MINISTRY OF HEALTH & WELLNESS

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SARS-COV2/ COVID-19
PREPAREDNESS AND RESPONSE PLAN FOR OUTBREAK CONTROL
TRANSITION CARE FACILITY FOR COVID-19
ACTIVATION AND OPERATION INTERIM GUIDANCE

Version 1 – Issued April 12, 2020

BACKGROUND

On 30 January 2020, with more than 9,700 confirmed cases in China and 106 confirmed cases in 19 other countries, the World Health Organization (WHO) Director General declared the outbreak of COVID-19 a Public Health Emergency of International Concern (PHEIC). The WHO recommends that all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of spread and to share full data with WHO.

LOCAL RESPONSE ACTIVITIES

The Ministry of Health and Wellness (MOHW) have developed and has been implementing preparedness plan and response activities by adapting PAHO/WHO guidelines to the Jamaican environment. Our preparedness efforts for the introduction of SARS-CoV-2 and the strategic responses to mitigate against widespread transmission of the disease COVID-19, uses a public health approach with *Prevention And Containment*

& Health System Response as two of five strategic lines of action throughout the response. Included in the Health System Response is the development of a Surge Capability and Capacity Plan.

This plan outlines the considerations for enhancing capacity for the projected surge in demand on the Health Care System as a result of COVID-19. The plan requires precise knowledge of key resources in terms of baseline and projected volumes, numbers, distribution, functional status, capacity and capability including logistics and operations. Special consideration is given to ensure the adequate management of hospital beds, human resources, supplies and equipment on the basis of standard infection prevention and control measures, medical management and other guidelines.

However, the COVID-19 pandemic has the potential to overburden the health system. Current capacity for isolation of COVID-19 cases is one hundred and sixty-three (163) beds in 22 public hospitals and the occupancy since introduction of the disease has been 30% overall which be facility ranges from 10-100%. One way to mitigate overwhelming of the health system is to transfer patients to facilities that require less resources. That means keeping as many patients as possible out of the hospital in the first place through robust Prevention and Containment Measures, and getting those who have been hospitalized and recovered discharged through an optimal health system response. However, current evidence suggests that persons who have recovered clinically are still shedding viruses and therefore requires sustained isolation to mitigate against rapid increase in human to human transmission. At this stage, persons may be managed in less resource intense high occupancy facilities that would not be classified as hospital. These facilities and their systems may be quickly adaptable, regardless of actual spatial capacity. Infrastructure adjustments may be necessary such as retrofitting for HVAC and power.

Strategic Approach

The global containment strategy includes the rapid identification of laboratory-confirmed cases and their isolation and management. Hospitals remain the best place for the treatment of COVID-19 patients. However, if hospitals become overloaded, alternate care sites at the hospital, or within the community, can provide care to patients requiring basic

or convalescent care that are less resource intense than hospitals. This allows hospital beds to be used for higher acuity care and for those whose illness severity has not yet peaked or who are in the convalescent period. Standard IPC precautions will apply at such "step down' facilities that is less resource intense for monitoring during the convalescent period.

This document provides interim guidance for activation and operation of such a facility. It is divided into the following sections.

1. Precommissioning Activities
2. Establishment Of Transition Care Facility
3. Admission Criteria
4. Notification
5. Transportation Logistics
6. Patient Management While In Isolation
7. Appendices
    - ✓ Appendix A - Transition Care Health Facilities For Covid-19 Assessment Checklist
    - ✓ Appendix B - Training Plan
    - ✓ Appendix C - Hand Hygiene
    - ✓ Appendix D - Personal Protective Equipment (PPE)
    - ✓ Appendix E - Standard and Droplet Precautions
    - ✓ Appendix F - Cleaning Checklist for High Touch Areas
    - ✓ Appendix G - Resource Needs / Manpower
    - ✓ Appendix H - Isolation Internal Assessment Tool
    - ✓ Appendix I - Discharge Procedure For Persons Who Have Been In Covid-19 Isolation Facilities
    - ✓ Appendix J – COVID-19 Quarantine Order
    - ✓ Appendix K – Infection Control Measures For Persons Quarantined At Home For Novel Coronovirus Exposure

Section 1: PRECOMMISSIONING ACTIVITIES - CONSIDERATIONS

A. **Site Inspection –** Prior to confirmation of usage, a site visit schedule will be developed and circulated. All sites will be visited and assessed as per MOHW's assessment tool for Isolation Capacity in Health Care Facilities. Assessments will be conducted by members of the MOHW's Technical Evaluation Team (TET) who will furnish completed report within three (3) days of completion. The team will consist of:

i. Parish Medical Officer (Health) or designate
ii. MOHW Nursing
iii. SITU Representative
iv. Environmental Health Inspector
v. Infection Prevention & Control Specialist/Microbiologist
vi. Nutrition/Dietetics
vii. Security Specialist
viii. Administrator

B. **Property Retrofitting –** will be based on the report generated from site visits. Retrofitting should be within two weeks after completion.

