

INFECTION PREVENTION AND CONTROL (IPC) AND WASH IN HEALTH FACILITIES FOR COVID 19

INFECTION PREVENTION AND CONTROL STRATEGIES:

A range of infection prevention and control measures can be considered as a hierarchy of controls:

1. early recognition or reporting of cases
2. early assessment or triaging of cases
3. implementing control measures, including:
 - maintaining separation in space and or time between suspected and confirmed COVID-19 patients
 - educating staff, patients and visitors about Standard infection control precautions (SICPs) and transmission-based precautions (TBPs)

- prompt implementation of TBPs to limit transmission
- restricting access of visitors to all areas of the healthcare facility to essential visitors only, such as parents of pediatric patients and relatives of those receiving end of life care (note that signage to support these restrictions is critical)
- instructing staff members with symptoms to stay at home and not come to work until symptoms resolve
- planning and implementation of strategies for surge capacity

ENSURING TRIAGE, EARLY RECOGNITION AND SOURCE

CONTROL

Health facility has effective system to screen all patients for COVID 19

- Screen patients for COVID-19 symptoms and limit potential infection throughout the health care facility
- Facility should have a dedicated screening area (triage set up at health facility entrance gate)
- Hotline number, case definition poster, and alert reporting instructions should be visible wherever patients are screened
- Remind patients, visitors and service providers to practice good respiratory and hand hygiene.
- Ensure clean and safe drinking water is available – bucket with a tap
- Provide surgical masks for all suspects
- Provide health education on COVID-19 and handwashing

- Ensure suspect cases can sit with at least a distance of 2m between them
- Temperature should be checked and recorded for each patient screened
- Encourage patients to avoid any form of physical contact with one another-
- Maintain 2 m apart- physical distance between patients and between patients and health staff
- Segregate symptomatic suspects from other patients
- Call 6666 and refer suspect cases with fever and/or cough only for home quarantine

HANDWASHING WITH SOAP (OR A 0,05% CHLORINE SOLUTION)

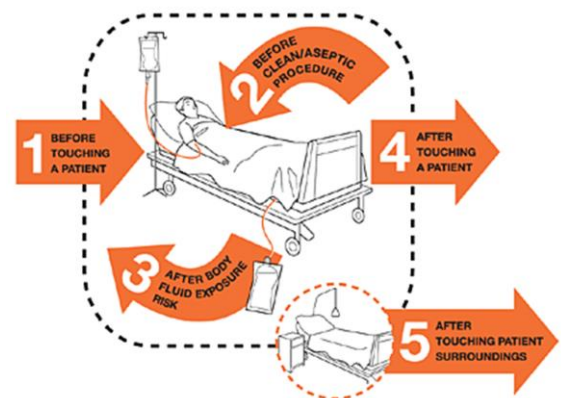
Hand hygiene stations are available, functional, and supplied in/near latrines and points of care

- Ensure the availability of hand washing stations with soap and water or alcohol rub/hand sanitizers in healthcare facilities entrance and exit, near bathroom and toilet, and at all points of care (screening rooms, observation and, consultations rooms, immunization rooms, injection rooms, antenatal /postnatal care rooms, labour rooms, delivery rooms, maternity wards.

Moments of hand washing:

- After handling any potentially infectious object
- Whenever touching any patient esp. in inpatient units and critical care areas, after contact with respiratory secretions, before putting on gloves and after removing them.
- Prior to invasive procedures, after contact with patients or their waste, after blowing your nose, coughing,

- before eating, after going to the bathroom, after touching surfaces made of copper, cardboard, plastic and stainless steel, doors handle, elevator doors and buttons.



