

Infection prevention and control practices for care of patients in nontraditional settings with focus to the novel coronavirus (COVID-19)

(interim recommendations, May 18, 2020)

Objectives

- To provide recommendations for infection prevention and control (IPC) practices to be applied during care in nontraditional setting in the context of the novel coronavirus (COVID-19).

These recommendations are preliminary and subject to review as new evidence becomes available.

Key considerations

- With an ever-increasing demand for hospital beds, there is a need for nontraditional settings to become a treatment center for patients with COVID 19 that do not require hospitalization.
- For the purpose of this document, **nontraditional settings** are defined as hotels, motels, shelters, dormitories and homecare. These recommendations **do not apply for quarantine centers or long-term care facilities**.
- Extensive planning is needed before implementation of nontraditional settings are health care setting (1). To achieve the best possible impact, logistic, safety, security, waste management, organizational and infection control measures need to be in place as part of the response to the COVID-19 pandemic.

Human resources considerations

- Workers from nontraditional setting may not be familiar with IPC practices applied to care of patients with COVID-19. Therefore, they need a special training in how protect themselves and patients applying IPC practices even when they will be assigned to auxiliaries' activities such as environmental cleaning, catering, laundry, security, among others.
- These workers will be exposed to some level of hazard as health care workers, including pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence (2). Training and resources need to be in place to protect these workers.
- To optimize the use of human resources, consider cohort the patients by severity of the COVID-19 clinical presentation.
- The employer responsibilities include, but are not restricted to:
 - Assume overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational safety and health risks.
 - Provide information, instruction, and training on occupational safety and health, including:
 - Training on basic concepts and practices of IPC
 - Rational use of personal protective equipment (PPE).
 - Provide adequate PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap, water, paper towel, cleaning supplies) in sufficient quantity to those caring for suspected or confirmed COVID-19 patients, in such a way that workers do not incur in expenses for occupational safety and health requirements.
 - Provide a blame-free environment in which health workers can report on incidents, such as exposures to blood or bodily fluids, or cases of violence, and adopt measures for immediate follow up, including support to victims.
 - Advise health workers on self-assessment, symptoms reporting, and staying at home when ill.

Administrative measures

- Ensure that an IPC practitioner is available to address questions and review the practices at least weekly (3).
- The manager should keep a list of all workers and their duties and period of work.
- Provide thermometers and brochure to workers who have contact with patient environment to register their body temperature.
- Follow up on employees with unexplained absences to determine their health status.
- Keep track of any unprotected exposure.
- Establish strategies to guarantee uptake of healthcare workers and to post exposure consultations.
- Have in place guidelines for caring for health workers exposed to COVID-19 in health facilities, as well as management of occupational exposure to the virus (4).
- Use notification systems to record, analyze and disseminate results with surveillance purposes.

Infection Prevention and Control measures

Clinical care

- Follow IPC recommendation for clinical care of patients with COVID-19 (5).
- Wash hands before entering in the room and immediately after leaving the room, as well as after touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, and after touching patient surroundings*.
- Use complete PPE (long-sleeved gowns, medical mask, google or face shield and gloves) to enter in the room and perform regular care activity (Table 1).
- Remove and dispose PPE after leaving the area in a suitable receptacle.
- Install stations or alcohol gel dispensers for hand hygiene through the facility.

Table 1 – Use of personal protective equipment according to activities in nontraditional settings in the context of COVID-19

Type of activity	Hand hygiene	Gown	Medical mask	Goggle	Gloves
Inside room care of patients or cleaning	X	X	X	X	X
Outside room cleaning (patient area)	X		X	X	X
Outside room cleaning (administrative area)	X				X

Environmental cleaning

- Table 2 provides information about environmental cleaning, disinfection and waste management considerations for nontraditional settings. As much as possible remove no-wiping surfaces form the room before receiving patients (e.g. rugs, chairs, armchairs, sofas etc.)
- Consider implementing a process for patients in a good health status to support the daily cleaning of their room.
- Many disinfectants can be used for environmental disinfection; WHO recommends chlorine solution at 0.1% (final concentration) for large surfaces or alcohols 70% (final concentration) for small surfaces because those are wide

* For more information on Hand Hygiene, please refer to <https://www.who.int/gpsc/5may/background/5moments/en/>.

available and less expensive. † Each disinfectant has its contact time and is important to follow the label for instructions (5, 6, 7), (Table 3).

- High contact surfaces, such as bed head, side tables, TV control, door should be cleaned at least twice a day
- Floor, surfaces and bathrooms should be cleaned daily.
- Terminal cleaning should be done once a week or/and when the patient is discharged and before the new patient enters in the room.
- Terminal cleaning should be done by trained cleaning staff wearing complete PPE (long-sleeved gowns, mask, goggles or face shield and gloves), because the risk of use of chemicals a heavy-duty glove should be worn over the latex glove.

Table 2 – Environmental cleaning, disinfection and waste management considerations in nontraditional settings in the context of COVID-19

	Outdoor area and administrative area (*)	Inpatient area/ rooms
Classification of the area	No risk area for COVID-19	Risk area for COVID-19
Waste management	All waste bin should be bins for regular waste. Waste generated at office, as well as wrapping, kitchen waste, sweeping is considered general waste.	All waste coming from the isolation area/ inpatient’s area (including PPE) is considered an infectious hazards waste and needs to follow the protocol for treatment of this type of waste.
Cleaning and disinfection	Cleaning staff should wear heavy duty gloves when performing cleaning and disinfection activities.	Cleaning staff should wear the same PPE as healthcare workers to enter in a room with patient (long-sleeved gowns, disposable gloves, medical mask, goggles or face shield and mask) or to perform terminal cleaning.
	High touch surfaces should be cleaned and disinfected more frequently (twice a day) such as common areas, tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks.	High touch surfaces should be cleaned and disinfected more frequently (twice a day) such as common areas, tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks.
		Terminal cleaning should include all room areas and consists of cleaning and disinfection and performed weekly or between patients.
		Floor and surfaces should be cleaned with water and soap and disinfected daily.
	Follow the usual cleaning recommendation and use the usual cleaning products for those areas.	If weather condition permits keep window open during the cleaning and disinfection process.
Laundry	Does not apply.	Place soiled linen into bags/containers at point of care.
		Handle soiled linen with minimum agitation to avoid contamination.
		Do not sort the linen before laundry and avoid washing cloths by hand.
		Wear full PPE (gowns, mask, goggles or face shield and gloves) when handling used or soiled linen.
Food service	Does not apply.	If reusable plates and utensil are used, they should be cleaned with water and soap following the standard procedures.

(*) patient transit or no patient area

† For more information on the use of disinfectants for use against SARS-CoV-2, please refer to <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Access date May 7, 2020.

Table 3 – Examples of cleaning and disinfection products for surfaces

Activity	Cleaning and disinfectant products	How to use
Cleaning for dirt removal	Water	Wet sweep or dust removal technique
	Water and soap or detergent	Rub soap or detergent on the surface
	Water	Rinse and dry
Disinfection of equipment and surfaces	Alcohol 70%	Friction on the surface to be disinfected, let it dry by itself
	Quaternary Ammonium	After cleaning, immersion or friction Rinse and dry
Disinfection of surfaces	Active chlorine releasing compounds	After cleaning, immersion or friction
	Oxidizers (Hydrogen peroxide)	Rinse and dry

Source: adapted from (6)

References

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