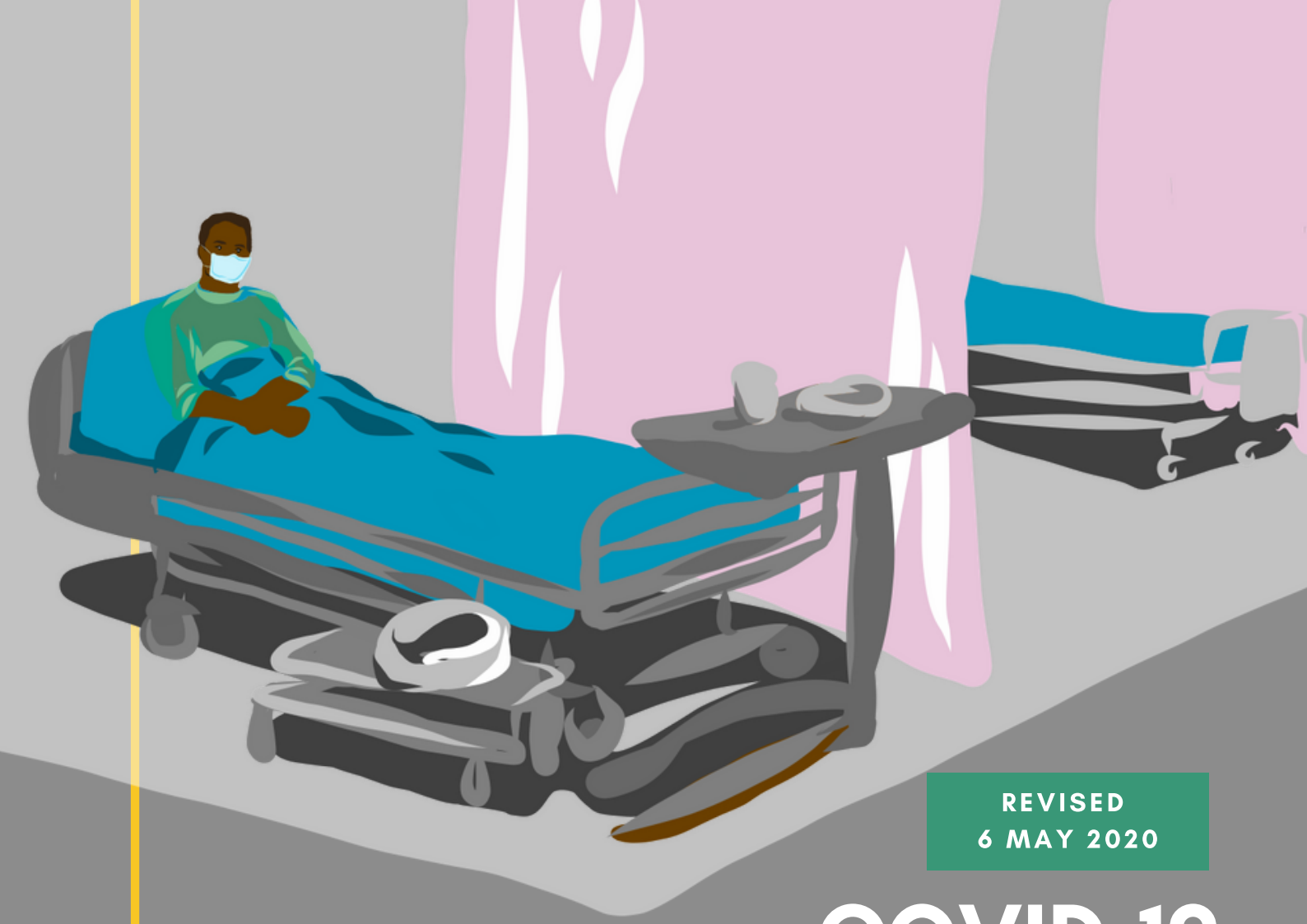

REVISED
6 MAY 2020

COVID-19 HOSPITAL PREPAREDNESS GUIDE

How to prepare healthcare facilities for operation during the Coronavirus pandemic

TO BE READ ALONGSIDE
'COVID-19 PRIMARY CARE FACILITY PREPAREDNESS GUIDE'

COVID-19 HOSPITAL PREPAREDNESS GUIDE

Authors and contributors: Dr Tom Boyles, Ms Lynne Wilkinson, Prof Shabir Moosa, Dr Madeleine Muller, Prof Richard Cooke
Pilot implementation: Teams at six model CHC sites in Johannesburg district and Helen Joseph Hospital
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Photography: Barry Christianson, Dr Tom Boyles, Dr Joanna Reid
Funding for layout and design: International AIDS Society

All care has been taken to ensure that the information is correct as of 25 April 2020. Clinical and Infection Prevention and Control guidelines are fast evolving as more becomes known about SARS CoV 2 and COVID-19. Ensure updated guidelines are adhered to.

