

## Infection Prevention and Control during Health Care delivery when COVID-19 is suspected

### Guidance Note

This guidance is intended for health care workers (HCWs), healthcare managers and coordinators, and Infection Prevention and Control (IPC) focal points at all GOAL supported health care delivery points/facilities. (Adapted from WHO Guidance)<sup>1</sup>

#### **IPC strategies associated with healthcare facilities for suspected COVID-19**

To achieve the highest level of effectiveness in the response to COVID-19 outbreak using the strategies and practices recommended in this document, at least an IPC focal point should be in place and supported by country's senior management team and facility senior management. In countries where IPC capacity is limited or inexistent (e.g. countries where GOAL doesn't implement at health facility level), it is critical to start by ensuring that at least minimum requirements for IPC are in place as soon as possible at facility level, and to gradually progress to the full achievement of all requirements of the IPC core components according to assessed priorities.

IPC strategies to prevent or limit transmission in healthcare facilities/settings include the following:

1. Ensuring triage, early recognition, and source control (isolating patients with suspected COVID-19);
2. Routinely apply standard precautions<sup>2</sup> for all patients;
3. Transmission-Based Precautions (Implementing additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19)
4. Implementing administrative controls;
5. Using environmental and engineering controls.

#### **Ensuring triage, early recognition, and source control**

Clinical triage includes a system for assessing all patients at admission, allowing for early recognition of possible COVID-19 and immediate isolation of patients suspected of COVID-19 in an area separate from others (source control). To facilitate the early identification of cases of suspected COVID-19, GOAL supported healthcare facilities should:

- i) encourage Health Care Workers(HCWs) to have a high level of clinical suspicion;
- ii) establish a well-equipped (with at least thermometers and respiratory timers) triage station at the entrance to the facility, supported by trained staff;
- iii) Post signs in public areas reminding symptomatic patients to alert HCWs.
- iv) institute the use of screening flow chart below adopted from CDC:



2019-nCoV-identify  
-assess-flowchart-5f

#### **Routinely apply standard precautions for all patients:**

Standard precautions include hand and respiratory hygiene, the use of appropriate personal protective equipment (PPE) according to a risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning, and sterilization of patient-care equipment.

Ensure that the following respiratory hygiene measures are used:

- ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;
- if available - offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas and/or in isolation spaces;
- perform hand hygiene after contact with respiratory secretions

HCWs should apply hand hygiene/washing approach in the following 5 moments: *before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.*

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water:
  - alcohol-based hand rubs are preferred if hands are not visibly soiled also preferable where sinks are not available
  - wash hands with soap and water when they are visibly soiled

<sup>1</sup><https://www.who.int/publications/i/item/10665-331495>

<sup>2</sup> Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. The practices include: a) Hand hygiene b) Use of personal protective equipment (e.g. gloves, masks, and eyewear), c) Respiratory

hygiene / cough etiquette. d) Sharps safety (engineering and work practice controls). e) Safe injection practices (i.e., aseptic technique for parenteral medications). f) Sterile instruments and devices. g) Clean and disinfected environmental surfaces.

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The rational, correct, and consistent use of PPE also helps reduce the spread of pathogens. PPE effectiveness depends strongly on adequate and regular supplies, adequate staff training, appropriate hand hygiene, and appropriate human behaviour. It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thoroughly cleaning environmental surfaces with water and detergent and applying commonly used hospital level disinfectants are effective and sufficient procedures. Medical devices and equipment, laundry, food service utensils, and medical waste should be managed in accordance with safe routine procedures.

### Transmission-Based Precautions for suspected cases of COVID-19

In addition to using standard precautions, all individuals, including family members, visitors and HCWs, entering the room of suspected or confirmed COVID-19 patients should use:

#### 1. Contact and droplet precautions:

- Patients should be placed in adequately ventilated single isolation rooms. For general ward rooms with natural ventilation, adequate ventilation space is needed.
- When single isolation rooms are not available, patients suspected of having COVID-19 should be grouped together with adequate spacing to maintain enough ventilation and distancing between cases, e.g. under a tree or shaded area outdoors.
- All patients' beds should be placed at least 1 metre apart regardless of whether they are suspected to have COVID-19
- where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission;
- The following PPE should be made available for use by HCWs taking care of COVID-10 cases:
  - a) Medical masks, b) Clean, non-sterile, long-sleeved gown or aprons. c) Gloves
- After patient care, removal of all PPE followed by hand hygiene should be carried out. A new or decontaminated (where indicated) set of PPE is needed when care is given to a different patient;
- Medical equipment (e.g. stethoscopes, blood pressure cuffs and thermometers) to be shared among patients, cleaned, disinfected and sterilized before use for each individual patient

