Ensuring a safe environment for patients and staff in COVID-19 health-care facilities

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE

20 October 2020

World Health Organization

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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Abbreviations

ABHR	alcohol-based hand rub
ACH	air changes/hour
HEPA	high-efficiency particulate air
IPC	infection prevention and control
NTU	nephelometric turbidity unit
PPE	personal protective equipment
SOP	standard operating procedure
WASH	water, sanitation and hygiene

Introduction

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the COVID-19 outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of health services and public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. Against this rapidly evolving situation, many countries are facing challenges in the availability of accurate and up-to-date data on capacities to respond to COVID-19 while maintaining the provision of essential health services. Few countries have reliable and timely data on existing and surge health workforce and service capacities.

In response to this situation WHO has developed the "Ensuring a safe environment for patients and staff in COVID-19 health-care facilities" monitoring tool. This tool has been designed to assess the structural capacities of hospitals to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning. This tool forms part of a wider Suite of health service capacity assessments in the context of the COVID-19 pandemic. These different monitoring tools focus on different aspects of the dual-track of maintaining essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in annex 1.

Objectives of this module: Ensuring a safe environment for patients and staff in COVID-19 health-care facilities

Countries can use the *Ensuring a safe environment for patients and staff in COVID-19 health-care facilities* assessment tool to assess and monitor the structural capacities of facilities to: (i) allow safe COVID-19 case management; (ii) continue to deliver essential services; and (iii) enable surge planning. Collecting this information provides guidance for immediate action and resolution of identified gaps. It is relevant for preparedness and readiness, as well as for evaluations during the response and, in particular, at any time the epidemiological situation requires further modifications/repurposing of the health-care facility structure and flows.

Content areas

This assessment tool covers the following aspects of essential health services:

- area distribution;
- surface availability versus foreseen occupancy rate;
- patient and staff flows;
- ventilation requirement per specific areas;
- visitors' area and visitor flow; and
- surge capacity.

Target audience

This tool is intended for:

- facility managers;
- technical officers;
- logisticians;
- water, sanitation and hygiene (WASH) specialists; and

- health-care facility engineers and architects.

Key question that this tool can help to answer

Does the facility provide a safe environment with adequate engineering and administrative controls to promote safe patient care for COVID-19 and protect the health and well-being of the staff?

When to use this module

This module can be used from the early stages of emergency to early recovery and every time the epidemiological situation requires structural or flow changes.

Mode of data collection

Paper-based and electronic collection of data is used.

Methodology

This self-assessment tool is designed for health-care facilities to help identify, prioritize and address the gaps in terms of environment and engineering controls such as structural design, flows, area distribution and other structural requirements needed to safely manage their response to COVID-19. The tool should be used by technical officers, logisticians, WASH specialists, engineers, architects and/or those responsible for disaster planning or outbreak management in the facility (such as the response to the COVID-19 outbreak). Repeat assessments are recommended every time the epidemiological situation requires structural modifications/repurposing, in order to lead and correct actions and to maintain an adequate response to the COVID-19 outbreak. In order to best evaluate the facility's improving opportunities, it is suggested to answer the questions carefully and critically.

The assessment tool focuses on the readiness, response and maintenance of the response to COVID-19 in COVID-19 treatment centres, health-care facilities with dedicated COVID-19 wards/areas and community facilities for mild and moderate cases. It takes into account the minimum requirement to allow safe COVID-19 case management and enable proper infection prevention and control (IPC) standards in a health-care facility: areas distribution, use of available surface, flow, ventilation, etc. The assessment tool has been built to follow the patient’s clinical pathway, to facilitate and ease its implementation. It is recommended that persons responsible for implementation of the COVID-19 plan visit the identified areas of the facility, interview staff and observe both the environment and the practices.

Each row in the assessment tool contains three statements related to targets for a specific readiness facet. These three statements are presented for each target, and describe whether the set-up meets the target