Facilities should use the same precautions as isolation facilities in hospitals, including patient restrictions, environmental cleaning, etc.

Section 2: ESTABLISHMENT OF TRANSITION CARE FACILITY

Facilities for commissioning as Transition Care Facilities for the management of COVID-19

- Must be approved by the MOHW Executive
- Must meet the standards of the Transition Care Checklist
- Must have legal instrument for use as Transition Care Facility
- Must have all support services confirmed including:
    - Housekeeping – trained personnel
    - Meal Service
    - Staffing

PLACEMENT OF PATIENT

- Patients are to be isolated in a single room with adequate ventilation with access to a bathroom.
- The isolation area is to be restricted access only
- At all times PPE must be available and placed at the entrance to facilitate donning

MOBILIZATION OF STAFF

Staff will be mobilized and trained as outlined in the training Plan (Appendix) with the coordination of the MOHNEOC and the Regional Health Authority.

Staff may volunteer for service according to the following categories:

- Medical – On Call Arrangement
- Nursing – On Site
- Ancillary – On Site
- Portering – On Site
- Transport – On Site

Section 3: ADMISSION CRITERIA

- Hospitalized with COVID-19,
- Laboratory COVID-19 positive after becoming asymptomatic while hospitalised
- Medically stable
- Able to care for self in isolated rooms.

Section 4: NOTIFICATION

When patient have been identified for isolation in persons in these facilities the call out cascade is activated and the following agencies immediately notified:

1. **Ministry of Health & Wellness Emergency Operation Centre (MOHW EOC)**
2. **Regional Health Authority (RHA)**
3. **Local Parish Health Department**

The MOHW EOC, or as appropriate the RHA, will dispatch transportation for the movement of the asymptomatic laboratory positive patient to the Transition Care Isolation Facility.

Section 5: TRANSPORT

The transfer of a patient should be undertaken only if the patient meets the acceptance criteria and contact has been made with the receiving facility detailing the condition of the patient. The receiving facility should accept the patient and advise of the time and drop off site for the patient.

The patient should not be taken directly to the isolation facility avoiding as much as possible contact with other members of the facility and the general public.

Patients should be transported using the most direct route to their destination and it may become necessary to have a security escort for the vehicle.

The ambulance crew should be alerted of the patient's clinical condition and the requirements for the use of personal protect equipment (PPEs)

VEHICLE PREPARATION

- A dedicated vehicle (if possible) should be used for transferring patients to the Transition Care Facility

CREW PREPARATION

- Only staff essential to the care of the patient should be involved in the transport process
- Personal items of clothing (for staff) should be safely stored and scrub suits put on
- All staff should wear personal protective equipment (PPE) (gloves, surgical masks, and eye protection) and closed shoes / boots
- Items required for the disinfection of the ambulance after the patient transfer should be issued prior to departure
- The team should be advised that they cannot leave the ambulance en route

PICK UP SITE

- Prior to entering the holding area, the crew will don the appropriate PPE
- Only those items of equipment required to aid in the removal of the patient to the ambulance should be brought into the patient's room
- If the patient should wear a **surgical mask for the entire journey to the isolation facility.**
- The patient should be taken directly to the ambulance and the most direct route to the final destination charted

EN ROUTE TO THE RECEIVING FACILITY

- The ambulance crew should be accompanied by a member of the medical team (wearing PPE) and ensuring that infection prevention and control procedures are being adhered to
- The patient may be monitored at regular intervals as determined by the accompanying medical personnel
- The receiving facility is to be advised of the proposed time of arrival and status of the patient
- The crew should not leave the vehicle or detour under any circumstances

ARRIVAL AT THE RECEIVING FACILITY

- The ambulance crew and patient should be met by the receiving facility staff (wearing PPE) and escorted directly to the isolation room / area
- A verbal and written report should be given to the receiving staff concerning the patient.
- Prior to leaving the isolation area the ambulance crew should remove and discard PPE as per protocol and dress in a new set of PPE
- The ambulance should be taken to the designated area / site for decontamination

DECONTAMINATION AND DISINFECTION OF VEHICLE

Decontamination and disinfection should take place at the receiving site i.e. prior to staff returning to facility of origin.