Versions: 5 April 2020, 8 April 2020, 25 April 2020
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JOHANNESBURG METRO HEALTH DISTRICT
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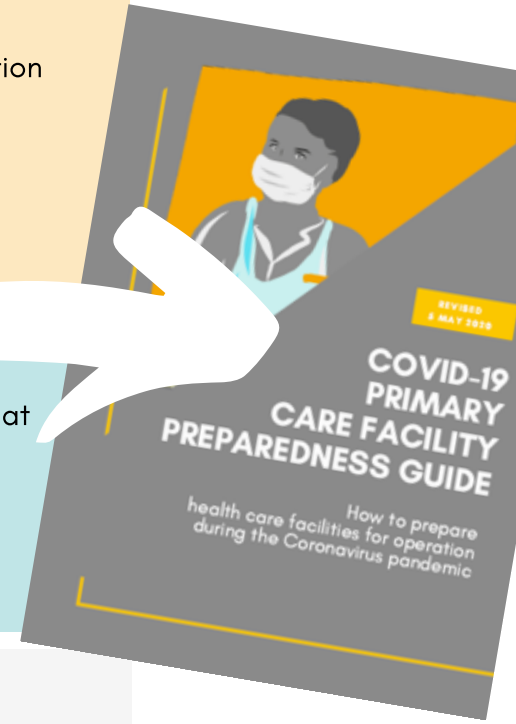
ACRONYMS

ART	Antiretroviral therapy
CHC	Community health centre
CXR	Chest X-ray
ECG	Electrocardiogram
ED	Emergency department
HCWs	Healthcare workers
IPC	Infection prevention and control
NDOH	National Department of Health
NHLS	National Health Laboratory Service
COVID-19	Novel coronavirus disease-2019
PJP	Pneumocystis Jiroveci Pneumonia
PPE	Personal protective equipment
PHC	Primary care centre
PUI	Person under investigation
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SOP	Standard operating procedure
TB	Tuberculosis
WHO	World Health Organization

ESSENTIAL COMPONENTS OF FACILITY SET-UP FOR COVID-19

Detailed guidelines for the set-up and procedure of component 1 to 10 are provided in the 'COVID-19 Primary Health Facility Preparedness Guide'.

YELLOW ZONE COVID-19 moderate risk zone	1. Single point of entry into facility premises 2. Patient and Healthcare Worker Sanitation Station 3. 1st Screening Station
ORANGE ZONE COVID-19 high risk zone	4. 2nd Screening and Management Station (also called temporary chest clinic) 5. HIV Testing Station 6. Specialized Clinical Service Station 7. COVID-19 and TB Testing Station
BLUE ZONE COVID-19 low risk and protected zone	8. Healthcare Worker Sanitation Station at Blue Zone entry points 9. Routine primary health services for COVID- 19 symptom negative patients
Matches associated zone colour	10. Transfer and exit pathways



For hospitals, please use the 'COVID-19 Primary Care Facility Preparedness Guide' and add the following stations:

ORANGE ZONE COVID-19 high risk zone	**11. Emergency Department** for patients with severe symptoms requiring in hospital evaluation **12. COVID-19 PUI Ward** **13. COVID-19 Confirmed Ward**
BLUE ZONE COVID-19 low risk and protected zone	**14. Non COVID-19 Wards**

This guide is accompanied by a demonstration video on hospital facility preparedness set-up filmed at Helen Joseph Hospital, Johannesburg, Gauteng

Videos available at: https://youtu.be/iH3CM9Wf1Sw

FACILITY SET UP TO ENSURE APPROPRIATE COVID-19 TRIAGE AND ADAPTED SECURE PATIENT SERVICE PATHWAYS AT A HOSPITAL

11 EMERGENCY DEPARTMENT - FOR PATIENTS WITH SEVERE SYMPTOMS REQUIRING IN HOSPITAL EVALUATION

LOCATION

Emergency Department (ED) of the hospital. 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 **one doctor and one nurse**: In large hospitals there may be more than one doctor or nurse who works a whole shift in the COVID area. In smaller facilities there may be only one doctor and one nurse for the entire department and they may therefore have to move between COVID and non-COVID areas ensuring strict IPC.

