



**Uttarakhand State Disaster Management Authority &
Department of Health & Family Welfare
Government of Uttarakhand**

**COVID-19:
ADVISORY RELATED TO
MANAGEMENT OF ISOLATION
WARD AND SANITATION**

Issued on 18/3/2020

All activities need to be conducted in consultation with department of health

Personnel involved in these operations need to be trained by the master trainers of the district.

Advisory related to management of Isolation Ward and Sanitation

Advisory
1. Isolation (patient placement)
<ul style="list-style-type: none"> ▪ Ensure that any possible case needs to be managed in negative pressure single room if available. If this is not possible, then a single room with attached toilet facilities should be used; ▪ Ensure that room doors is kept closed; ▪ Ensure that the nature of the area adjoining the side room is taken in to account to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable and high-risk patient groups); ▪ Ensure that in a critical care unit, the patient is nursed in a negative-pressure single or side room where available, or, if not available, a neutral-pressure side room with the door closed; ▪ Avoid storing any extraneous equipment in the patient’s room; and ▪ Ensure display of signage to control entry into the room. ▪ Ensure that patients are getting appropriate diet and personnel involved in this operations are also getting food and PPE
2. Anterooms and putting on and removing PPE
<ul style="list-style-type: none"> ▪ Anterooms / lobbies should be regularly decontaminated ▪ Staff progress through ‘dirty’ to ‘clean’ areas within the anteroom as they remove their Personal Protective Equipment (PPE) and wash hands after they leave the patient room. ▪ In the event that no anteroom or lobby exists for the single room used for COVID-19 patients, then local infection prevention and control teams (IPCT) will need to consider alternative ways of accommodating these recommendations to suit local circumstances.
3. Notices about infection risks
<ul style="list-style-type: none"> ▪ Ensure that written information is placed on the isolation room indicating the need for isolation, including the infection prevention and control precautions which must be adhered to prior to entering the room and ensure Patient’s confidentiality
4. Counselling of patients
<ul style="list-style-type: none"> ▪ Ensure that the symptomatic patients and A-symptomatic patients are given emotional support in the isolation ward.
5. Entry records
<ul style="list-style-type: none"> ▪ Ensure that only essential staff should enter the isolation room and record should be kept.
6. Recommendations regarding ventilator support provided in the critical care section
<ul style="list-style-type: none"> ▪ Ensure that all respiratory equipments are protected with a high efficiency filter (such as BS EN 13328-1). This filter must be disposed of after use. ▪ Ensure that the disposable respiratory equipment are used wherever possible. ▪ Ensure that re-usable equipment are decontaminated ▪ Ensure that ventilators are placed on standby when carrying out bagging ▪ Ensure that the PPE used in the isolation ward is worn
7. Visitors
<ul style="list-style-type: none"> ▪ Ensure that visitors are restricted to prevent the carer. ▪ Ensure that visitors are permitted only after completion of a local risk assessment which includes safeguarding criteria as well as the infection risks. ▪ Ensure that the risk assessment targets the risk of onward infection from the visitor to healthcare staff, or from the patient to the visitors. ▪ Ensure that without correct use of PPE, the visitor must not proceed in visiting.
8. Hand hygiene
<ul style="list-style-type: none"> ▪ Ensure removal of protective clothing and decontamination of the environment before and after all patient contact.

<ul style="list-style-type: none"> ▪ Ensure use of soap and water to wash hands or an alcohol hand rub if hands are visibly clean of the personnel involved in the operation.
9. Equipment
<ul style="list-style-type: none"> ▪ Ensure that re-useable equipment are not used.
<ul style="list-style-type: none"> ▪ Ensure that dedicated equipment are used in the isolation room. Avoid storing any extraneous equipment in the patient's room
<ul style="list-style-type: none"> ▪ Ensure dispose of single use equipment as per clinical waste policy inside of the room
<ul style="list-style-type: none"> ▪ Ensure that ventilators are protected with high efficiency filter, such as BS EN 13328-1.
<ul style="list-style-type: none"> ▪ Ensure that disposable crockery and cutlery are used in the patient's room as to minimize the numbers of items which need to be decontaminated.

