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Ministry of Health

Nursing Protocol for Quarantine Facilities during COVID-19 Pandemic

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Title:	Nursing Protocol for Quarantine Facilities during the Coronavirus (COVID-19) Pandemic
Applied to:	This policy is directed to all nursing staff dealing with confirmed or suspected Covid-19 cases in the quarantine facilities.
Replaces (if appropriate):	N/A

Recommended References:

Precautions to Prevent Transmission of Infectious Agents
https://www.cdc.gov/infectioncontrol/guidelines/isolation/precautions.html
Guideline for Conservation of Respiratory Protection Resources
https://kbems.kctcs.edu/news_and_events/guide-to-respiratory-protection-resource-conservation-and-reuse-final.pdf
Healthcare Infection Control Guidelines
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html
Healthcare Personnel with Potential COVID-19 Exposure
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
Strategies for Optimizing Supply of N95 Respirators
https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html
Clinical Care Guidance
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
Disposition of Non-Hospitalized Patients with COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

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Nursing Practice Guidelines in Quarantine Facilities during COVID-19 Pandemic

1. Introduction to Policy

This document, is a policy manual, designed to the nurses who provide care at the Quarantine facilities affiliated to the Ministry of Health. This policy document provides guidelines for setting up of quarantine facilities during the current COVID-19 outbreak and maintains the appropriate infection prevention and control practices to minimize the risk of transmission duration the 14 days quarantine.

2. Purpose

a) To minimize risk and transmission of potentially coronavirus COVID-19.
b) To provide nurses with updated guidance on timely, effective and safe supportive guidelines in monitoring client with suspected and confirmed COVID-19.
c) Enhance rapid detection of confirmed cases of COVID-19.
d) Standardize nationally the nursing management of COVID-19 clients in quarantine.
e) Surge capacity for staffing, equipment and supplies which Provide guidance for rational use of resources

3. Policy statement

To implement appropriate infection prevention and control practices that minimize the risk of transmission of infections to nurses within the quarantine facilities.

4. Terms & Definitions

COVID-19: Is a new strain of coronavirus that has not been previously identified in humans. The novel coronavirus, recently called COVID-19 (SARS-COV-2), had not previously detected before the outbreak was reported in Wuhan, China in December 2019.

Medical Quarantine: Is the period of isolation for healthy people who do not have symptoms but are suspected of having the disease, they are quarantined, while providing al their needs, until the full incubation period has passed to ensure that they are healthy.

Incubation period: The time from exposure to the development of symptoms of the virus is estimated to be between 2 and 14 days.

Hand hygiene: A general term referring to any action of hand cleansing, antiseptic hand washing, antiseptic hand rubbing, or surgical hand antisepsis.

Droplets: Small particles of moisture that may be generated when a person coughs or sneezes that converted to a fine mist by an aerator shower

head. Droplets may contain infectious microorganisms and tend to settle out from the air; therefore, risk of disease transmission is generally limited to persons in close to the droplet source.

Droplet precautions: Actions designed to reduce and prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

Fit Test: A fit test is test protocol conducted to verify that a respirator (N95 mask) is both comfortable and correctly fits the user.

PPE: Personal Protective Equipment

Visual triage: The sorting out and classification of clients during infectious disease outbreak and determine priority of need and proper place, Covid19 triage is particularly important to separate clients likely to be infected with the pathogen of concern.

Outbreak: A major epidemic or pandemic can overwhelm the capacity of outpatient facilities, emergency departments (EDs), hospitals, and intensive care units, leading to critical shortages of staff, space, and supplies with serious implications for clients' outcomes.

Social Distancing: Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic).

Confirmed case: A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms.

Suspected case: A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

5. How Coronavirus COVID-19 spread

Three things are necessary for Coronavirus COVID-19 to occur:

a) **Source**: Is the place where Coronavirus COVID-19 live (e.g., sinks, surfaces, human skin). In quarantine settings, Coronavirus COVID-19 may found in many places. People are one source including

- Clients
- Healthcare workers
- Visitors and household members
- Medical quarantine environment. Examples of environmental sources of Coronavirus COVID-19 include:

- Dry surfaces in clients' areas (e.g., bed, equipment, countertops, and tables).
- Wet surfaces/moist environments (e.g., cooling towers, faucets and sinks).

b) **Suspected Person**: Is an individual (patient, healthcare worker, or visitor) who has one or more factors that increase the risk of infection with COVID-19.

c) **Transmission**: is referred to the way Coronavirus COVID-19 is moved to the susceptible person. Coronavirus (COVID-19) do not move itself, it depend on people, environment, and/or medical equipment to spread. There are a few general ways that COVID-19 travel in medical quarantine through contact. For example, healthcare provider hands become contaminated by touching germs present on medical equipment or high touch surfaces and then carry the germs on their hands and spread to a susceptible person when proper hand hygiene is not performed before touching the susceptible person. Sprays and splashes occur when an infected person coughs or sneezes, creating droplets which carry Coronavirus COVID-19 short distances (within approximately 6 feet).