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

SET-UP & PROCEDURE

- Patient arrives from 2nd Screening and Management Station or patient transport wearing a mask and is taken directly to bed space for evaluation
- 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
- Doctor and nurse to briefly evaluate patient
  - If stable and definitely requires both admission and COVID-19 testing, consider rapid transfer to COVID-19 PUI ward, only do CXR in emergency department if not available on COVID-19 ward
  - If unstable or there is a possibility of either discharge home or that a diagnosis other than COVID-19 may be made in ED, continue to full evaluation
- 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 PUI in terms of up to date definition and requires admission, transfer to COVID-19 PUI ward
  - When transferring patient from ED to COVID-19 PUI 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. Dedicated lifts for COVID-19 PUI patients may be required and need to be disinfected between use by each patient

If COVID-19 testing required (patient remains PUI) but can be discharged, send to COVID-19 testing station (see component 7 of 'Primary Care Facility Preparedness Guide') for testing. Patient will exit facility from there (see component 10 of 'Primary Care Facility Preparedness Guide').

Empiric treatments for other pathogens according to **National Guideline for Management of patients suspected of having COVID-19**:

- 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

12 COVID-19 PUI WARD

LOCATION

- At least 1 full ward of the hospital must be designated for the care of COVID-19 PUIs
- COVID-19 PUI ward 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**

APPROPRIATE IPC AND PPE USE FOR STAFF

- All staff 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
- Cleaners also to wear goggles/visor
- Goggles/visor to be disinfected at a minimum per shift. See detail in Annex 2

