



## MINISTRY OF HEALTH

### CONSIDERATIONS FOR HEALTH FACILITIES IN THE CONTEXT OF COVID-19

Various IPC measures are recommended to be instituted in health facilities, Points of entry (POEs) and the community to mitigate the spread of Corona Virus Disease (COVID-19). COVID-19 is spread mainly through droplet and contact, directly with respiratory secretions or indirectly via fomites. This document serves to interpret and summarize the IPC guidelines for the different stake holders at health facilities, Points of entry POEs and the community.

#### HEALTH FACILITIES

1. Establish a system of screening and triage for all patients and staff accessing the health facility.
2. Ensure access to hand washing for all persons accessing the screening area and throughout the health facility. Including those that have in contact with respiratory secretions. Soap and clean running water or 0.05% chlorine can be used for hand hygiene if hands are visibly soiled or Alcohol based hand rub (ABHR) if hands are not visibly soiled
3. Ensure practise of respiratory etiquette for all persons accessing the health facility. Provide surgical masks to coughing persons, if masks are not available, advise on use and provide patients with single use disposal tissue or advise on coughing into their flexed elbow.
4. Maintain social distancing ( ONE meter or more ) between patients and also between patients and staff.
5. During consultation ensure that patients don't face the hospital staff directly.
6. Personal protective equipment (PPE) is guided by the overriding principle of appropriate selection and use of PPE based on routes of transmission and risk assessment.

#### **Screeners at the screening area:**

- Always maintain a ONE meter distance from the patient being screened. If this is to be breached, a surgical mask is to be used.
- Practise hand hygiene (soap and clean running water, 0.05% chlorine or ABHR)

#### **Symptomatic patients at screening areas including those in isolation**

- Provide a surgical mask to each patient
- Advice on Practise Hand hygiene including times of contact with respiratory secretions (soap and clean running water, 0.05% chlorine or ABHR)

#### **Staff working in isolation (clinicians and non-clinicians)**

- Don N95 mask, goggles, disposable gloves and gown when accessing the isolation space.
- Consider change of protective gear if soiled.
- Practise hand hygiene (before donning , after doffing and in between patients)





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### CONSIDERATIONS FOR POINTS OF ENTRY (POEs) IN THE CONTEXT OF COVID-19

Various IPC measures are recommended to be instituted in health facilities, Points of entry (POEs) and the community to mitigate the spread of Corona Virus Disease (COVID-19). COVID-19 is spread mainly through droplet and contact, directly with respiratory secretions or indirectly via fomites. This document serves to interpret and summarize the IPC guidelines for the Points of entry (POEs).

#### POINTS OF ENTRY (Airports, sea ports and land crossings)

1. Establish a system of screening and triage for all travellers and staff accessing the POE.
2. Ensure access to hand washing for all persons accessing the screening area and throughout the POE. Including those that have been in contact with respiratory secretions. (soap and clean running water, 0.05% chlorine or ABHR)
3. Ensure practise of respiratory etiquette for all persons accessing the health facility. Provide surgical masks to coughing persons, if masks are not, advise on use and provide patients with single use disposal tissue or advise on coughing into their elbow.
4. Maintain a ONE meter distance or more between traveller and between travellers and staff.
5. During the process of screening, ensure that the travellers don't face the screener directly.
6. Personal protective equipment (PPE) is guided by the overriding principle of appropriate selection and use of PPE based on routes of transmission and risk assessment.

#### **Arriving travellers**

- Practise hand hygiene. (soap and clean running water, 0.05% chlorine or ABHR)
- Always maintain a ONE meter distance between travellers. Always avoid crowding.
- Only symptomatic travellers should be availed surgical masks and directed towards isolation for further screening.

#### **Departing travellers**

- Practise hand hygiene. (soap and clean running water, 0.05% chlorine or ABHR)
- Always maintain a ONE meter distance between travellers. Always avoid crowding.
- Only symptomatic travellers should be availed surgical masks and directed towards isolation for further screening.

#### **Primary screeners**

- Always maintain a ONE meter distance from the travellers being screened. If this is to be breached, a surgical mask is to be used.
- Practise hand hygiene. (soap and clean running water, 0.05% chlorine or ABHR)

#### **Secondary screeners and staff working in isolation**

- Don N95 mask, goggles, disposable gloves and gown when accessing the isolation space.
- Consider change of protective gear if soiled.
- Practise hand hygiene (before donning , after doffing and in between patients)

#### **Other staff (including ground staff and customs)**

- Practise hand hygiene. (soap and clean running water, 0.05% chlorine or ABHR)
- Always maintain a ONE meter distance between staff and travellers. If this is to be breached, a surgical mask is to be used.





## MINISTRY OF HEALTH

### CONSIDERATIONS FOR THE COMMUNITY IN THE CONTEXT OF COVID-19

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### COMMUNITY CONSIDERATIONS

1. Ensure access to frequent hand hygiene in all public spaces. (soap and clean running water, 0.05% chlorine or ABHR).
2. Avoid crowding.
3. Maintain **ONE** meter distance from persons with respiratory symptoms.
4. Surgical masks should **ONLY** be availed to persons with respiratory symptoms. Best practices should be followed on how to wear, remove, and dispose of them and on hand hygiene action after removal.

Wearing surgical masks when not indicated may cause, unnecessary social panic, unnecessary cost, procurement burden and create a false sense of security that can lead to neglecting other essential measures such as hand hygiene practices. Furthermore, using a mask incorrectly may hamper its effectiveness to reduce the risk of transmission. A surgical mask is not required for non-sick persons, as no evidence is available on its usefulness to protect.

This applies to also Persons in self-quarantine. Self-quarantine refers to a voluntary two week restriction of movement (to your home) of non-symptomatic individuals returning from areas affected by COVID-19.

Quarantine is different from isolation as isolation refers to restriction of symptomatic persons within a defined area.