RESPIRATORY AND COUGH HYGIENE

Good respiratory hygiene can also reduce the spread of germs that cause respiratory infections (colds, flu, COVID19). This entails:

- Turning one's head away from others when coughing/sneezing
- Covering the nose and mouth with a disposable tissue.
- If tissues are used, discard immediately into the waste bin.
- Cough/sneeze into your sleeve if no tissue is available
- Avoid touching your eyes, nose, and mouth if hands have not been disinfected previously
- Always disinfect or washing your hands with water and soap after coughing or sneezing. Covering the mouth with bare hands while sneezing is not recommended.
- Clean your hands with soap and water or hand sanitizer products



In addition, patients attending the health facility can be encouraged to practice good respiratory hygiene practices by:

- Encouraging handwashing for patients with respiratory symptoms

- Providing masks for patients with respiratory symptoms
- Ensuring that patients with fever + cough or sneezing are kept at least 1m away from other patients and provided masks and tissues if available.
- Posting visual aids reminding patients and visitors with respiratory symptoms to cover their cough.

IPC SUPPLIES AND USE PERSONAL PROTECTIVE EQUIPMENT (PPE) ACCORDING TO THE RISK

The use of PPE should be based on exposure risk (e.g. activity type) and the transmission dynamics of the pathogen (e.g. contact, droplet, or aerosol)

- Health facility should have at least a 3-month supply of the following supplies: Soap, alcohol-based hand rub, heavy duty rubber gloves, latex or nitrile exam gloves, disposable gowns, masks, reusable aprons, gumboots/shoe covers, eye protection (face shields/goggles), covered waste buckets, color-coded plastic waste bags, puncture resistant sharps containers, HTH chlorine
- Staff should be trained on donning and doffing PPE
- Health facility should have functioning infra-red thermometers

- Health facility should maintain records that track the use and restocking of IPC supplies
- IPC supplies should be organized and easily accessible in dedicated store



SAFE INJECTION PRACTICES, SHARPS MANAGEMENT AND INJURY PREVENTION

Safe injection practices and handling of sharps are two very important components of basic IPC controls aimed to protect both the health care worker and patients. This entails staff practicing the following seven steps to safe injections:

- 1) Cleaning the workspace where the procedure is taking place
- 2) Performing hand hygiene
- 3) Using a sterile safety-engineered syringe
- 4) Using a sterile vial of medication and diluent

- 5) Cleaning the patient's skin prior with an antiseptic to infection
- 6) Ensuring the appropriate collection of sharps (using a safety box)
- 7) Ensuring appropriate waste management (in an incinerator or designated waste disposal site)

CLEANING, DISINFECTION AND ENVIRONMENTAL HYGIENE

Health facility staff correctly clean and disinfect the environment

There is evidence for other coronaviruses of the potential for widespread contamination of patient rooms or environments, so effective cleaning and decontamination is vital

- Clean surfaces in all locations where all patients receive care (e.g., treatment units, community care centers) to be cleaned and disinfected at least once a day and at the time of discharge
- Patient-care equipment should be disinfected
- Staff should wear appropriate PPE while cleaning and disinfecting

Recommended disinfectants: WHO recommends the use of:

- 70% ethyl alcohol for small areas/equipment
- Sodium hypochlorite at 0.5% for large surfaces

Decontamination of reusable non-invasive patient care equipment

Reusable (communal) non-invasive equipment must be decontaminated:

- between each patient and after patient use
 - after blood and body fluid contamination
 - at regular intervals as part of equipment cleaning
- For electronic equipment check manufacturer's instructions for suitability of cleaning products
- Wear appropriate PPE: Non-sterile, disposable gloves and aprons

For equipment contaminated with blood, urine/vomit/faeces:

- Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of Soapy water or detergent, rinse, dry and follow with a disinfectant solution depending on type of equipment (Alcohol wipe, ethanol 70% or chlorine 0.05%) rinse and thoroughly dry

For Equipment contaminated not visibly soiled but used on patient:

- Decontaminate equipment with disposable cloths/paper towel and a fresh solution of general- purpose detergent and water or detergent impregnated wipes.
- Rinse and thoroughly dry.
- Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g. 70% ethanol solution on stethoscopes

When handling linen:

- do not rinse, shake or sort linen on removal from beds/trolleys

- do not place used/infectious linen on the floor or any other surfaces such as a locker/tabletop
- do not re-handle used/infectious linen once bagged
- do not overfill laundry receptacles
- do not place inappropriate items, such as used equipment/needles, in the laundry receptacle

When managing infectious linen:

- place directly into a water-soluble/alginate bag and secure
- place the water-soluble bag inside a clear polythene bag and secure
- place the polythene bag into in the appropriately colored (as per local policy) linen bag (hamper)
- All linen bags/receptacles must be tagged with ward/care area and date. Store all used/infectious linen in a designated, safe, lockable area whilst awaiting uplift.