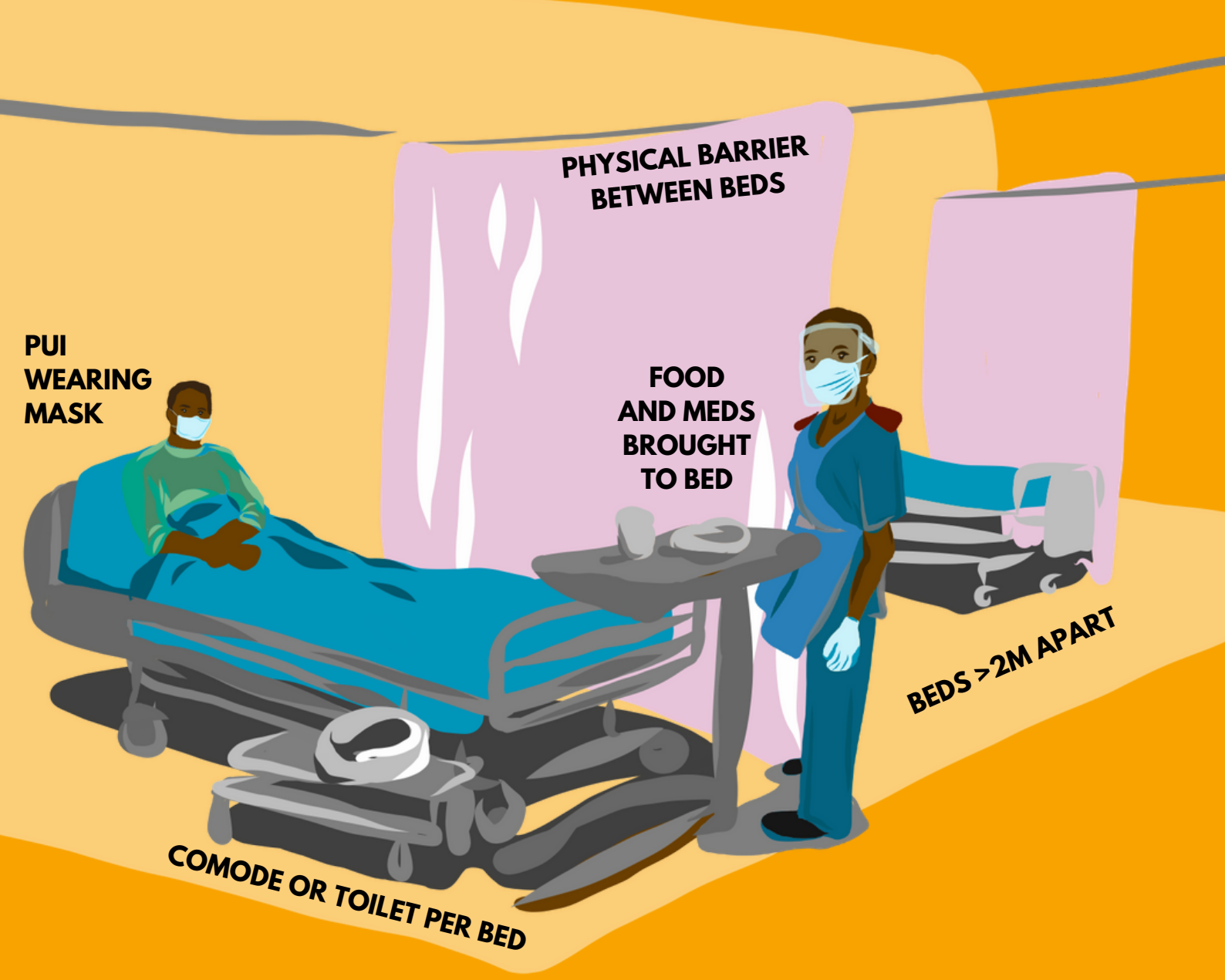
SET-UP & PROCEDURE

CLEAN AREA

- Ward requires clear line demarcating the clean from the PUI (possible COVID-19) areas of the ward. No PPE to be warn in the clean area
- 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
- Perform as many activities in the clean area as possible e.g. keep CXRs and clinical notes outside where feasible
- Consider using phones to photograph clinical notes that are recorded in non-clean area
- Clean phone, transcribe data and delete picture from phone

PATIENT SET-UP

- Where possible, patients in separate rooms with own bathroom
- When PUIs have to share bays or cubicles ensure:
  - Beds widely spaced (>2 metres apart)
  - Physical barriers e.g. curtains between beds where possible
  - Urine bottle/commode located per bed for specific patient's use only (otherwise requires full disinfection after use)
- 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)
- Communal shower and bathing facilities should not be used



PATIENT MANAGEMENT

- Ensure COVID-19 isolation area signage in place (see Annex 3)
- Patients taken directly to bed space on intake
- Patients must be clearly advised that they must remain within their bed space wearing a cloth mask (or surgical mask where sufficient stock available) at all times
- All food and drink, medications and a bowl for washing must be brought to the patient's bed space to avoid movement
- All toileting should be performed in the bed space using urine bottles and commodes. Commode to be disinfected between patients. If a commode is not available a patient may be escorted to a toilet cubicle which must be thoroughly disinfected after use
- Staff to minimise contact with patients and 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)
- When contact with patient and surroundings is minimal, only change non-sterile gloves and sanitize hands between patients
- Minimise number of close interactions with patients. If close contact is required e.g. moving a patients in bed, staff member to perform as many tasks as possible at a single visit e.g. doctor can take vitals, give medications and help with feeding
- When PPE is contaminated by close contact, staff must return to the doffing room to change non-sterile gloves and plastic apron and sanitize hands before attending to next patient

CLEANING PROCEDURE

- The environment must be cleaned and disinfected at least three to four 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 (see Annex 10 of the 'Primary Care Facility Preparedness Guide')

13 COVID-19 CONFIRMED WARD

LOCATION

- At least one full ward of the hospital must be designated for the care of COVID-19 confirmed patients
- COVID-19 confirmed wards should be as close to the COVID-19 PUI ward as possible
- When space is constrained, COVID-19 confirmed patients may be cohorted in bays/cubicles but must not share bays or cubicles with COVID-19 PUIs and must wear cloth masks (or surgical mask where sufficient stock available)

STAFFING

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

APPROPRIATE IPC AND PPE USE FOR STAFF

- All staff to wear **surgical mask**, non-sterile **gloves, eye shield or goggles** and disposable **apron** when attending to the patients
- Must change gloves between patients and sanitize hands
- Cleaners also to wear goggles/visor
- Goggles/visor to be disinfected at a minimum per shift. See detail in Annex 2

SET-UP & PROCEDURE

CLEAN AREA

- Ward requires clear line demarcating the clean from the COVID-19 areas of the ward. No PPE to be warn in the clean area
- 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
- Perform as many activities in the clean area as possible e.g. keep CXRs and clinical notes outside where feasible
- Consider using phones to photograph clinical notes that are recorded in non-clean area
- Clean phone, transcribe data and delete picture from phone

PATIENT SET-UP

- COVID-19 positive patients in COVID-19 Confirmed Ward can be cohorted. This means they can interact and unlike COVID-19 PUI patients do not need to be confined to their bed space/isolation room
- COVID-19 positive patients cannot leave the COVID-19 Confirmed Ward or bays
- Where there is a separate COVID-19 Confirmed Ward, COVID-19 positive patients can move freely within the ward
- Where certain cubicles/bays are used for COVID-19 PUI patients and COVID-19 positive patients these should be clearly marked with signage and floor demarcation
- COVID-19 positive patients must be educated to remain in their area or where difficult to manage due to sharing space with COVID-19 PUI bay, confined to their bed space
- COVID-19 positive patients can use communal sinks, toilets and bathrooms
- Ensure COVID-19 isolation area signage in place (see Annex 3)

