IPC Protocol Guidance

A resource for additional infection prevention & control protocols that CMMB beneficiary facilities can introduce to prevent further COVID-19 spread

cmmb

Healthier Lives Worldwide

The following guidance will help facilities to prevent COVID-19 spread while still maintaining operations

As the COVID-19 outbreak continues to evolve, facilities might see shortages of personal protective equipment (PPE) which can prevent the spread of infection between patients, HCPs, and visitors. Strategies for conservation of these items can be found in the 'MDP Consignee PPE Usage Guidance'.

As this guidance has been written to be broadly applicable to many different countries and settings (e.g. urban, rural, etc.), please follow local Ministry of Health and locally focused World Health Organization protocol and consider what is realistic for your facility and setting in applying any recommendations herein.

Key Highlights

- Personal hygiene practices must be practiced consistently and diligently by everyone in the facility.
- Everyone who spends time in the facility should wear a mask to prevent infection.
- Updated triage practices should be put in place that separate COVID-19 from non-COVID-19 patients as quickly as possible.
- Visitor protocols should be updated and likely restricted.
- The health of the HCPs is crucial, and policies should be put in place that ensure monitoring of their wellbeing and encourages open communication.

UPDATING FACILITY IPC PROTOCOLS

As the spread of COVID-19 continues, health facilities throughout the world are preparing for overwhelmingly high volumes of critically ill patients. Given the highly infectious nature of this virus, facilities of all sizes face operational challenges. Treating patients admitted with COVID-19 and preventing spread to other patients and health care providers (HCPs) will require some shifts in policy and mindset.

Enhanced Infection Prevention & Control Practices

One of the most important strategies towards preventing the spread of COVID-19 will be following enhanced Infection Prevention & Control (IPC) practices. For all facilities, the best policies for IPC will include the following categories of practice:

- Strict personal hygiene practices for all (i) patients, (ii) visitors, and (iii) HCPs.
- Triage, early recognition, and source control.
- Differentiated care pathways for patients with COVID-19.
- Careful management of all visitors.
- Monitoring and care for HCPs.

The recommendations in this document are to be considered additions to the regular IPC policies maintained by the facility.

At the time this guide is being produced, the prevailing consensus of the medical community holds that universal source control is more appropriate than contact tracing. This means that facilities and community health workers should assume that everyone coming into a facility or being visited at home is already infected with COVID-19 and take all precautions to prevent further spread.

Due to evolving protocol by country, county, region, and/or town, please follow all guidance from local, regional, and national health authorities, and make decisions based on how the outbreak is behaving in your beneficiary community.

STRICT PERSONAL HYGIENE HABITS FOR ALL HCPS, PATIENTS, AND VISITOR

Personal hygiene standards should be exercised by everyone present in the facility for any period of time and performed more rigorously than usual.

Respiratory Hygiene:

- Cover mouth and nose when coughing or sneezing.
- If tissues are not available, cough into the elbow to prevent spray.
- Maintain no touch receptacles for disposal of all tissues or other materials used to capture spray.

Hand Hygiene:

- Thoroughly wash hands (minimum 20 seconds) before entering and after leaving a designated COVID-19 wing, patient's room, or room with a potential COVID-19 patient.
- Thoroughly wash hands before and after touching facemask.
- Install hand sanitizer dispensers or bottles throughout facility. Sanitizers should be either 60% ethanol or 70% isopropyl.

TRIAGE, EARLY RECOGNITION, & SOURCE CONTROL

To protect patients coming into the facility for non-COVID-19 care, it is crucial to isolate COVID-19 patients from the larger patient population as quickly as possible.

Recommendations for Updated Triage Protocols:

- Instruct patients to call and describe their symptoms in advance of coming to the facility. This will allow the staff to perform intake at the separate entrance or make alternative arrangements at the main triage area.
    - Ask all patients about presence of COVID-19 symptoms including (i) dry cough, (ii) tiredness, or (iii) other unexplained aches and pains.
- Establish a separate and distinct triage area or dedicate a single entrance of the facility to incoming COVID-19 patients. This will ensure that any patients coming to the facility for other services face a decreased risk of transmission.
    - There is guidance below on determining how to limit the number of visitors that accompany a patient. New visitor guidelines should be communicated at intake.
- Triage all incoming patients as quickly as possible to separate infected and non-infected patients.
- Explore options for telemedicine with beneficiary population that would prevent them from having to visit the facility if not absolutely necessary.

Recommendations for Universal Source Control:

- Screen all incoming patients and visitors for symptoms of COVID-19. This can include:
  - Taking temperature of incoming patients and visitors. Isolate anyone with a temperature over 38 degrees C (100 degrees F).
  - Asking patients about presence of other COVID-19 symptoms including (i) dry cough, (ii) tiredness, or (iii) other unexplained aches and pains (if not already collected over the phone as described above).
  - Isolate patients who present with COVID-19 symptoms in an exam room with the door shut while determining next steps for testing and treatment. If the room doesn't have a door, try to cover the entrance with a curtain or some other barrier to prevent spread.
- Ensure that all who come to the facility wear facemasks while in facility to prevent spread.
- Provide masks to everyone entering the facility to wear during the entire time they are there. This strategy of source control decreases the chance of a COVID-positive visitor who is asymptomatic or presymptomatic infecting others in the facility. If medical masks are running low, then cloth masks[1] might be given to visitors and non-COVID-19 patients.