6. What are standard precautions?

Standard Precautions are a set of infection control practices that healthcare personnel use to reduce transmission of microorganisms in healthcare settings. Standard protections include:

a) Hand hygiene (handwashing with soap and water or use of an alcohol-based hand sanitizer) before and after patient contact and after contact with the immediate patient care environment.

b) Personal protective equipment (PPE) when exposure to blood, body fluids, excretions, secretions (except sweat), mucous membranes, or non-intact skin is anticipated. PPE includes:

- Gloves – when hand contamination is anticipated.
- Masks and eye protection – when splashes may occur.
- Gowns – when soiling of clothes may occur.

7. Responsibilities

This policy applies to all nursing staff providing care in quarantine facilities.

Nursing Alert)1(

1. Clean your hands regularly with soap and water or alcohol-based hand rubs.
2. Cover your nose and mouth with a tissue or bent elbow when coughing or sneezing.
3. Avoid touching your face, nose and mouth. And avoid shaking hands.
4. Practice social distancing, which includes staying 1.5m away from others as much as you can.

8. Policy
   a) Use Droplet and Contact Precautions for a client known or suspected to have Coronavirus COVID-19.
   b) Notify Infection Prevention and Control Professionals of clients admitted or suspected with Coronavirus COVID-19.

9. Equipment
   a) PPE (gown, gloves, surgical mask, protective eyewear, face shield).
   b) Electronic Thermometer.

10. Procedure
   a) Implement respiratory hygiene/cough etiquette at the first point of contact with a potentially infected person. Respiratory hygiene/cough etiquette includes:
      - Cover your mouth and nose when coughing or sneezing.
      - Use tissues and throw them away.
      - Wash your hands/use a hand sanitizer every time you touch your face.
   b) Nurses notify infection prevention and control professionals of clients with or who develop COVID-19 common symptoms Include: fever, shortness of breathing, and dry cough. Other symptoms might include; fatigue/ General weakness, aches and pain, and sore throat.
   c) Client Placement
      - Whenever possible, use single rooms for clients with symptoms compatible with Coronavirus COVID-19.
      - When single rooms are not possible, ensure that spatial requirements (i.e., one meter OR more between clients with symptoms compatible with Coronavirus COVID-19 and clients without symptoms) are maintained.
      - Post Droplet and Contact Precautions sign on the room door indicating the precautions required.

11. Hand Hygiene

a) Perform hand hygiene using water and soap or alcohol-based hand rub.
b) Instruct client to keep his/her hands cleansed before and after eating, after going to the bathroom and frequently if the person is coughing and sneezing.

12. Respiratory Protection

a) Wear a surgical mask when within one meter of the client.
b) Change mask if it becomes wet or soiled.
c) Remove the mask by the straps, being careful not to touch the mask itself, after leaving the room and dispose of in hands-free waste receptacle.
d) Perform hand hygiene after removing the respiratory protection and after leaving the room.

Nursing Alert)2(

The 5 Moments for Hand Hygiene

1. before touching a patient,
2. before clean/aseptic procedures,
3. after body fluid exposure/risk,
4. after touching a patient, and.
5. after touching patient surroundings

13. Eye Protection

a) Wear eye protection (i.e., Goggles, face shield).
b) Remove eye or face protection after leaving the room and dispose of in either a hands-free waste receptacle (if disposable) or in a separate receptacle to go for cleaning (if reusable).
c) Please note: Prescription eyeglasses are not considered sufficient eye protection.

14. Gloves and Gown

a) Wear gloves and gown for all contact with the client or the environmental surfaces in the room.
b) Remember, gloves and gowns are single use only.
c) Change gloves after contact with client or any infectious material.