PATIENT MANAGEMENT AND INFECTION CONTROL

- COVID-19 positive patients must be clearly educated about movement
- If separate COVID-19 Confirmed Ward (not shared with PUI patients), must stay in ward, can interact, can share sinks, toilets and bathroom
- If sharing with PUI patients, COVID-19 positive patients must stay within their defined area (or even bed if difficult to manage movement)
- Staff must perform standard infection prevention and control measures between COVID-19 positive patients
- Where certain cubicles/bays allocated as COVID-19 PUI and others for COVID-19 confirmed, staff must return to doffing room to change plastic apron and non-sterile gloves and sanitize hands before moving between areas

CLEANING PROCEDURE

- The environment must be cleaned and disinfected at least three to four 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 (see Annex 10 of the 'Primary Care Facility Preparedness Guide')

14 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
  - See Annex 2. Staff to wear cloth masks and if supplies allow surgical masks (1 per shift) to decrease transmission from asymptomatic carriers
  - Patients to wear cloth masks whenever feasible
- Increase frequency of cleaning bathrooms and toilets as per national IPC guidelines

AUTHORS AND CONTRIBUTORS

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Dr Boyles is an infectious diseases sub-specialist currently employed at Helen Joseph Hospital, Johannesburg. He is a researcher at the University of the Witwatersrand and an Associate Professor at the London School of Hygiene and Tropical Medicine. He is the past President of the Infectious Diseases Society of Southern Africa (IDSSA) and lead author of the society guidelines for both acute meningitis and community acquired pneumonia. Dr Boyles spent three months as a front-line responder to the Ebola outbreak in Sierra Leone in 2014/15.

MS LYNNE WILKINSON
Ms Wilkinson is a public health specialist with an MSc in Public Health from University College London. Her specific expertise is in differentiated service delivery for both HIV and TB patients. She has set up and run HIV programmes in rural and urban South Africa since 2005, including MSF's flagship Khayelitsha HIV and DR-TB project. She currently provides technical guidance on differentiated service delivery to sub-Saharan African country governments, global and local partners through the International AIDS Society differentiated service delivery initiative. She is an honorary researcher at the Centre for Infectious Epidemiology and Research at the University of Cape Town and World Health Organization HIV Testing Service Delivery and the South African National Differentiated Service Delivery Technical Working Groups. She also provided emergency response support to the Ebola outbreak in Sierra Leone in 2014/15, specifically setting up, managing holding centres and case management flow.

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Prof Moosa is a family physician with an MBA and PhD. He is an Associate Professor in the Department of Family Medicine at the University of Witwatersrand. He has extensive experience in rural general practice and the development of family medicine and primary care services in both rural and urban district health services in South Africa and Africa. He project-managed the development of District Departments of Family Medicine across Gauteng and led the Department of Family Medicine in Johannesburg Health District from 2006 to 2011, completing an MBA in that time with research on GP contracting for National Health Insurance (NHI) in South Africa. Prof Moosa is deeply involved in development and research around family medicine and community-oriented primary health care (COPC) in Africa. In 2018 he was tasked by National Treasury to design NHI contracting for GPs to test for feasibility.