DIFFERENTIATED CARE PATHWAYS FOR PATIENTS WITH COVID-19

Dedicated Entrance for Suspected COVID-19 Patients

The strategy (described above) is designed to keep all care operations for patients with the virus completely separate from other patients, visitors, or HCPs. This contributes to preventing inadvertent infection at the facility.

- Designate a wing or room of the facility (depending on size) exclusively to COVID-19 care and treatment.
  - Ensure that all patients admitted are also screened for coinfections which could be transmitted to other COVID-19 patients. If the patient presents with a coinfection, they should be isolated completely.
- Try to establish a direct path through the facility from triage to COVID-19 unit/wing/room that avoids all non-COVID-19 activities.

Ongoing Management of COVID-19 Caseload

- Limit and dedicate a select number of HCPs to provide COVID-19 care exclusively. Ensure they are the only ones who travel in and out of the COVID-19 area.
  - The staff should always don below PPE when entering and doff PPE before exiting to avoid carrying out microbes of the virus.
    - Facemask, isolation gown, medical gloves are required.

---

[1] Cloth masks cannot be considered personal protective equipment as they can be woven in different patterns that let in variable amounts of microorganisms. Additionally, they can become saturated with liquid over time. If a cloth facemask becomes saturated with secretion, it should be washed and replaced with a new facemask.

- Face shield, goggles, N95 respirator are recommended.
    - o HCPs must perform thorough hand washing before entering and exiting the area.
- Avoid assigning HCPs who are at a higher risk for contracting the virus to treatment of COVID-19 patients. Consideration should be given for age, underlying conditions, and the immunocompromised.
- If any of your HCPs acquire and recover from COVID-19, consider dedicating them to treating incoming patients as they may have a level of immunity from fighting the infection.

CAREFUL MANAGEMENT OF ALL VISITORS

Visitors coming into a facility are at risk of both catching COVID-19 or unwittingly spreading if they are asymptomatic or presymptomatic. Throughout the period of the outbreak, visitor policy should be amended. These guidelines should apply to any visitor, whether they are coming to see a COVID-19 patient or non-COVID-19 patient:

- All incoming visitors should be screened for COVID-19 symptoms.
- Visitors should be given a facemask to wear during the entirety of the time they are in the facility.
- Visitors into the COVID-19 designated area should be prohibited. If visitation is absolutely necessary, then the visitor must follow the same precautions as the HCPs. Don the below PPE, maintain a distance of 2 meters (6 feet) and wash hands thoroughly before entering and after leaving:
    - o Medical mask, isolation gown, medical gloves.
- Visitors to non-COVID-19 patients should be limited to only those who are deemed necessary to the patient's physical and emotional wellbeing. This must be determined by the facility staff on a case by case basis.

MONITORING AND CARE FOR HCPS

Health care practitioners are the front lines in the fight against COVID-19. Because of this, they are more vulnerable to catching and spreading the virus than other people. The below guidelines are intended to protect HCPs and the beneficiary community:

- Implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.
- As part of routine practice, HCPs should be asked to regularly monitor themselves for fever and symptoms of COVID-19.
    - o HCPs should be reminded to stay home when they are ill.
    - o If HCPs develop fever (temperature higher than 38 degrees C/100 degrees F), or symptoms consistent with COVID-19 while at work they should keep their facemask on, inform their superior, and leave the workplace.
- Screen all HCPs at the start of their shift for fever and symptoms consistent with COVID-19.
- HCPs with suspected COVID-19 should be prioritized for testing.

OTHER ADMINISTRATIVE CONTROLS

- Install physical glass or plastic barriers in the lobby/triage area that can provide protection to intake staff.
- Separate patient beds with curtain or other physical barriers such as glass, plastic, dividers.
  - If barriers are not an option, consider marking the floor with tape or marker to designate a 2-meter (6 foot) distance between beds that must be maintained.
- Signage should be placed prominently throughout the facility that indicates (i) the separation of COVID-19 patients and notes their location, (ii) updated hygiene procedures, (iii) changes to patient intake policy, and (iv) changes to visitor policy.
- Ensure that staff stores PPE in the same place consistently and that the location is known to all.
- Consider producing a map of the facility that indicates (i) where PPE is stored, (ii) where hand washing and disinfectant dispensers are located, and (iii) the location of the COVID-19 isolation ward.

Especially during this time, try to provide adequate opportunities for rest and psychological support for your health care providers as they work to ensure care. Please exercise all recommended distancing and hygiene precautions for yourselves and your loved ones.

We will get through this together.
CMMB will be here to support you throughout,
and after this crisis has subsided.