

Ethiopian health care facility COVID 19 Preparedness and response protocol

As it is known COVID 19 is a highly contagious disease with high attack and case fatality rate. During such pandemic situation most burden goes to health care system and facilities, hence health care facilities should prepare in the following regards

1. Administrative activities.

- A. Facilities should dedicate an area for COVID 19 screening, case management, isolation and infection prevention practice (i.e. hand washing).
- B. Non COVID 19 managing centers should make ready patient isolation center and dedicate trained staffs for deployment to COVID 19 treatment center.
- C. Collaborate with respective leadership for decisions and potential resource allocation for COVID 19 response.
- D. Determine methods for patient/family information provision including alternate languages/interpretive services.
- E. Preparedness should include strategies to maintain basic routine services for patients during outbreak period (e.g., pregnant, surgery, inpatient service) unrelated to COVID 19
- F. Develop service limitation plans in case of staff shortages or increased demand (e.g., respiratory care, nutritional support, pharmacy, laboratory, radiology, elective surgeries/procedures).
- G. Develop a strategy to detect symptomatic health care workers so that workers will not be harmed and affect the system
- H. Specialty hospitals who have no alternative service may continue their service until a direction is give. But strict IPC measures stated below should be followed.
- I. Prepare stoke with check list for disaster response supplies.
- J. Facilities should prepare COVID 19 response team involving different departments.
- K. Ethical and morgue management committee and quality team should be established.
- L. Limited COVID 19 center will dedicate pediatric and tertiary care facilities like dialysis, surgery and gyn/obs.



2. Infection prevention and control activities

- A. Facilities should assign one IPC person dedicated for this COVID 19 response.
- B. Provide staff education about COVID 19 infection control and update policies as required.
- C. Facilities should plan the amount of IPC needed with contingency plan
- D. Facilities should avail adequate amount of PPE including medical masks, N95 masks, goggles, adequate amount of water, soap, and alcohol based sanitizer and assess what is in their store
- E. Develop guideline on appropriate use of PPE
- F. Monitoring guide for staff illness and work leave should be available
- G. Develop a plan to reduce patient and attendants overcrowding more than two meter distancing should be practiced at every corner of the facility and monitoring boy should be assigned
- H. Plan to postpone none emergency services and high risk elective procedures depending on case level and hospital type.
- I. Samples taken from suspected cases for diagnosis should be handled by trained staff and processed in suitably equipped laboratories.
- J. Support staff coming closer to patients like janitors, food service, staff working in a morgue area etc should be trained on IPCs and their practice should be monitored.

3. Emergency room preparedness

- A. Prepare pre triage area per protocol
- B. Prepare isolation area for suspected cases near to pre triage area to be used until patient get transferred.
- C. Determine how suspect cases will be isolated from other waiting patients and during ED care.
- D. Emphasize hand and respiratory hygiene and other infection prevention techniques through education, policies, signage, and easy availability of supplies.
- E. Develop referral plans for non COVID 19 patients that do not need emergency care.
- F. Develop care plans that reduce the number of staff caring for suspect/confirmed cases until transferred.



- G. Create 'fast-track' or other methods for rapid evaluation and prescribing for minor illness.
- H. Develop risk communication and transportation plan for suspected cases
- I. keep 6 feet=1.5 – 2 meters between beds in the regular ED care (incase COVID is sneak in to the ED) avoid or minimize attendants and care givers, including all clinical students except strictly needed care givers

4. Outpatient services

- A. Develop staffing plan to allow for expanded service hours when needed.
- B. Develop a plan to facilitate easy ways for medication refills or obstetrician visits
- C. Develop a process for screening and triage of phone for care to limit OPD visits
- D. Develop a process to limit/cancel non-essential visits which can 'flex' with the demands of the COVID-19 outbreak.
- E. Emphasize hand and respiratory hygiene and other infection prevention techniques through education, policies, signage, and easy availability of supplies.
- F. Decrease Outpatient waiting area crowding, the space can be outside at open areas Sitting at 1.5 – 2 meters distance and Strict hand hygiene of patients and attendants