15. Monitoring

Check client temperature with a thermometer two times a day and watch for other signs and symptoms for coronavirus COVID-19 (Appendix 2)

!Reminder
Common Symptoms Include: a. Fever b. Shortness of Breathing c. Dry Cough Other Symptoms Include: a. Fatigue/ General weakness b. Aches and Pain c. Sore Throat

16. Client Restriction of movement / transportation

Clients should not leave their rooms unless there is essential diagnostic and therapeutic procedure and if required, they must:

a) Client should wear a regular mask during transport and be instructed on how to perform respiratory hygiene. For clients who are unable to wear a regular mask, provide tissues for use and instructions on how and where to dispose of them, and the importance of hand hygiene after handling tissues.
b) When leaving their room, the client must have on a freshly laundered gown/housecoat and have cleaned their hands with alcohol-based hand rub or soap and water.
c) Glove for transport of client and when anticipating direct contact with client, a gown is required.
d) Use clean sheet to cover client
e) Clean stretcher or wheelchair used with a disinfectant.
f) Positive test sample: follow the quarantine protocol (Appendix 1)

17. Client and family education

Teach clients about the nature of their infectious disease and why precautions are being used.

a) Teach the client how and when to perform hand hygiene.

b) Teach the client how and when to perform respiratory hygiene practices (cover your cough by coughing into sleeve, using tissues, or wearing a mask).
c) Teach the client to wear a mask (if tolerated) when health care workers, other staff and visitors are present.

:Always Remember

1. introducing yourself and your role and orienting patients and families to whatever is to follow
2. Keep a safe distance at least 1-meter distance
3. Effective communication enhances patient experience and reduces complaints
4. Reassure Clint
5. Let your client know everything that you are doing and why you are doing it
6. Use of posted signs with instructions and pictures about how to cover your cough and wash your hands

18. Outbreak Management

a) If clients/residents and/or staff members display signs and symptoms of Influenza or Coronavirus COVID-19 in numbers higher than normally expected, an outbreak may be declared.
b) Although routine surveillance should serve to identify most outbreaks, it remains the responsibility of all health care workers included nurses to communicate concerns promptly so the Infection Prevention and Control Department can initiate action.

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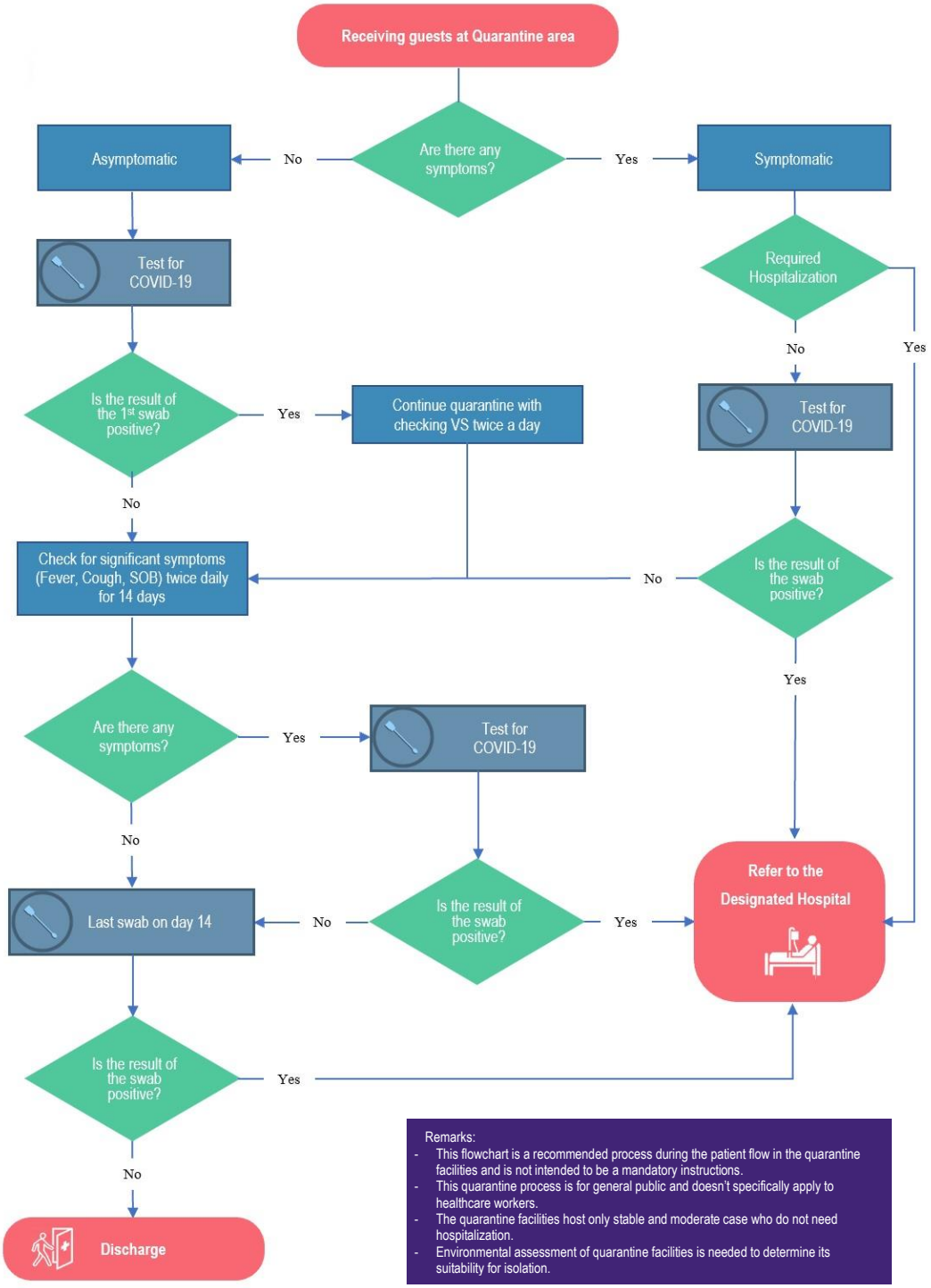
Appendix 1

