COVID-19 hospital facility preparedness additional components

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Also endorsed by:

Contents

1. Hospital facility preparedness

Please use the COVID-19 primary care facility preparedness guide and add the following stations to the facility set up

Table 1: Essential facility set up components

	Components/stations	Zone Yellow = COVID-19 medium risk zone Orange = COVID-19 high risk zone Blue = COVID-19 low risk and protect zone	Where to find:
1	Single point of entry into facility premises	Yellow zone	**COVID-19 primary care facility preparedness guide**
2	Patient and HCW sanitation station	Yellow zone	
3	1st Screening station	Yellow zone	
4	2nd Screening station (also called chest clinic)	Orange zone	
5	COVID-19 testing station	Orange zone	
6	HCW sanitation station at entry into routine services	Blue zone	
7	Routine services for COVID-19 symptom negative patients	Blue zone	
8	Facility station transfer and exit pathways	**Takes colour from previous station**	
9	**Emergency department – for patients with severe symptoms requiring in hospital evaluation**	Orange zone	**This guide**
10	**COVID-19 ward**	Orange Zone	
11	**Non COVID-19 wards**	Blue Zone	

2. Demonstration video - Hospital facility preparedness set up

Filmed at Helen Joseph Hospital, Johannesburg, Gauteng

https://youtu.be/iH3CM9Wf1Sw

3. Facility set up to ensure appropriate COVID-19 triage and adapted secure patient service pathways at the facility

3.9 Emergency department – for patients with severe symptoms requiring in hospital evaluation

Location

- Emergency department of facility. Use a separate entrance and designate an area with physical barriers between the COVID and non-COVID areas of the ED.

Staffing

- Critical staff are:
  - *1 doctor and 1 nurse:* In large hospitals there may be more than 1 doctor or nurse who works a whole shift in the COVID area. In smaller facilities such as CHCs there may be only 1 doctor and 1 nurse for the entire department and they may therefore have to move between COVID and non-COVID areas ensuring strict IPC.

Station set up

- Patients should remain in a single bed space unless essential to move for procedures such at CXR.
- Bed space must be fully cleaned between patients.

Appropriate IPC and PPE use for staff

- Doctor and nurse to wear surgical mask, non-sterile gloves, eye shield or goggles and disposable apron when attending to the patients. Must change gloves and apron between patients and sanitize hands.

Station procedure

- Patient arrives from 2nd SS wearing a mask and is taken directly to bed space for evaluation.
- Doctor and nurse to briefly evaluate patient.
  - If stable and definitely requires both admission and COVID testing, consider rapid transfer to COVID ward, only do CXR in emergency department if not available on COVID ward.
  - If unstable or there is a possibility of either discharge home or that a diagnosis other than COVID may be made in ED, continue to full evaluation.
- Doctor and nurse proceed with full history, examination, and vital signs.
  - Patient likely to require ECG, CXR and basic blood tests
  - Doctor to determine if patient requires testing for COVID-19 based on results i.e. no need for COVID-19 testing if alternative diagnosis definitively made.
  - If confirmed COVID-19 Person Under Investigation (PUI) in terms of up to date definition and requires admission, transfer to COVID-19 ward.

a. When transferring patient from ED to COVID-19 ward create separate route through hospital which is separate from other patient and staff flows. This should be clearly demarcated with cordoning tape and tape markings on the floor.
b. If COVID-19 testing required (patient remains PUI) but can be discharged, send to COVID-19 testing station (see section 3.5) for testing. Patient will exit facility from there (see section 3.8)
c. Empiric treatments for other pathogens according to **National Guideline for Management of patients suspected of having COVID-19**.
At March 27 version 3:
   - Consider treatment for community-acquired (or hospital-acquired pneumonia) e.g ceftriaxone +/- azithromycin according to severity.
   - Consider oseltamivir if patient is at risk of severe influenza
   - Consider PJP if appropriate risk factors e.g. HIV with low CD4 count

3.10 COVID-19 ward

Location

- At least 1 full ward of the hospital must be designated for the care of PUI or COVID-19 confirmed patients. If feasible PUI and COVID confirmed patients should be cared for on different wards.
- COVID-19 wards should be as close to the emergency department as possible.

Staffing

- Each ward requires a full complement of nurses
- Each ward requires at least one doctor
- Each ward requires dedicated cleaners.

Ward set-up

- Clear line demarcating the clean from the COVID-19 areas of the ward.
- PPE donning room in clean area.
- PPE doffing room with separate exit to clean area where possible. If ward has single entry and exit point, ensure that doffing room is close to exit with clearly marked exit route that is separate from entry route.
- Patients in separate rooms with own bathroom as much as possible.
- When PUI share cubicles ensure:
  - Beds widely spaced (>2 metres apart)
  - Physical barriers e.g. curtains between beds where possible
- Dedicate a separate room in ward for COVID-19 testing (if sufficiently ambulant rather conduct test at testing station or outside if testing station too far from ward).

Ward procedures

- Patients taken directly to bed space where they must remain at all times unless instructed by healthcare staff.

- All activities including toileting to occur in bed space as much as possible i.e. do not share bathrooms unless absolutely necessary. If bathrooms are shared they must be full disinfected between use by patients.
- Minimise contact with patients and patient's surroundings e.g. only do blood pressure if requested by doctor. Use mobile sats probe, infrared thermometer and respiratory rate as principal vital signs (all require minimal touching).
- Minimise number of close interactions with patients. If staff member's PPE contaminated by patient or surroundings, perform as many tasks as possible at a single visit e.g. doctor can take vitals, give medications and help with feeding. Then change full PPE before attending to the next patients.
- Perform as many activities in the clean area as possible e.g. keep CXRs and clinical notes outside where feasible. Use phones to photograph clinical notes that are recorded in non-clean area. Clean phone, transcribe data and delete picture from phone.
- If patients are confirmed COVID-19 positive, cohort in different ward from PUIs. Possible to have multi-bed cubicles for confirmed cases.
- COVID-19 ward, the environment must be cleaned and disinfected at least 3-4 times per day and checked by the supervisor each time. Following thorough cleaning, surfaces are wiped (NOT SPRAYED) with disinfectants such as 1:000 ppm chlorine or 70% alcohol, as recommended (see Annex 6).

3.11 Non COVID-19 wards

- Symptomatic staff must stay at home and self-isolate.
- Patients, staff and visitors may be asymptomatic transmitters of COVID-19:
  - Do not allow any visitors during outbreak
  - 100% adherence to the WHO 5 moments of hand hygiene are required to protect staff and patients.
  - Social distancing between patients (no sitting on other patients' beds, maintain 1.5m between patients at ALL times).
  - Social distancing between healthcare staff at all times.
  - If supplies allow, it may be beneficial for all staff to wear surgical masks (1 per shift) to decrease transmission from asymptomatic carriers.
- Increase frequency of cleaning bathrooms and toilets as per national IPC guidelines.