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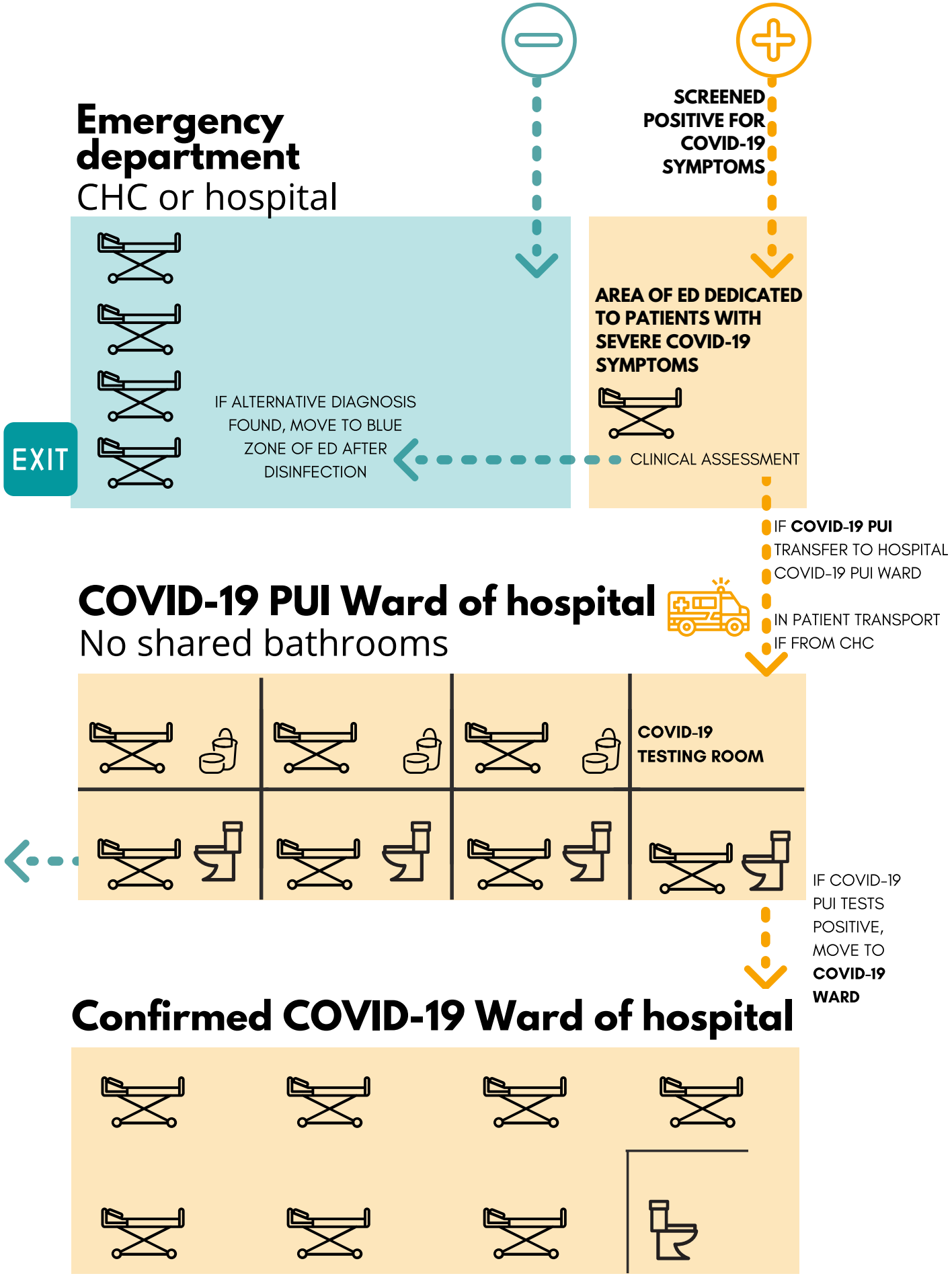
Dr Muller qualified in medicine from the University of Pretoria in 1995. In 2009 she joined the NGO Beyond Zero and in 2010 was awarded a Certificate of Special Merit by Rural Doctors of South Africa for work in mentoring PHC clinics in rural Eastern Cape. She has created and implemented a part-time adaptations of the WRHI Advanced HIV and TB course in the Eastern Cape and Limpopo. In 2017 she joined Nkqubela TB hospital and has been mentoring and supporting the creation of the Butterworth Gateway outreach decentralised DRTB site.

PROF RICHARD COOKE
Adjunct Prof Richard Cooke is the Academic Head of Department of Family Medicine and Primary Care at the Faculty of Health Sciences, University of the Witwatersrand (Wits). He is the Director of the Faculty's Centre for Rural Health. After an early career in finance and project management, Professor Cooke switched to Medicine, qualifying as a specialist Family Physician. He forged a passion for primary and rural health care during an 8-year stint as the Clinical Manager of Madwaleni Hospital in the Eastern Cape. Joining Wits in 2011, he chairs the Clinical Medical Students Curriculum Review Committee, as well as tasked with the directorship of the Wits Nelson Mandela Fidel Castro (NMFC) Collaboration Programme. Prof Cooke is an examiner for the Fellowship of the College of Family Physicians (FCFP) within the Colleges of Medicine of South Africa. He is a member of the NMFC National Curriculum Working Group, and serves on the NMFC Ministerial Task Team. He is a Director of the Hospice Palliative Care Association of South Africa.