- (e.g. by using methylated spirit) - Health facility cleaning and medical equipment sterilization)
- should refrain from touching eyes, nose, or mouth with potentially contaminated gloved or bare hands;
- Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as described in this section;
  - Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival;
  - Routinely clean and disinfect surfaces with which the patient is in contact;
  - Limit the number of HCWs, family members, and visitors who are in contact with suspected or confirmed COVID-19 patients;
- Maintain a record of all persons entering a patient's room, including all staff and visitors.

### Implementing administrative controls

Administrative controls and policies for the prevention and control of transmission of COVID-19 within the healthcare setting include, but may not be limited to:

- establishing sustainable IPC infrastructures and activities
- educating patients' caregivers
- using flowcharts/posters on early recognition of acute respiratory infection potentially caused by COVID-19 virus
- ensuring access to prompt laboratory testing for case confirmation as per MOH guidance
- preventing overcrowding, especially in emergency departments
- providing dedicated waiting areas for isolation symptomatic patients (could be a makeshift space or under a tree)
- appropriate referral for suspected cases to hospitals with dedicated isolating/treatment centers
- ensuring adequate supplies of PPE
- Ensuring adherence to IPC policies and procedures for all aspects of health care.

### Administrative measures related to HCWs include:

- Provision of adequate training for HCWs;
- Ensuring adequate staff
- Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 virus among HCWs – utilize the listing of everyone (staff and visitors) accessing/entering the isolation spaces.

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- ensuring that HCWs and the public understand the importance of promptly seeking medical care;
- Monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed.

### Using environmental and engineering controls

These controls address the basic infrastructure of the healthcare facility and aim to ensure adequate ventilation in all areas in the healthcare facility, as well as adequate environmental cleaning. Separation, of at least one meter should be maintained between all patients and general public. Both spatial separation and adequate ventilation can help reduce the spread of many pathogens in the healthcare setting. Ensure that cleaning and disinfection procedures are followed consistently and correctly. Cleaning environmental surfaces with water and detergent and applying commonly used hospital disinfectants is effective and sufficient. Manage laundry, food service utensils and medical waste in accordance with safe routine procedures as per the WASH IPC guidelines.

### Duration of contact and droplet precautions for patients with COVID-19

Standard precautions should be applied at all times and to all patients. For COVID-19 patients, additional contact and droplet precautions should continue until the patient is asymptomatic. When more comprehensive information about when COVID-19 virus transmission stops is available, the exact duration of time needed for additional precautions will be defined.

### Collecting and handling laboratory specimens from patients with suspected COVID-19

All specimens collected for laboratory investigations should be regarded as potentially infectious. HCWs who collect, handle, or transport clinical specimens should adhere rigorously to the following standard precaution measures and biosafety practices to minimize the possibility of exposure to pathogens:

- Document clearly each patient's full name, date of birth and "suspected COVID-19" on the laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.
- Ensure HCWs use appropriate PPE (i.e. eye protection, a medical mask, a long-sleeved gown, and gloves).

- place specimens for transport in leak-proof specimen bags (secondary containers) that have a separate sealable pocket for the specimen (a plastic biohazard specimen bag), with the patient's label on the specimen container (the primary container), and a clearly written laboratory request form;
- ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures
- ensure that laboratories in health care facilities adhere to appropriate biosafety practices and transport requirements.

### Recommendation for outpatient care

The basic principles of IPC and standard precautions should be applied in all healthcare facilities, including outpatient and primary care. For COVID-19, the following measures should be adopted:

- triage and early recognition;
- emphasis on hand hygiene, respiratory hygiene, and medical mask to be used by patients with respiratory symptoms;
- appropriate use of contact and droplet precautions for all suspected cases;
- prioritization of care of symptomatic patients;
- when symptomatic patients are required to wait, ensure they have a separate waiting area (make shift or under a tree);
- educate patients and families about the early recognition of symptoms, basic precautions to be used, and which health care facility they should go to
- For the purpose of cleaning health facilities and sterilizing medical equipment, refer to the below document for additional information: Health facility cleaning and medical equipment sterilization



Health Facility  
Cleaning and Medic