- PPE (**industrial gloves, coveralls, Plastic apron, masks, and goggles**) should be worn while carrying out the cleaning procedure
- The doors and windows of the ambulance should be left open to assist with drying
- All exterior work surfaces, floor, fixtures and fittings, stretcher, seats, handrails and equipment should be washed and wiped down with soap and water
- **Wipe all high touch surfaces in driver compartment and patient compartment that are touched regularly such as the door handle, knobs, mirror, seats and light switch with 70% Alcohol.**
- Wipe ambulance floor area in patients compartment with soap and water and allow to dry
- All surfaces should be allowed to air dry, then wiped with 1:10 bleach solution
    - The surfaces should be left to soak for 10 minutes then rinsed with well with clean water and allowed to air-dry (rinse well because the solution is corrosive to the vehicle)

Recommendations for body fluid/ blood spills

- Appropriate protective clothing (coveralls and heavy plastic apron) and industrial yellow gloves for cleaning up spills.
- Use disposable paper towels to cover remove the spill.
- Disinfect area with 5% bleach mixed as 1 cup bleach to 9 cups of water and apply to covered spill for at least two minutes.
- Place materials used in red biohazard for disposal. Remove gloves and Wash hands on completion.

POST TRANSPORTATION

- Detailed records of all suspected or confirmed **COVID-19** transportations should be kept including details of the ambulance personnel involved in the transfers

- A clear plan of communication and support should be established for the individual crew members involved in the transfer
- Ambulance crew should receive initial advice and support from hospital staff as is necessary
- If any member of the ambulance crew is accidentally exposed to infectious material from the patient this should be reported immediately to the Senior Medical Officer or Medical Officer of Health

Section 6: MANAGEMENT IN ISOLATION

Visual alerts (e.g., signs, posters) are to be posted at the entrance and in strategic places to provide person(s) for isolation and Healthcare workers with instructions in appropriate languages regarding the operational guidelines, including the wearing of PPE.

STANDARD PRECAUTIONS

Standard precautions must be applied to **ALL** patients by all staff at all times.

DROPLET PRECUATIONS

All staff must don appropriate PPE for **DROPLET** precautions when entering isolation and they include:

- Gloves
- Long sleeve fluid resistant gowns
- Procedure mask
- Facial shield.

SOURCE CONTROL

Patient is to be advised to **don a mask at all times** when in isolation as a means of **Source Control**.

Spatial separation of at least **1 meter** should be maintained between all patients if cohorting

CLINICAL MANAGEMENT

Clinical management of patients in isolation at transition care facilities will include:

- Close monitoring of patients
- Management of patient's co-morbid condition(s)

LABORATORY INVESTIGATIONS

Samples for confirmation of COVID-19 will be taken while patient is in isolation in keeping with the Discharge Protocol (see appendix) of the Clinical Management Guidelines when COVID-19 is suspected.

All staff must don appropriate PPE for **AIRBORNE** precaution when taking samples

- Gloves
- Long sleeve fluid resistant gowns
- N95 Respirators
- Facial shield.

INFECTION PREVENTION AND CONTROL

Refer to ***Infection Prevention and Control Guidelines 2019 Novel coronavirus infection in the health setting: Interim Guidance***

ENVIRONMENTAL CLEANING

Clean environmental surfaces with water and detergent followed by hospital disinfectant such as a 1:10 dilution of 5% bleach.

Cleaning utensils must be dedicated.

High touch areas must be cleaned using 70% Alcohol at least once a shift. Use Appendix E Checklist to guide process.

Staff must don personal protective equipment for **droplet** precautions when undertaking these activities in the isolation.

MANAGEMENT OF MEDICAL WASTE AND LINEN

All medical waste generated from the isolation must be collected in a red biohazard bag

Sharps must be discarded in a puncture proof sharps container.

Soiled Linen must be placed clear plastic bags and labelled for transport to laundry.

Staff must don personal protective equipment for droplet precautions when undertaking these activities in the isolation.

FOOD SERVICE

Staff must don personal protective equipment for droplet precautions when serving food in the isolation.

Disposable utensils may be used and discarded after every use.

MENTAL HEALTH PROGRAMME

The unmatched experience of COVID-19 has caused significant anxiety and insecurity for countries, communities, families and patients. To preserve the total health of all concerned, a programme will be developed that monitors the mental health of all patients and designated staff within our care during our national, coordinated response to COVID-19. This programme will account for:

- Staying connected with family/friends/community in creative ways;
- Managing challenging emotions with acceptance, mindfulness, relaxation, soothing and/or pleasurable activities;

- Attending to basic needs by paying attention to exercise, sleep hygiene, regular eating;
- Reducing excessive media exposure and consuming from reputable sources
- Acknowledging needs and feelings and maintaining self-care practices during quarantine
- Treating depression
- Regularly provide updated information about COVID-19 to residents, employees, and staff.

DURATION OF ISOLATION

Patients will remain in isolation and under droplet precautions until they meet the discharge criteria.