HOSPITAL SET-UP DIAGRAM



PPE GUIDANCE - WHO TO WEAR AND WHEN

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 1)

Available for download at:
https://www.nicd.ac.za/wp-content/uploads/2020/04/Covid-19-Infection-and-Prevention-Control-Guidelines-1-April-2020.pdf

Inpatient Services (hospital wards, ICU, overnight/holding wards, step-down facilities)			
Setting	**Target Personnel or Patients**	**Activity**	**Type of PPE or Procedure**
Isolation cubicles, rooms, or wards where COVID-19 patients are being cared for.	**Patients with COVID-19**	Any	**Surgical Mask**
	Clinical staff	**Providing direct care to COVID-19 patients**	**Surgical Mask** Apron Non-sterile Gloves Eye protection (goggles or visor)
	Clinical staff	**Aerosol-generating procedures*** performed on COVID-19 patients (such as **nasopharyngeal and oropharyngeal swabbing** for testing for coronavirus infections) **N95 respirators**** are only worn when performing aerosol producing procedures	**N95 Respirator** Apron or gown Non-sterile Gloves Eye protection (goggles or visor)
	Body of deceased	**Death of COVID-19 patient**	Wrap body with sheets as per usual
	Cleaners	Entering the cubicle or room or ward of **COVID-19 patients**	**Surgical mask** Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Eye protection (goggles or visor) Closed work shoes
	Porters and nurses	Transport of **COVID-19 patients**	**Surgical Mask** Non-sterile Gloves
	Catering staff	Providing meals **inside COVID-19 ward**	**Surgical Mask** Non-sterile Gloves
	Administrative personnel	Administrative staff supporting **COVID-19 ward services**, who are not usually in direct contact with patients, but would enter the isolation ward.	**Surgical mask** Non-sterile Gloves Maintain spatial distance of at least 1 metre, where possible
	Security personnel	Any	**Surgical mask**
	Laundry workers	Laundering of **COVID-19 patient** linen	**Linen to be bagged separate from other linen** **Surgical mask** Apron Long rubber utility cleaning gloves (ideally up to elbow) that can be washed

[19] Circular H25/20: Guidelines for PPE use during the coronavirus disease 2019 (COVID-19) Western Cape Government: Health 25 March 2020

PPE GUIDANCE - WHO TO WEAR AND WHEN

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 1)

Available for download at:
https://www.nicd.ac.za/wp-content/uploads/2020/04/Covid-19-Infection-and-Prevention-Control-Guidelines-1-April-2020.pdf

			Eye protection (goggles or visor) Closed work shoes
All types of wards where Non-COVID-19 Patients (i.e. patients who do NOT have COVID-19) are being cared for	**Patients without COVID-19**	Any	**No PPE required**
	Clinical staff	**Aerosol-generating procedures*** performed on **Non-COVID-19 patients***	**Surgical mask** Apron Non-sterile Gloves Eye protection (goggles or visor)
	All staff	**Any other activity** besides Aerosol-generating procedures performed for **Non-COVID-19 patients**	**No PPE required**
	Visitors	Visiting **patients without COVID-19**	**No PPE required**
Other areas of the hospital where COVID-19 patients transit (e.g. corridors) but are not directly attended to.	**All staff**	Any activity that does **not involve contact with COVID-19 patients**	**No PPE required**

* Aerosol-generating procedures (see above)

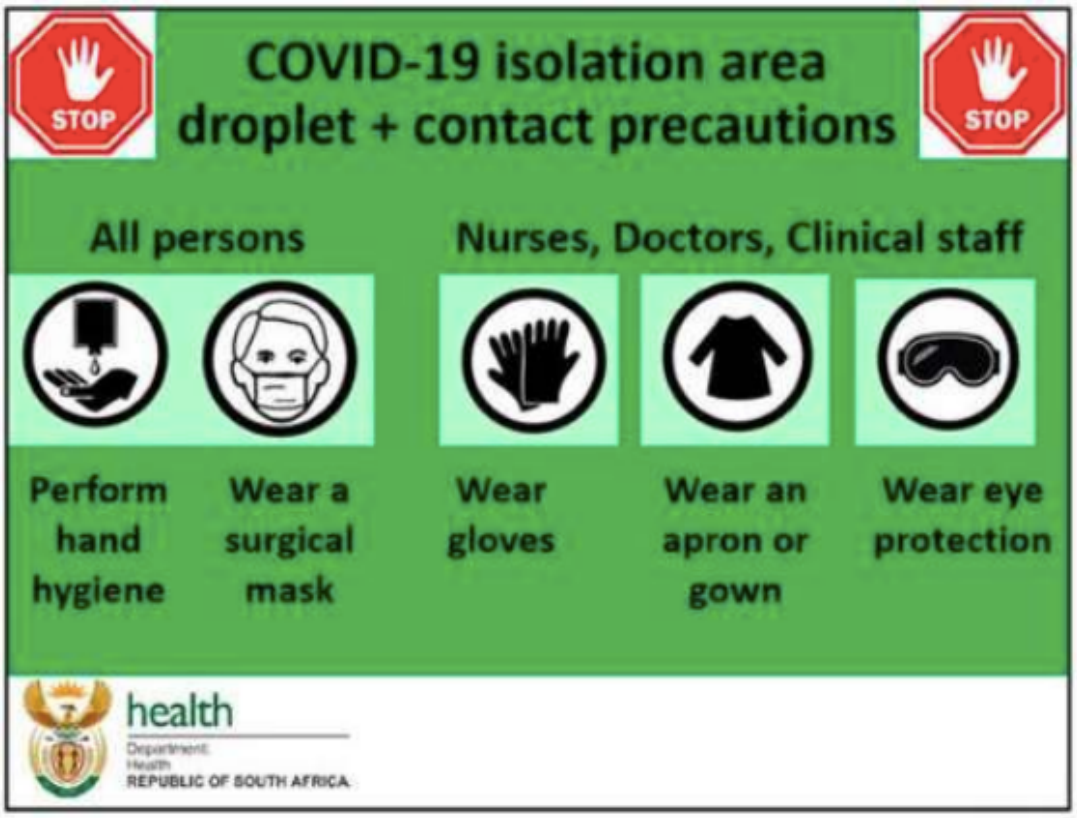
**N95 respirator must still be used for all other Non-COVID-19 indications (e.g. when attend to a patient with confirmed or suspected TB)