Health facility staff correctly prepare chlorine solutions for the appropriate uses

- Chlorine solution preparation job aids should be visible wherever staff prepare chlorine solution
- Chlorine solution should be made fresh daily- hanged after 24 hrs
- Chlorine solutions should be labeled appropriately (concentration and date of preparation)
- Staff should be able to state the correct uses for 0.5% and 0.05% chlorine solution

Cleaning staff (hygienist) should be trained on the recommended procedures for donning/doffing PPEs and on decontamination practices

INFECTIOUS AND HAZARDOUS WASTE MANAGEMENT

Medical waste is safely stored and disposed

To reduce waste volumes, it is advisable to use reusable plastic PPEs (such as goggles, face shields and boots) that can be cleaned and disinfected with 0.5% chlorine solution. Proper collection, storage, transfer, treatment and final disposal of infectious waste from healthcare facilities and COVID -19 treatment units is key

- Facility should have a dedicated waste zone located on the premises
- Color-coded waste segregation bins according to the 3-bin system (infectious waste, sharps and general waste).
- Waste containers should be labeled and placed at all points of care

- Sharps containers should be used at all times and not be overfull (¾ full)
- Waste generated from suspected or confirmed patients shall be disposed of as medical waste;
- Put sharp objects into sharp box, seal the box and spray the box with 1000 mg/L chlorine-containing disinfectant;
- All health care waste from COVID-19 patient care to be collected in designated containers, treated, and disposed (or treated) safely or picked up for safe disposal elsewhere within 24 hours
- Train waste handlers and hygienists on donning/doffing PPEs, decontamination, Infection Prevention and Control (IPC) measures.

SAFE EXCRETA MANAGEMENT

Health facility has functioning toilets or latrines

- Ensure availability of clean and adequate toilets or latrines.
- Separate toilets for COVID-19 patients (if possible)
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- Human excreta (faeces and urine) to be handled and disposed properly by wearing PPE (boots, gloves, masks)
- Latrines/toilets should be cleaned and disinfected daily

TRAINING

Health facility staff have received IPC and COVID 19 training

- Clinical and non-clinical staff should have received basic IPC WASH and COVID 19 training
- Health care workers should be able to state the correct procedure for managing a suspect COVID 19 in the facility, including the following:

- Health facility staff should notify the national hotline (6666) and the RRT.
- Facility staff able to apply standard precautions at all times

WATER AVAILABILITY

Health facility has a water supply from an improved source that is available at all times and on site

- Ensure that safe and adequate running water is available in HFs especially at all points of care (screening rooms , observation and consultations rooms, immunization rooms, injection rooms, antenatal /postnatal care rooms, labour rooms, delivery rooms, maternity wards) as well as mortuaries and for environmental

cleaning, laundry activities, personal hygiene and decontamination of equipment and surfaces

- Ensure the water is safely treated. A number of measures can be taken to improve water safety starting with collection and safe storage of treated water in regularly cleaned and covered containers. Aqua tabs can be used

IPC FOCAL PERSON AND COUNTY HAS IPC COMMITTEE

Health facility has an IPC focal person and County has IPC committee. Inpatient facilities should also have an IPC committee

IPC focal point: An employee of the health facility who has been trained on infection prevention and control standards and is responsible for manage and implement infection prevention and control activities at the healthcare facility where they work. This person has assigned time to perform these duties.

IPC committee: A committee that meets at least once every three months to review infection prevention and control policies and implementation at the healthcare facility. There must be a record of meetings and activity, Terms of Reference, and follow-up actions available regarding infection prevention and control at the facility with assigned responsible parties

This information material is based on a technical brief and guidance notes on water, sanitation, hygiene and waste management for the COVID-19 virus. For more information, please visit:
<https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>