DISCHARGE FROM ISOLATION

A patient will be considered for discharge if he/she remain asymptomatic and has two consecutive negative tests taken not less than 48 hours apart. A final exit assessment will be conducted and a certificate of good health issued to person on discharge. **The patient admitted to the Transition Care Facility was subject to discharge testing at the hospital** 4 days (96hrs) after being ABSOLUTELY asymptomatic and had a positive result before being transferred. These patients are to have testing repeated every 7 days until a negative result is obtained. The swab is repeated after 48 hours to confirm this negative result. The patient is discharged when repeat negative test is obtained after 48 hours.

Discharge Protocol for persons who have been in COVID-ISOLATION facilities.

1. **TESTING**

   If a positive result is obtained, the patient is sent to a step down isolation facility where the testing is repeated every 7 days until a negative result is obtained. The swab is repeated after 48 hours to confirm this negative result. The patient is discharged when repeat negative test is obtained after 48 hours.

2. **IPC within 14 days**

   In the 14 days after discharge, the discharged persons:

   a. Must wear surgical mask for 14 days.
   b. Must limit unnecessary contact with persons and maintain the IPC measures for standard and contact transmission

2. **7 day Follow up**

There should be at least a follow up call 7 days after discharge by the health department to ascertain the person's clinical status and that they are adhering to the IPC advice, advice of wearing mask and social distancing which has been recommended

3. **14 day Follow up**

   There should be a clinical visit 14 days after discharge to do physical checks including vital signs and pulse oximetry, and possibly for 12 lead ECG

4. **Health Alert Card**

   Medical Alert Card should be issued at the time of discharge urging patients to call the Health Departments (with attached numbers) for symptoms including: chest pains, shortness of breath, fever, wheezing, palpitations.

SECTION 7 - APPENDICES

APPENDIX A

TRANSITION CARE HEALTH FACILITIES FOR COVID-19

ASSESSMENT CHECKLIST

INTRODUCTION

As part of the national response to the COVID-19 global pandemic, the Ministry of Health and Wellness (MOHW) has been enhancing capacity for care that includes the use of community facilities for treatment of patients within defined parameters. This tool has been developed to assess the suitability of a facility under consideration and to evaluation for compliance with established standards. The assessment entails the following:

1. Site Inspection
2. Interview of designated onsite personnel
3. Self-assessment report by the host facility and
4. Joint assessment with MOHW's Technical Evaluation Team (TET)

COVID-19 TRANSITION CARE FACILITY CHECKLIST

(Please complete all sections)

Date of Assessment				
Name of Facility				
Facility Type		**Bed Capacity**	**Regional Health Authority**	
Address				
Contact	**Name**		**Telephone Number**	
TECHNICAL ASSESSMENT TEAM #	**NAME**		**SIGNATURE**	

	YES	NO	N/A	Remarks
General Considerations				
Meets all local code requirements for a public facility (Certificate seen)				
Potable water access and storage capacity of 100L per person per day				
Telephone system				
Electricity supply with Standby Generator				
Internet accessibility				
Waste and sewage disposal (septic tank, community sewage line)				
Heating, ventilating, and air conditioning (HVAC)				
Comprehensive Security on-site (ICT technology beneficial)				
Access Considerations				
Hospital is within 15 minutes driving proximity of established medical/emergency response transportation				
Handicap accessibility/wheelchair ramps				
1.3 parking space for each assigned room				
Ease of access for delivery of food, medical and other supplies				
Ease of access for patients- ambulances, wheelchairs and stretchers				
Administrative Support				
Dedicated Administrative offices				
Dedicated offices/ work areas for clinical staff				
Identified accommodations for residential staff				
There are facilities for meal preparation (on/off-site)				
Separate system for regular and infectious items (including Laundry and waste)				
Infrastructure				
Designated clinical triage area				
Designated location, separate from other clinical triage and evaluation areas, (utilizing the principles				

of social distancing) for the admission of patients with possible COVID-19				
Designated medication storage/preparation area				
Designated area for clean supply and storage				
Designated site in the patient care area where staff can document and monitor patients				
The windows are located so that patients can view their outside environment				
The floor, walls and ceiling surfaces are continuous, impervious and of durable finishes that can withstand, cleaning and disinfection				
The furniture, fixtures and equipment are able to withstand cleaning and disinfection				
Floors and fixtures, minimize accidents to include non-slip solutions				
Hand wash basins with hand free operations and fixtures/supplies for proper washing and drying pf hands in patient care areas.				
The patient care areas facilitate social distancing at all areas of lodging				
The patient care areas or rooms have access to patient bathroom/shower areas: • Single patient accommodation - Separate room with an en-suite bathroom with a toilet shower and basin. • Cohorting accommodation ✓ There is at least 6 feet of space between beds ✓ There are physical barriers between beds, if possible ✓ The minimum of 1 toilet for every 20 persons, or 1 toilet for every 6 persons with disabilities. ✓ The approximate ratio of 1 shower for every 25 persons or 1 shower for every 6 persons with disabilities				
Designated area for donning & doffing of personal protective equipment (PPE)				
Staff respite areas are separate from patient care area with staff only facilities				
Air Flow and Ventilation				
Rooms with individual ventilation systems				
Non-recirculating ventilations systems				
Existing Ventilation system				
Natural Ventilation through windows				
Negative Pressure Ventilation				
Hybrid Ventilation				