IPC SIGNAGE FOR COVID-19 WARDS

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 1)

Available for download at:
https://www.nicd.ac.za/wp-content/uploads/2020/04/Covid-19-Infection-and-Prevention-Control-Guidelines-1-April-2020.pdf

Clear signage should be posted at the entrance of all wards to inform all staff of IPC requirements and protocols.



HOSPITAL ADDITIONS

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONCE-OFF SET-UP INDICATORS FOR HOSPITALS

This tool should be added to the primary care self-assessment tool (Annex 15 of the COVID-19 primary care facility preparedness guide)

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
21	Separate room within Emergency Department or separate room within Hospital allocated and set up for COVID-19 emergency patients including examination bed and oxygen	
22	Separate delivery area/room within Maternal Obstetric Unit set up for COVID-19 symptomatic patient's delivery	
23	Clear demarcation between clean (no PPE required) and COVID-19 (PPE required) areas of the ward	
24	Hospital has separate PUI rooms/bays/ward – for patients waiting for COVID-19 test result	
25	PUI single rooms/bays/ward with strict separation of every patient – beds more than 2m apart	
26	PUI single rooms/bays/ward with strict separation of every patient – separate toileting or washing facilities set up	
27	Hospital has allocated bays/ward for COVID-19 confirmed cases (can share toileting)	
28	PPE donning and doffing station set up next to PUI/COVID-19 rooms/wards	
	Number Green / Number Orange / Number Red	
Total score for hospitals		

This tool should be added to the primary care self-assessment tool (Annex 15 of the COVID-19 primary care facility preparedness guide)

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
45	Screening of all patients coming to the emergency department after working hours taking place at entrance	
46	Screening of all patients coming to the maternal obstetric unit (MOU) after working hours taking place at entrance	
47	All patients with COVID-19 symptoms managed in a separate area within Emergency Department or separate room in Hospital allocated and set up for COVID-19 emergency patients	
48	All patients in labour with COVID-19 symptoms managed in a separate delivery room	
49	PUI single rooms/bays/ward with strict separation of every patient – patients confined to their area	
50	PUI single rooms/bays/ward with strict separation of every patient – no sharing of toileting or washing facilities	
51	COVID-19 confirmed cases in COVID-19 bays/ward – can share toileting and patients can interact	
52	Once PUI confirms negative transferred to Blue Zone section of hospital (general wards)	
53	Once PUI confirms positive transferred to COVID-19 bay or ward	
54	Staff working in PUI rooms/wards wear surgical mask, apron and non-sterile gloves. Apron and gloves disposed of between each patient with handwashing	
55	Staff working in COVID-19 ward wear surgical mask, apron and non-sterile gloves. Apron and gloves disposed of every time the HCW exits the COVID-19 ward with strict handwashing	
56	All PUI related IPC appropriate including PPE donning and doffing when managing PUIs	
57	All COVID-19 confimed case IPC appropriate including PPE donning and doffing done appropriately when entering or leaving COVID-19 confirmed case bays/ward	

	Number Green	Number Orange	Number Red
Total score for hospitals			

COVID-19 HOSPITAL PREPAREDNESS GUIDE

Endorsed by:

JOHANNESBURG METRO HEALTH DISTRICT
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