



Ethiopian health care facility COVID-19 Preparedness and response protocol

As it is known COVID-19 is a highly contagious disease which can result significant morbidity and mortality. During such emergency 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 essential basic routine services for patients during outbreak period (e.g., pregnant, surgery, inpatient service) unrelated to COVID 19
- F. Develop contingency 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 and manage symptomatic health care workers so that health workers will not be harmed and affect the system
- H. Hospitals who have no alternative service may continue their service until a direction is given but strict IPC measures stated below should be followed.
- I. Prepare stock and supply list with check list for emergency response.
- 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 gynecology and obstetrics.

2. Infection prevention and control activities

- A. Facilities should assign one Infection Prevention and Control (IPC) focal person dedicated for coordinating IPC on this COVID-19 response



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- B. Provide staff education about COVID-19 infection control and update policies as required.
- C. Facilities should plan the amount of Infection Prevention and Control (IPC) needed with contingency plan based on the expected number of cases in their jurisdiction in line with the national guidance
- D. Initial assessment should be done to identify the available supplies and identify the gaps.
- E. Facilities should avail adequate amount of PPE including medical masks, N95 masks, goggles, soap, and alcohol-based sanitizer
- F. Primary water source with its back up should be prepared during water shortage
- G. Use the available national guideline for PPE utilization at health facility level
- H. Monitoring guide for staff illness and work leave should be available
- I. Develop a plan to reduce patient and attendants overcrowding. More than two-meter distancing should be practiced at every corner of the facility and supervisor should be assigned
- J. Plan to postpone non emergency services and high-risk elective procedures depending on case level and hospital type.
- K. Samples taken from suspected cases for diagnosis should be handled by trained staff and processed in suitably equipped laboratories.
- L. 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 Emergency Department care.
- D. Ensure the implementation status of 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 health problems that need critical 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.



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- H. Develop risk communication and transportation plan for suspected cases
- I. keep 6 feet = 1.5 to 2 meters between beds in the regular Emergency Department care (incase COVID-19 care is sneak in to the Emergency Department) 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 strategy for screening and triage of phone for care to limit OPD visits
- D. Develop a contingency plan 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

5. Logistics and supplies

- A. Inventory should be done initially to identify the available logistics and supplies for prevention, case management and response regarding COVID-19 related activities and the available gaps
- B. Mobilization activities should be done to fill the identified gaps during the initial assessment regarding logistics and supplies for prevention, case management and response activities
- C. Logistics and supplies should be prepared as early as possible for prevention, case management and response related activities based on the expected number of cases, suspected patients and contacts