APPENDIX B – TRAINING PLAN

PROPOSED TRAINING	TARGET POPULATION	PRE-REQUISITES	PURPOSE OF TRAINING	TRAINERS	DURATION OF TRAINING/ COMMENCEMENT	NUMBER OF PERSONS TO BE TRAINED	COMMENTS
Vital Signs Measurement Urine Testing & Recording Blood Glucose Reading and recording	Health Care Assistants/ Patient Care Assistants	PCA/Practical Nursing Training	Provide participants with opportunity to gain knowledge and skills in Vital Signs in order to assist with patient care during the COVID-19 crisis	Nurse Educators In-service Education Officers 1	One (1) week **13/4/2020**	40	Increments of ten (10) persons per session
Principles of Infection Prevention & Control	Health Care Assistants/ Patient Care Assistants Porters Janitors		Equip participants with knowledge and skills to strengthen Infection Prevention and Control measures in order to operate effectively in Isolation & National Quarantine Facilities (NQF)	Nurse Educators In-service Education Officers 1	One (1) week **13/4/20**	40	
Caring for Critically Ill patient on Ventilatory Support	Registered Nurses	RNs with one (1) year experience	To equip Registered Nurses with basic knowledge and skills	Nurse Educators	Four /Two (2) (4) weeks	40	Start with Hospitals with HDU/ICU beds

			to assist with care of the ventilated patients during the expected surge of COVID -19 cases	Certified Critical Care Nurses	**13/4/20**		

APPENDIX C – HAND HYGIENE

HAND HYGIENE

- Always perform hand hygiene with soap and running water

Hand Hygiene Steps

1. Palm to palm with fingers interlaced
2. Back of fingers to opposing palms with fingers interlocked
3. Rotational rubbing of left thumb grasped in right hand and vice versa
4. Rinse with water (using foot or elbow operated tap)
5. Dry with single use towel

Hand hygiene must be performed:

- before gloves are put on
- immediately after gloves are removed
- immediately on removal of PPE

APPENDIX D

PERSONAL PROTECTIVE EQUIPMENT (PPE)

All persons involved in the transport of patients suspected or confirmed of having EVD should wear PPE (gloves, gowns, surgical masks, and eye protection) and closed shoes.

PPE placement and removal procedure

The placement and removal of PPEs should be monitored by an observer who should be a trained member of staff.

Steps to put on essential PPE

1. Collect all items needed
2. Put on scrub suit
3. Place the gown over the scrub suit
4. Put on face protection (medical mask and goggles or face shield)
5. Put on gloves ensuring that it covers the cuff of gown sleeves)
6. If gown is permeable or strenuous activity is anticipated (lifting the patient), put on water proof plastic apron

While wearing PPE:

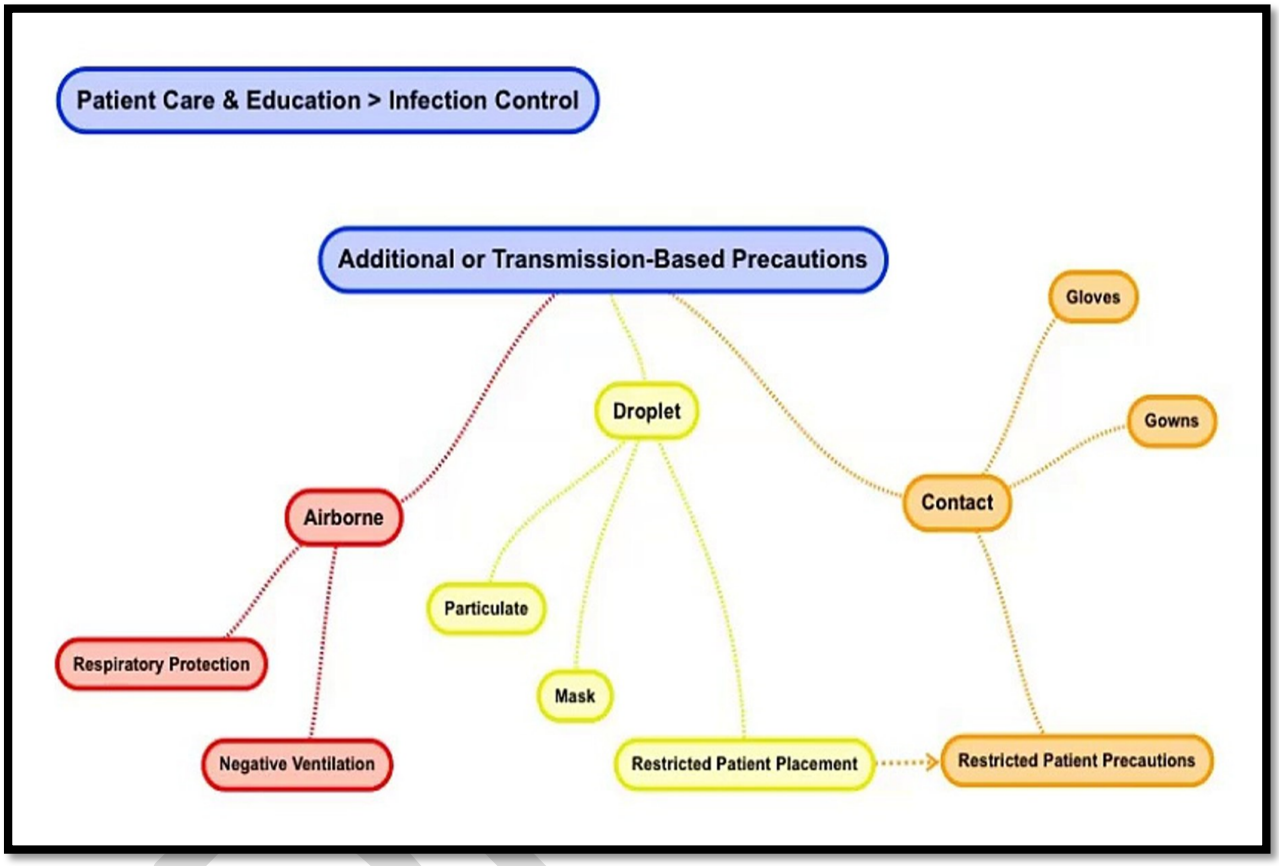
- Avoid adjusting touching or adjusting PPE
- Remove gloves if they tear or are damaged
- Perform hand hygiene before donning new gloves

Steps to remove essential PPE

1. Remove apron (If used)and dispose of it safely
2. Remove gown and gloves roll inside out and dispose of safely
3. Perform hand hygiene
4. Remove face shield and goggles (place goggles in a container for disinfection)
5. Remove mask by pulling the lower (bottom) string first then the top one
6. Perform hand hygiene

APPENDIX E

STANDARD AND DROPLET PRECAUTIONS



APPENDIX F

CLEANING CHECKLIST FOR HIGH TOUCH AREAS

DATE		**ROOM #**	
HIGH-TOUCH ROOM SURFACES	**CLEANED**	**NOT CLEANED**	**NOT PRESENT IN ROOM**
Tray table			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob			
Bathroom light switch			
Bathroom sink			
Toilet seat			
Toilet flush handle			

APPENDIX G

RESOURCE NEEDS / MANPOWER

One team of health care personnel will be assigned to fifteen patients. A team will consist of the Registered Nurse, Enrolled Assistant Nurse, Patient Care Assistant, a Female Orderly and a Male Orderly.

- Facility Manager- (RN6) To be assigned to manage all facilities and supervise patient care
- An Administrator - To report to the Manager and be assigned to a cluster of facilities. This person will be charged with working closely with onsite nurses to ensure effective operations at facilities.
- A Medical Officer – The MO may not be stationed at the facility but assigned to provide coverage to a facility or a cluster of facilities.
- Registered Nurse (RN1/2) – An established ratio of 1RN:15patients will be applied to each facility.
- Enrolled Nurse or Patient Care Assistant – with additional training will be engaged to each RN.
- Patient Care Assistant – To be assigned to each RN.
- Psychiatric Nursing Aide
- Mental Health Assistant – To be assigned to a facility or a cluster of facilities.
- Porter/Male Orderly – to be assigned per facility or as an overall arrangement.
- Female attendant/Contracted cleaning services
- Security Personnel

Medical Equipment

- Oxygen tank
- Care packages
- Ambulance
- Sphygmomanometer
- Patient Monitor
- Thermometers (digital)
- Portable thermal scanner
- Stethoscope
- Crash cart
- Medical Trolley

Medical Supplies and Sundries

- Emergency Trolley Stock: airways, suction catheters, ambu bags, syringes, needles,
- cotton, thermometers, specimen cups, brannulas, IV giving sets
- First aid kit – Panadol, DPH, band aid, Hydrogen peroxide
- Disposable Gowns
- Gloves (all sizes)
- Face masks
- N95 masks
- goggles and face shield
- Sharp Containers
- Disposable sheets
- Micropore tape
- Gauze
- Cotton wool
- Step on garbage receptacles
- Hazardous and non-hazardous garbage bags

