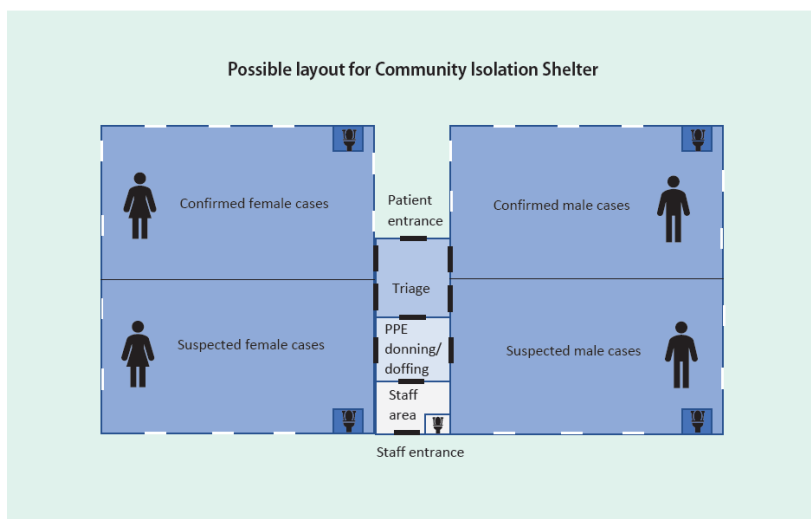




NATIONAL GUIDANCE ON IPC FOR COVID-19 ISOLATION WARDS

Ministry of Health and Wellness
MAURITIUS







June 2022

Approval Form

Version: 2.0

Effective date: 26 July 2022

NATIONAL GUIDANCE ON INFECTION PREVENTION AND CONTROL FOR COVID-19 ISOLATION WARDS			
	NAME	SIGNATURE	DATE
AUTHROIZED BY	Senior Chief Executive <i>Mrs. D. Seewooruthun</i>		25/7/22
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AUTHORS

Dr. D. Nuckchady. This document was vetted by the IPC Writing Committee.

PEER REVIEW

Dr. K. Azmutally (Registered Medical Officer).

Date of next review: July 2024

Updates

June 2022

- Contact tracing of exposed staff is no longer being conducted since the end of 2021
- Surveillance screening is not being carried out for most staff working in isolation wards
- Clarifications regarding handwashing stations and posters have been added
- Mention is made of the use of air purifiers in isolation wards

Version history

Version	Date
Version 1.0: Created	16 September 2021
Version 1.0: Approved	11 October 2021
Version 2.0: Revised	26 June 2022
Version 2.0: Approved	25 July 2022

National Guidance on Infection Prevention and Control for COVID-19 Isolation Wards

Progress since the last version

During the surge of COVID-19 cases at the end of 2021, several hospitals were able to set up isolation wards quite successfully – due to infrastructural challenges, sometimes toilets were shared between patients, the same ward often had a mixture of suspected, probable and/or confirmed COVID-19 cases and ventilation / air filtration was frequently inadequate. Nonetheless, many isolation wards in the country had $\leq 2\%$ of their staff turning positive for SARS-CoV-2 per month (see the report entitled “Risk Assessment of SARS-CoV-2 Positive Healthcare Workers in Mauritius” for details) which is a better statistic compared to other countries where the prevalence of positivity varied from 3% to 18.66% with an incidence rate of roughly 4.7% per month⁷, although comparisons can be marred by variable testing rates.

In a few instances, the erection of aluminium barriers inside isolation wards has led to poor aeration and a restriction in the movement of staff with difficulties for trolleys to pass through – measures are being taken to remedy the situation.

Purpose

This document describes the best practices in infection prevention and control that should be followed when taking care of patients confirmed or suspected of being infected with SARS-CoV-2 within isolation wards at healthcare facilities in Mauritius.

Introduction

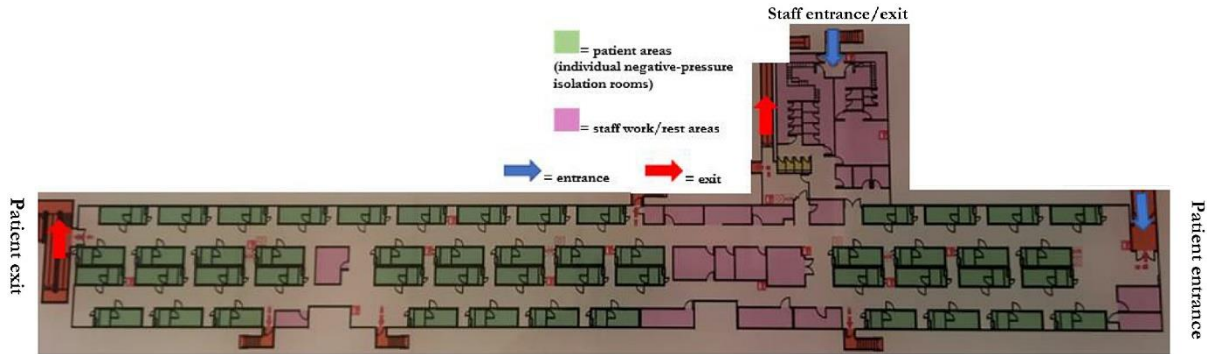
Isolation refers to the separation of individuals who are suspected or confirmed of harboring the SARS-CoV-2 virus:

