

NATIONAL INFECTION PREVENTION AND CONTROL CHECKLIST 2023

LAYOUT OF ISOLATION WARDS

To:

Hospital/location:

Site/Ward:

Date:

No.	Item	Present	Absent		Not applicable	Comments				
			Can be added	Cannot be added						
A. Mosquito Precautions										
<i>Patients can be placed in the same room as others as long as they are under a bed net</i>										
A.1	Mosquito bed nets are available, and they do not have holes in them									
A.2	Windows and doors of the isolation area can be closed									
A.3	Insecticide spray bottles are available									
A.4	Mosquito vapes / coils / mats are available with their electrical diffusers									
A.5	The isolation area is found above the ground floor									
B. Droplet / Contact Precautions										
<i>Patients should preferably be in single rooms if available or in cohorts (with the same illness)</i>										
Entrance										
B.1	Signage to indicate isolation									
B.2	Signage to indicate type of transmission-based precautions									
B.3	Sanitizers at entrance									
B.4	Signage to indicate restriction of visitors									
Hand hygiene										
B.5	Sanitizer for each bed inside the room									
B.6	Handwashing facility with elbow-operated tap for each patient or for each cohort of 6 patients									
B.7	Sink has soap and paper towel									
Separation										
B.8	Beds are separated by > 2m if not a single room and if washable dividers are not used; 1m separation is allowed if not									

	a single room and if partitions are present					
B.9	Washable dividers in between beds if not a single room					
B.10	Medical equipment is dedicated to the infected areas (e.g., thermometers, stethoscopes, and sphygmomanometers)					
Sanitation						
B.11	If the patient has a disease that can spread via the orofecal route, then 1 toilet per patient or a covered bedside commode or a dedicated toilet for the cohort of patients is in use					
B.12	Staff toilets are separate from patient toilets					
Donning area						
B.13	Donning and doffing areas separated by > 1m					
B.14	Donning is in a clean zone					
B.15	Donning area has covered bins that are touch-free					
B.16	Donning area has sanitizers					
B.17	Donning area has all necessary PPE					
B.18	Donning area is near entrance					
B.19	Donning area has posters on how to don					
Doffing area						
B.20	Doffing area has covered bins that are touch-free					
B.21	Doffing area has sanitizers					
B.22	Doffing area has handwashing facility					
B.23	Doffing area is near exit					
B.24	Doffing area has posters on how to doff					
B.25	Doffing area is $\geq 1\text{m}$ away from surrounding traffic					
Environmental cleanliness						
B.26	Area is not cluttered with unnecessary furniture					

B.27	Mattress cover is available					
B.28	Patient files are at the nursing station only					
B.29	Mops and other cleaning items are dedicated for the isolation area					
Injection safety						
B.30	Sharps box is available inside the patient's room					
Preparedness						
B.31	Able to respond to demand in case of a surge in the coming weeks					
B.32	Able to care for specific groups of people (e.g., critically sick, those needing surgeries, pregnant women, children, neonates, etc.)					
B.33	Has enough bed capacity to face expected workload in the coming few days					
B.34	Has wall mounted oxygen flowmeters / enough oxygen to meet demand*					
<p style="text-align: center;">C. Airborne Precautions</p> <p style="text-align: center;"><i>The following applies in addition to the conditions for droplet and contact precautions</i></p> <p style="text-align: center;"><i>Patients should be admitted in single rooms or in cohorts separate from others</i></p>						
Ventilation						
C.1	≥ 12 air changes per hour					
C.2	Air conditioners are off or not used					
C.3	4 meters separate point where air exits to the public (if on ground floor)					
C.4	Absence of central ventilation that could contaminate other areas of the hospital					
C.5	HEPA filters are used					
C.6	If ventilators are present, exhaust air is disposed of properly					
C.7	Air purifiers with UV light disinfection are in use					
Separation						
C.8	Patients are kept in single rooms or in cohorts separate					

	from other non-infected patients					
C.9	Doors of the isolation area are kept closed					
C.10	A mess is available for staff to rest in a clean area					
C.11	A kitchen / eating area is available for staff to rest in a clean area					
C.12	Separate sampling area if multiple patients are present in the same room					
C.13	The nursing station is in a clean area, away from patients					
C.14	1 toilet per patient or a covered bedside commode or a dedicated toilet for the cohort of patients is in use					
<p style="text-align: center;">D. High Consequence Infectious Diseases <i>The following applies in addition to the conditions for droplet, contact and airborne precautions</i> <i>Strict and mandatory separation of infected patients from non-infected cases is necessary</i></p>						
Separation						
D.1	No public allowed near the entrance of the wards					
D.2	Dedicated lifts for staff which are separate from those for patients					
D.3	Far from vulnerable patients (dialysis, labour ward, etc.)					
D.4	Entry is close to the casualty and on the ground floor					
D.5	Exit is close to either the ICU or the ambulance area for rapid transport without contaminating other individuals					
D.6	A red tape separates the clean area from the dirty area					
D.7	Place is available for staff to stay at the hospital area for a number of days instead of returning home at the end of each shift					
D.8	The door to the isolation area is touch-free					
D.9	Windows into the patient rooms are available for ease of monitoring by staff					

