

Infection prevention and control health-care facility response for COVID-19

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

INTERIM GUIDANCE
20 October 2020



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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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Introduction

Context

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 “Infection prevention and control health-care facility response for COVID-19” monitoring tool. This tool has been designed to assess infection prevention and control capacities to respond to COVID-19 in health facilities. 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: Infection prevention and control health-care facility response for COVID-19

This self-assessment tool is designed for acute health-care facilities (i.e. tertiary and secondary) but can be modified for the use in long-term care facilities, to help identify, prioritize and address the gaps in infection prevention and control (IPC) capacity in managing their response to COVID-19. The tool should be used by IPC professionals and/or those responsible for disaster planning or outbreak management in the facility (such as the response to the COVID-19 outbreak) at the start of the improvement process. A sample workplan template is provided to address gaps identified and record required actions. Repeat assessments are recommended (i.e. once a month), in order to correct actions and 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.

This tool focuses on the readiness, response and maintenance of the COVID-19 outbreak for IPC. It takes into account the most essential elements to prevent and control COVID-19 in acute health facilities as well as long-term care facilities. It is based on the currently available, up-to-date and published WHO interim guidance for IPC in the context of COVID-19, as well as the minimum requirements for IPC programmes (2). All published materials on COVID-19 can be found on the [WHO website](#) (3).

This tool does not replace the IPC Assessment Framework (IPCAF) tool (4), which was developed to support the implementation of the WHO guidelines on core components of IPC programmes at the acute health-care facility level (5).

Content areas

This assessment tool covers the following aspects:

- IPC programmes;
- IPC guidelines and standard operating procedures;

- IPC training and monitoring;
- screening, triage, early recognition and testing of COVID-19;
- built environment, infrastructure and supplies;
- visitors; and
- maintaining IPC interventions.

Target audience

The tool is primarily intended to be self-administered (i.e. a self-assessment tool), but it can also be used for joint assessments, through careful discussions between external assessors (for example, from the ministry of health, WHO or other stakeholders) and facility staff, IPC professionals and/or facility managers.

Key questions that this tool can help to answer

The self-assessment tool is intended to answer the following key questions:

- Do facilities have a minimum IPC programme or focal point assisting in their COVID-19 response?
- Are facilities adequately equipped with critical IPC supplies and infrastructure to support a robust COVID-19 response or resurgence?
- Are facilities providing baseline IPC training in standard precautions and COVID-19-related guidelines and protocols as per international guidance?
- Are facilities performing IPC monitoring of COVID-19 infections in patients/residents, residents and staff?
- Do facilities have appropriate flow and visitor restrictions in place?

When to use this module

This module should be used as part of preparedness and/or response.

Mode of data collection

Paper-based and electronic collection of data is used.

Methodology

The tool should be used to assess your facility according to the seven sections presented and to help identify, prioritize and address gaps in the facility's IPC capacity. Each row in the assessment tool contains three statements related to targets for a specific response facet. These three statements are presented for each target, and describe whether the facility meets the target (+++, 3), partially meets the target (++ , 2), or does not meet the target (+, 1). Read each statement carefully, then in the columns to the right place an X or check mark to indicate which description best fits this facility. If it is not possible to find out, check "DK" to indicate "don't know", and if the statement does not apply at this facility, check "NA" for "not applicable". Only check one category (meets/partial/does not/DK/NA) per row.

Mark the points for each subsection in the first line and add up the points at the end of each section to assess overall performance. For "partially meets the target" (++ , 2) or "does not meet the target" (+, 1), be sure to list any gaps identified, to help create action plans.

Ethical considerations

The guidance provided is not considered research, therefore, there is no need to submit it to the WHO Research Ethics Review Committee (ERC). Individual countries may need local ethics committee approval, depending on local law and guidelines and exactly what is done. They should ensure that they fulfil their ethical obligations submitting the document to the pertinent local ethics boards.

Respondents should be asked upfront for their informed consent. The WHO data sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as annex 2.

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