10. Environmental decontamination
<ul style="list-style-type: none"> ▪ Ensure that cleaning and decontamination is only performed by trained staff for use of the appropriate PPE.
<ul style="list-style-type: none"> ▪ Ensure that the isolation room is cleaned at least once in a day and following aerosol generating procedures or other potential contamination.
<ul style="list-style-type: none"> ▪ Ensure the frequent cleaning of commonly used hand-touched surfaces and of anteroom or lobby areas after every visit
<ul style="list-style-type: none"> ▪ Ensure appropriate use of PPE and its appropriate cleaning.
<ul style="list-style-type: none"> ▪ Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination.
<ul style="list-style-type: none"> ▪ Communal cleaning trolleys should not enter the room.

11. Specimens
<ul style="list-style-type: none"> ▪ Ensure that all specimens and request forms should be marked with a biohazard label.
<ul style="list-style-type: none"> ▪ Ensure that the packaging of specimen is double-bagged. The specimen should be placed in the first bag in the isolation room by a staff member wearing recommended PPE.
<ul style="list-style-type: none"> ▪ Ensure that specimens are hand delivered to the laboratory by someone who understands the nature of the specimens.

12. Mobile healthcare equipment
<ul style="list-style-type: none"> ▪ Ensure restriction of mobile healthcare equipment for essential functions
<ul style="list-style-type: none"> ▪ Ensure that the operator of the device, if not routinely looking after the patient, must be trained and supervised in infection prevention and control procedures, including the use of PPE
<ul style="list-style-type: none"> ▪ Ensure that any equipment taken in to the isolation room and which must be subsequently removed must be disinfected prior to leaving the anteroom
<ul style="list-style-type: none"> ▪ Ensure that all additional items such as a digital detector, ultrasound probes or a cassette are disinfected, regardless of whether there has been direct contact with the patient or not.

13. Transfers to other department.
<ul style="list-style-type: none"> ▪ Ensure that if possible, all procedures and investigations should be carried out in the single room with a minimal number of staff present.

The following procedures then apply:
<ul style="list-style-type: none"> ▪ Ensure that the trolley used to transport the patient from the isolation room, is disinfected as far as possible
<ul style="list-style-type: none"> ▪ Ensure that the hospital must be informed in advance of the patient's arrival.
<ul style="list-style-type: none"> ▪ Ensure that extraneous equipment is removed safely from the investigation or treatment room.
<ul style="list-style-type: none"> ▪ Ensure that the patient is taken straight to and from the investigation or treatment room and must not wait in a communal area.
<ul style="list-style-type: none"> ▪ Ensure that the patient wear a surgical mask if this can be tolerated
<ul style="list-style-type: none"> ▪ Ensure that the treatment or procedure room, trolley or chair and all equipment is decontaminated after use, as per the cleaning instructions.
<ul style="list-style-type: none"> ▪ Ensure that no individuals not wearing PPE come within 2 metres of the patients during patient transfers.

14. Transfers to other hospitals
<ul style="list-style-type: none"> ▪ Ensure that transfer of cases to another hospital is avoided unless it is necessary for medical care.

Advisory on Sanitization of Isolation Wards

Advisory

1. Isolation Wards

- Cleaning and decontamination should only be performed by staff trained in the use of the appropriate PPE; in some instances, this may need to be trained clinical staff rather than domestic staff.
- After cleaning with neutral detergent, a chlorine-based disinfectant should be used, in the form of a solution at a minimum strength of 1,000ppm available chlorine. If an alternative disinfectant is used within the organization, the local IPCT should be consulted on this to ensure that this is effective against enveloped viruses.
- The main patient isolation room should be cleaned at least once a day, and following aerosol generating procedures or other potential contamination.
- There should be more frequent cleaning of commonly used hand-touched surfaces and of anteroom or lobby areas.
- To ensure appropriate use of PPE and that an adequate level of cleaning, it is strongly recommended that cleaning of the isolation area is undertaken separately to the cleaning of other clinical areas.
- Dedicated or disposable equipment (such as mop heads, cloths) must be used for environmental decontamination.
- Reusable equipment (such as mop handles, buckets) must be decontaminated after use with a chlorine-based disinfectant as described above.
- Communal cleaning trolleys should not enter the room.