Medications/ Drug Trolley (Parish/ Regional Pharmacy Services)

- Pharmacy Services, based on Patients Maintenance Medications
- Over the Counter Medications
- Emergency Medications

Laboratory Sampling Supplies:

- UTM, Swab Stick
- PPE
- Transport equipment (cooler and ice)

General Supplies

- Microwave Ovens
- Electric Kettles
- Refrigerators- for food items
- Medication refrigerator
- Extension cords,
- Twin sized beds
- Television Set
- Chairs (plastic or metal)
- Side tables
- Desks
- Storage cabinets
- Filing cabinets
- Drinking water

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APPENDIX H

ISOLATION INTERNAL ASSESSMENT TOOL

Description of Facility	
Evaluation date:	
Name of the facility:	
PARISH:	
RHA:	
Administrative status:	
Beds:	

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Human resources				
Personnel				
Indicator	**Standard**	**Suggested Verifier**	**Status**	**Comments**
# of nursing professionals	1 professional for each 2 patient - 4 hours shift	shift program		
# of physicians	1 professional for each 4 patient - 4 hours shift	shift program		
# cleaners	1 per shift - 4 hours shift	shift program		
There is an orientation program[1] for personnel and this program is implemented.	[1]Organized training activities to ensure that personnel are familiar with the hospital's technical and administrative procedures.	Training program evaluated, attendance reports		
Training of HCWs, to prevent percutaneous exposures to blood or body fluids is provided	Prevention and monitoring of specific biological risks, use of PPE	Training program evaluated, attendance reports		

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Strategies of intervention				
Principal activities for IPC are regulate and compliance is promoted and evaluated				
Indicator	**Standard**	**Suggested verifier**	**Status**	**Comments**
Existence of a complete regulatory technical basis - Standard precautions and additional precautions	minimal information- Use of gloves for handling secretions• Hand-washing before and after patient care• Use PPE (for example, gloves, gown, masks), appropriate for the level of expected contamination when patient is treated in isolation	Standards and procedures manuals		
Additional Precaution	Minimal information• Hand-washing before and after patient care• Use PPE (gloves, water proof gown, masks, goggle,)	Standards and procedures manuals		
Supervision* of compliance with the regulations by personnel	Check list of supervision for standard and additional precaution	Check list document		
	Check list of supervision for Exceptional precaution	Check list document		

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HOSPITAL ENVIRONMENT AND SANITATION				
Indicator	**Standard**	**Suggested Verifier**	**Status**	**Comments**
Hand hygiene				
Potable water is available on an ongoing basis with a minimum of eight hours supply		Direct observation		
Accessible[7] and operational washbasins with soap and supplies for drying hands in all patient care areas	[7] Washbasins should be inside the patients' hospital rooms	Direct observation		
Glycerinated alcohol in all patient care areas	One alcohol dispenser for each bed	Direct observation		
Minimum space				
Separation of a meter or more between beds		Direct observation		
Isolation area				

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Availability of pre-room area for doing the PPE, and personal protection equipment (CHECK LIST) , operational washbasins, and alcohol hand hub solution		Direct observation		
Availability of room for isolation of individual patients or groups, with closed doors, operational washbasins, and alcohol hand hub solution		Direct observation		
Availability of a Bathroom, toilette and sluice for use of patient		Direct observation		
Areas for isolation and patients in isolation are marked		Direct observation		
Exist area for remove of PPE, with operational		Direct observation		

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washbasins, and waste bin.				
Environmental ventilation				
Permanent environmental ventilation in patient care areas is available		Direct observation		
Patient placement in health care settings				
Policies for placement of patient under isolation precautions in health care settings are defined		Standards and procedures manuals		
Policies for placement and flow of patients in health care settings are defined		Standards and procedures manuals		
Medical waste management				
Disposal of sharp in waterproof,		Direct observation		

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puncture-resistant containers				
The containers for sharps are in a safe place adequate for guaranteeing the safety of patients and health workers		Direct observation		
Policies on segregation of medical waste are defined		Standards and procedures manuals		
Policies on transportation of medical waste are defined		Standards and procedures manuals		
Policies on final destination of medical waste are defined		Standards and procedures manuals		
Training of professionals involved in management of medical waste is in place		Training program evaluated, attendance reports		

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Personnel handling waste use protective[8] barriers	Thick waterproof gloves, eye covers plus, PPE indicated for caring of the patient in isolation area	standards and direct observation		
Other hygienic requirements				
Policies for environmental cleaning is defined		Standards and procedures manuals		
Policies for storage of cleaning supplies are defined		Standards and procedures manuals		
Policies on transportation or final destination of patient used cloth are defined		Standards and procedures manuals		