Unilateral flow						
D.10	Separate entry and exit doors					
D.11	Unidirectional flow of staff					
D.12	Unidirectional flow of patients					
D.13	Arrows show the direction of flow					
Hand hygiene						
D.14	Sanitizers at exit					
D.15	Sanitizers at every point of care					
Ventilation						
D.16	Negative pressure ventilation is present					
D.17	Anteroom is present					
D.18	UV decontamination of exhaust air					
Screening						
D.19	A logbook is used to record the entry of every person					
D.20	Temperature checks and other forms of screening / active surveillance are performed on staff daily and recorded in a register					
Donning and doffing						
D.21	A mirror is available to help with donning and doffing					
D.22	A bench or chair is available to help with donning and doffing					
D.23	Dedicated shower facilities are available nearby for staff after doffing (with adequate supply of scrubs)					
D.24	The doffing area is in a separate compartment / room or else is > 2m away from traffic					
D.25	All staff wear scrubs inside the isolation area instead of their own clothes					
D.26	Staff wear crocks to get inside the isolation area instead of their own shoes					
Waste management						

D.27	Dedicated zone to transport soiled linen and dirty equipment					
D.28	Waste bags are specially labelled (e.g., with the name of the infection)					
D.29	Waste bags are not leaky and if leaky, are doubled					
D.30	Measures are taken for the incineration of solid waste					
D.31	Measures are taken for the deactivation of liquid waste / sewage before disposal					
D.32	Strict prohibition for people to be near waste storage areas + good security supervision					
D.33	Attendants and cleaners wear all the necessary PPE and know how to don and doff					
D.34	Contactless waste collection is in place					
D.35	Bins are autoclavable					
D.36	Water-soluble linen bags are in use in case linen will be washed					
D.37	A pulp macerator with disposable urinals and bedpans are used instead of reusable ones					
D.38	Wastes are not stored for more than 48 hours before being collected for incineration					
Preparedness						
D.39	All emergency equipment including defibrillators, emergency trolley and intubation materials are available in the patient's room					
Burial						
D.40	All items including coffins and biohazard bags are available					
D.41	A viewing area is available for relatives					
Administrative						
D.42	At least 1 nurse for every 6 patients if multiple patients are in the same room; if there is					

	one patient only, 1 dedicated nurse for that patient					
D.43	Proper organization so that one team takes care of the patient for several hours instead of multiple people going in and out					
D.44	IPC team checks the ward / layout at least once a week					
D.45	Investigations are conducted to find the cause of cross-infections					
D.46	Follow up with employees who have unexplained absences in order to ascertain their health status					
D.47	Keep a record of any unprotected occupational exposure					
D.48	A protocol is in place for exposed personnel					
D.49	An intercom is available in the patients' room to facilitate communication with staff at the nursing desk					
D.50	All staff wear a badge to ensure no unrestricted access					

* - A therapeutic requirement; not an IPC requirement. This checklist assesses the layout and administrative components of isolations wards – to monitor other more general aspects, please use the “IPC Checklist for Healthcare Facilities”.

Summary

Additional remarks

Signature: _____

List of High Consequence Infectious Diseases

1. Argentine haemorrhagic fever (Junin virus)
2. Andes virus infection (hantavirus)
3. Bolivian haemorrhagic fever (Machupo virus)
4. Avian influenza A H7N9 and H5N1
5. Avian influenza A H5N6 and H7N7
6. Crimean Congo haemorrhagic fever (CCHF)

7. Ebola virus disease (EVD)
8. Middle East respiratory syndrome (MERS)
9. Lassa fever
10. Mpox (monkeypox) (Clade I only)
11. Lujo virus disease
12. Nipah virus infection
13. Marburg virus disease (MVD)
14. Pneumonic plague (*Yersinia pestis*)
15. Severe fever with thrombocytopenia syndrome (SFTS)
16. Severe acute respiratory syndrome (SARS)

Reference: <https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid#list-of-high-consequence-infectious-diseases>