaces and equipment across the facility. Special attention should be paid to the contact points where many people always touch like doorknobs, the equipment, toilets, working surfaces etc.
- In case the cleaning is outsourced the environmental services personnel/cleaners should be appropriately trained and fit-tested.
- All HCP with cleaning responsibilities should understand the contact time for selected products used for cleaning. The cleaning products should be approved by the Ministry of Health in the respective country.

- The facility should have a process to ensure shared or non-dedicated equipment is cleaned and disinfected after use according to manufacturer's recommendations.

8. Monitoring and managing HCP

The HCP are at the center of operations who identify, diagnose and treat the confirmed cases of COVID-19 should also be protected and taken care of for the sacrifices that they make.

The following measures are recommended for the HCP.

- Each facility should follow the national and county public health authority's policies and procedures for monitoring and managing HCP with potential for exposure to COVID-19, including ensuring that HCP have access, also through telephone, to medical consultation. A clear guide on how they can access the necessary help should be available.
- All facilities should have a process to track exposures and conduct active monitoring of HCP if required by public health. It is preferred to have dedicated staff.
- The facility should set up a process to conduct symptom and temperature checks prior to the start of any shift of asymptomatic, exposed HCP that are not work restricted.
- To take care of mental health issues for the HCP the facilities either on their own or with other organized groups should set up counselling centers to allow the HCP to get counselling.

9. Visitor access and movement within the facility:

- To reduce the spread of infections by those visiting the healthcare facilities, it is recommended that the facilities.
- Plan for visitor access and movement within the facility
- Screen all the visitors for symptoms of acute respiratory illness before entering the hospital.
- Have a plan to restrict visitation to rooms of patients with confirmed or suspected COVID-19.

If visitors can enter the room of a confirmed or suspected COVID-19 patient, the facility should:

- Enact a policy defining what PPE should be used by visitors.
- Provide instructions to visitors before they enter a patient room, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy.
- Maintain a record (e.g. a log with contact information) of all visitors who enter and exit the room.
- Ensure that visitors limit their movement within facility (e.g. avoid the cafeteria).