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CLEANING, STERILIZATION AND HIGH-LEVEL DISINFECTION OF MEDICAL DEVICES				
Indicator	**Standard**	**Suggested Verifier**	**Status**	**Comments**
Cleaning				
Only hospital grade detergent is used		Direct observation		
Cleaning of medical equipments are done before disinfection or sterilization		Standards and procedures manuals		
Sterilization* methods				
Only sterilization methods of proven efficacy are used[3]	[3] As of the date this document was prepared: autoclaves, dry heat, ethylene oxide in automated equipment, formaldehyde in automated equipment, hydrogen peroxide plasma in automated equipment, per acetic acid in automated equipment.	Standards and procedures manuals. Direct observation		

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Standards and procedures have been established for all processes related to sterilization		Standards and procedures manuals		
High-level disinfection methods				
Only high-level disinfection of methods of proven efficacy are used	2% glutaraldehyde, per acetic acid, orthophthalaldehyde (OPA)	Direct observation Standards and procedures manuals		
Standards and procedures are established for all processes related to disinfection		Standards and procedures manuals		
Laboratory				
Indicator	**Standard**	**suggested verifier**	**Status**	**Comments**
Specimen collection, processing, and shipping standards				
There are standardized techniques and procedures	There is a specimen processing manual, which is disseminated to the personnel	Standards and procedures manuals		

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	There is a specimen collection and shipping manual, which is disseminated to the personnel	Standards and procedures manuals		

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APPENDIX I

DISCHARGE PROCEDURE FOR PERSONS WHO HAVE BEEN IN COVID-ISOLATION FACILITIES

1. LABORATORY TESTING

- While the patient is at hospital:
  - ✓ Note date when patient is absolutely asymptomatic H^d0.
  - ✓ Four days/96hours after (H^d4) take Nasopharyngeal and oropharyngeal swab for COVID-19 Testing.
  - ✓ If a negative result is obtained, repeat swab after 48 hours (H^d6).
  - ✓ If H^d6 negative result is obtained at this time the patient is discharged for home.
  - ✓ If H^d4 or H^d6 is positive transfer patient to a Transition Care Isolation Facility
- While the patient is at Transition Care Facility:
  - ✓ Patient is transferred from Hospital with Chart A (see below)
  - ✓ Sample patient seven days after H^d4 or H^d6 as applicable – (T^d0)
  - ✓ Repeat sampling every seven days until first negative is obtained – (T^d7_n where $_n$ is repeat cycle of testing)
  - ✓ Repeat sampling after 48 hours (T^d7_n2) to confirm this negative result. The patient is discharged when repeat negative test is obtained after 48 hours.

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DISCHARGE SAMPLING CHART

Date	Sample Code	Result	Next Sample due	Sample Done on
	H^d0.			
	H^d4			
	H^d6			
	T^d0			
	T^d7_n			
	T^d7_n			
	T^d7_n			
	T^d7_n2			

2. DISCHARGE FOR HOME INSTRUCTIONS

- **The discharge kit consists of the following:**
  - ✓ **COVID-19 Quarantine Order**
  - ✓ **Starter pack of masks**
  - ✓ **Signs and symptoms log**
  - ✓ **Patient Activity Log**
  - ✓ **Appointment Card**
  - ✓ **TTH Prescription**
  - ✓ **Electrocardiograph requisition (if indicated)**
  - ✓ **Health Alert Care**
  - ✓ **IPC Guidelines for Home Isolation**
  - ✓ **Referral Form A – Hospital where in-patient care was provided**

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- **Maintain IPC measures for 14 days**
  - Counsel the patient that for 14 days after discharge, the discharged person Must wear surgical mask for 14 days and Must limit unnecessary contact with persons and maintain the IPC measures for standard and contact transmission
  - Quarantine Order must be issued prior to discharge
  - Provide starter kit of masks (3 days supply – 10 medical masks)
- **7 day Follow up**

  There should be at least a follow up call 7 days after discharge by the health department to ascertain the person's clinical status and that they are adhering to the IPC advice, advice of wearing mask and social distancing which has been recommended

- **14 day Follow Up**

  There should be a clinical visit 14 days after discharge to do physical checks including vital signs and pulse oximetry, and possibly for 12 lead ECG

- **Health Alert Card**

  Medical Alert Card should be issued at the time of discharge urging patients to call the Health Departments (with attached numbers) for symptoms including: chest pains, shortness of breath, fever, wheezing, palpitations.

3. MEDICATION TO TAKE HOME (TTH)

Notify Pharmacy Services for filling of TTH prior to leaving facility

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