Nursing Guidelines in Quarantine Facilities for COVID-19 Pandemic Flowchart



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Appendix 2

Nurses' Responsibilities:

- Make sure the clinic is ready. For example, but not limited to (vital signs device, glucose meter, mobile oxygen tube, mobile cardiac shock device, pulmonary resuscitation drugs, chronic disease medication, mobile bed, wheelchair, medical examination tools, sterilizers) in sufficient numbers
- Nurses also have responsibility for managing a medication and medical inventory in the medical quarantine Follow-up all clients with chronic diseases when necessary
- Notify the quarantine's supervisor of there is any source of infection in the surrounding environment
- Nurses are expected to work together to ensure a comprehensive clinical handover
- If the client does not comply with the medical quarantine roles, the in charge nurse shall notify immediately the medical quarantine supervisor to take the necessary action.
- Instruct the client not to leave the room at all, but if there are any needs, contact the medical team by phone.

واجبات ومسؤوليات التمريض:

- ✓ اتباع الإجراءات الوقائية التالية من غسل اليدين ولبس الكمامة والقفازات المريلة الطبية وغسل اليدين قبل وبعد كل اجراء تمريضي
- ✓ التأكد من جاهزية العيادة. على سبيل المثال وليس الحصر (جهاز العلامات الحيوية، قياس السكر، انبوبة اوكسجين متنقلة، جهاز صدمات القلب المتنقل، ادوية إنعاش القلب الرئوي، ادوية الامراض المزمنة، سرير متنقل، كرسي متحرك، أدوات الكشف الطبي، معقمات) بأعداد كافية
- ✓ متابعة الحالة الصحية للأشخاص تحت الحجر مرتين يوميا ويتم إبلاغ المشرف عن الحجر الطبي في حال وجود ارتفاع بدرجة الحرارة أو ظهور أي أعراض تنفسية للأشخاص تحت الحجر أو العاملين في منطقة الحجر.
- ✓ متابعة النزلاء ذوي الحالات المرضية المزمنة من (ادوية وعناية تمريضية) إذا لزم الأمر
- ✓ تبليغ مشرف الحجر الصحي عن أي مصدر ناقل للعدوى في البيئة المحيطة بالنزيل.
- ✓ تثقيف المريض عن الإجراءات الواجب اتباعها والالتزام بها.
- ✓ يتم تسليم ملفات ومعلومات حالات النزلاء بين فترات المناوبة بصورة شاملة وكاملة.
- ✓ المشاركة في الدعم المعنوي للنزلاء مع طمأنتهم.
- ✓ في حال عدم التزام النزيل بالإقامة الجبرية حسب المدة المقررة يتم تبليغ المشرف المسؤول على الفور لاتخاذ اللازم.
- ✓ التأكيد على النزلاء بعدم الخروج من الغرفة مطلقا، وفي حال الشعور باي عرض صحي التواصل مع الفريق الطبي عبر الهاتف

<u>Recommendation</u>:

- Client-to-nurse Ratio must ensure safe staffing for nurses and client that establish staffing levels that are flexible and account for changes including the intensity of client (needs, admissions, discharges and transfers).

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Appendix 3

Nursing Follow-Up Sheet

Client Name			
ID No.			
Room No.			
Temperature	**Morning**		
	Night		
Chronic Disease		**Yes**	**No**
Cough	**Morning**	**Yes**	**No**
	Night	**Yes**	**No**
Headache	**Morning**	**Yes**	**No**
	Night	**Yes**	**No**
Sore throat	**Morning**	**Yes**	**No**
	Night	**Yes**	**No**
Shortness of Breath	**Morning**	**Yes**	**No**
	Night	**Yes**	**No**

Nursing Note

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Nursing Signature.....**Date**.....**Time**:.....