1. All suspect cases that require hospitalization should be contained separately till such time they are tested negative.
2. Admitted patients who test positive for SARS-CoV-2 should remain isolated until they are medically fit to be discharged home to self-isolation or until such a time when they are no longer considered contagious.

Layout of the isolation ward

1. Whenever feasible, isolation wards should be in a segregated area, separated from the general patient population, from the public and from visitors.
 - a. When multiple wards are used for isolation, as far as possible, locate the wards close to each other e.g., in one wing or one floor of the hospital.
2. If possible, access to isolation wards should be through dedicated lifts and guarded stairs. Positioning isolation wards on ground floors is preferred so as to avoid the use of lifts.
3. Isolation wards should not be co-located with post-surgical wards, labour wards, neonatal units and wards with vulnerable patients like dialysis centers.
4. Entry and exit doors should be separate and clearly marked.
5. There should be clear signages on the door indicating that the space is an isolation area. Moreover, posters must designate the types of precautions (i.e., contact and droplet precautions) that should be undertaken before entering the ward.
6. Beds should be separated by at least 1 meter edge-to-edge. A 2-meter separation is preferred.
7. If available, place washable dividers between beds to minimize opportunities for close contact.
8. The sampling area should be separate and well-ventilated.

- If practical, plan for the unidirectional flow of staff.



Taken from “Wee et al. Construction of a container isolation ward: A rapidly scalable modular approach to expand isolation capacity during the coronavirus disease 2019 (COVID-19) pandemic. *Infect Control Hosp Epidemiol.* 2020”.

- There should be at least one toilet for every 20 patients.
- Staff toilets should be separate from patient toilets.
- Sanitizers should be available at each point of care and at the entrance and exit from the ward. At least one handwashing facility should be available for every 10 beds. Paper towels should be available and posters on hand hygiene should be affixed at the handwashing station.

Ventilation

- A minimum of 6 air changes per hour (ACH) is recommended in existing buildings. If an aerosol producing procedure is to be conducted (e.g., in intensive care units), such isolation wards should have > 12 ACH.
- Use natural ventilation to achieve the recommended ACH e.g., by opening the windows and using fans to blow air to the outside.
- Avoid the use of air conditioners since this will recirculate the virus in the air.
- The point of emission must not be near air intakes, windows or where there is human traffic. At least 4 meters should separate people from these openings if the ward is on the ground floor.
- Whenever ACH is less than 12, use air purifiers with high efficiency particulate air (HEPA) filters to clean up the air.

Donning and doffing areas

- Both donning and doffing areas should be well ventilated and adequately spacious to avoid overcrowding.
- Donning areas should be separated from the doffing areas, with separate entrances and exits, and away from patient areas.
- Donning area should be in a clean zone with waste disposal bins, hand sanitizer and adequate shelving for storage of clean PPEs.
- Doffing area is in a contaminated zone, with adequate sanitizer and waste disposal bin (yellow bags) for the disposal of personal protective equipment (PPE).
- All bins should be covered and touch-free.
- Hand hygiene facilities (wash basin or alcohol sanitizers) must be available in both the donning and doffing stations. Wash basins are preferred in doffing areas in order to clean soiled hands.

7. The donning area should be near to the entrance while the doffing area should be at the exit.
8. Posters on donning and doffing should be affixed.

Personal protective equipment

1. If patients can tolerate it, they should be asked to wear surgical masks.
2. PPE should be readily accessible e.g., via a PPE station, to all healthcare workers.
3. Posters on donning and doffing of PPE should be present in the donning and doffing areas.
4. Staff should not wear PPE in clean areas of the hospital e.g., in corridors outside of the isolation wards.
5. For details on the use of PPE by healthcare workers, please refer to the latest version of the document entitled “Standard operating procedure on the rational use of PPE in the context of the COVID-19 outbreak”.

Waste management

1. Segregate all infectious waste at the source.
2. If leakage is expected, use double bags to carry items from isolation rooms.
3. Cleaners and workers transporting waste should wear appropriate PPE.
4. Prior to transport, waste bags should be sealed.
5. Transport directly to the treatment facility or disposal site. If possible, avoid transportation in clean zones and in areas where the public is present.
6. For details on the waste bags to be used, refer to the latest version of the document entitled “Standard Operating Procedure on Color Coding for the Disposal of Healthcare Waste”.

Cleaning

2. Cleaning material for isolation rooms must be stored and used only in the isolation wards.
3. Use either single-use disposable equipment or dedicated equipment (e.g., stethoscopes, blood pressure cuffs, thermometers).
 - a. If equipment needs to be shared between patients, clean and disinfect between each patient use (e.g., with ethyl alcohol).
4. Due to concerns about possible aerosolization of the virus present in faeces, closing the lid before flushing the toilet is recommended.
5. There should be dedicated furniture and equipment for the isolation area to reduce nosocomial transmission. All non-essential furniture should be removed.
6. Furniture used in such wards must be easy to clean and must not conceal or retain dirt or moisture within or around it.
7. Avoid items made of porous surfaces such as cotton, wood, nylon and porous plastics (e.g., polypropylene).

Table 11. Recommended characteristics for selecting finishes and furniture for a severe acute respiratory infection treatment centre

Characteristic	Selection guidance
Cleanable	<ul style="list-style-type: none"> • Avoid items with hard-to-clean features, such as crevasses • Do not use carpets in patient care areas • Select material that can withstand repeated cleaning
Easy to maintain and repair	<ul style="list-style-type: none"> • Avoid materials prone to cracks, scratches or chips, and quickly patch or repair if they do occur • Select materials that are durable or easy to repair
Resistant to microbial growth	<ul style="list-style-type: none"> • Avoid materials that hold moisture, such as wood and cloth, as these facilitate microbial growth • Select metals and hard plastics
Nonporous	<ul style="list-style-type: none"> • Avoid items with porous surfaces, such as cotton, wood and nylon • Avoid porous plastics, such as polypropylene, in patient care areas
Seamless	<ul style="list-style-type: none"> • Avoid items with seams • Avoid upholstered furniture in patient care areas

8.

Taken from “World Health Organization. Severe Acute Respiratory Infections Treatment Centre. March 2020.”

9. For details on the cleaning protocol, please refer to the document entitled “Standard operating procedures for the cleaning of healthcare facilities in the public health sector”.

Staffing

1. All staff working in these areas must be fully vaccinated.
2. All staff (including auxiliary and cleaning staff) working in such facilities should be trained in basic infection control measures, including the use of PPE.
3. Doctors, nurses, healthcare assistants, attendants, and cleaners posted to isolation facilities need to be dedicated and not allowed to work in other patient-care areas for an established period of time.
4. Restrict staff to essential personnel only e.g., students should not enter these areas.
5. Surveillance screening does not need to be performed on the staff working in isolation wards.
6. Organize works (taking vitals, administration of medications, rounds, etc.) so as to minimize exposure to COVID-19 patients.
 - a. **However, staff should not delay urgent procedures or circumvent the assessment of patients just to avoid being exposed to COVID-19.**
7. Visitors are not allowed in isolation wards.
8. Healthcare workers can return home after their duties are completed.
9. Staff complaining of symptoms compatible with COVID-19 should be relieved of their duties temporarily, isolated and tested for SARS-CoV-2. If the test is positive, he / she will be informed by the Public Health Team about the next steps to follow.

Transport of infected patients

1. It is recommended that transport of infectious patients is limited to movement considered medically essential by the clinicians, e.g., for diagnostic or treatment purposes.
 - a. **Any investigations that are clinically urgent and require transporting the patient should be performed without delay as long as all necessary precautions are taken.**
2. If tolerated, patients should be asked to wear a surgical mask before exiting the isolation ward.
3. The destination unit should be contacted and notified prior to the transfer to ensure suitable accommodation on arrival.
 - a. All staff who may be in contact with the patient at the destination area should wear the appropriate PPE.
4. Use dedicated lifts and corridors or pathways that are not frequently employed by the public.
5. After the patient returns to his / her ward, all contaminated surfaces should be cleaned according to the established protocol.

References:

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3. World Health Organization. Severe Acute Respiratory Infections Treatment Centre. March 2020.
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6. Institute for Global Environmental Strategies and United Nations Environment Programme. Waste Management during the COVID-19 Pandemic: From Response to Recovery. 2020.
7. Atnafie SA, Anteneh DA, Yimenu DK, Kifle ZD. Assessment of exposure risks to COVID-19 among frontline health care workers in Amhara Region, Ethiopia: A cross-sectional survey. *PLoS ONE* 16(4): e0251000. 2021.