Key Considerations for Selecting Health Infrastructure for the Response to COVID 19

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This document has been developed to provide guidance to the field relating to the use of existing structures and temporary infrastructure options for health services relating to COVID 19¹. As much as possible primary health care should be maintained within health facilities. Where possible, extend health facilities, or construct new ones, including for isolation rooms for confirmed or suspected patients. For more detailed information on setting up and managing SARI treatment centres and isolation of suspect or confirmed cases refer to <a href="https://www.who.august.com/who.august.com

Product/ Accommodation Option	Proposed Usage in Regards to COVID 19 Preparedness and Response							
	Individual Isolation	Waiting Area	Non-Clinical Functions ²	Screening Facility	Treatment Facility ³	Key Considerations		
Tents (either UNHCR Standard Family Tent 16m2 (Polycotton for outer and inner layers), or UNHCR Self-Standing Tent (17.5m2, Polycotton inner layer and polyethylene for outer layer)	YES	MAYBE	MAYBE	NO	NO	Designed for individual or family use ⁴ and generally do not provide adequate space or head clearance for alternative uses.		
Refugee Housing Units (RHUs) (100% polyolefin)	YES	YES	YES	MAYBE	MAYBE	Maintain social distance and short duration for waiting areas and non-clinical functions as per footnote 1. Refer to <u>Case Studies</u> for usage options. Cleaning and disinfection options easier due to rigid walling and impervious plastic construction.		

¹ Considerations on usage should factor the following areas: patient triage; staff respite area separate from patient care area with a bathroom for staff use only: staff can store personal belongings, take breaks, and eat; area for staff to put on and remove personal protective equipment (PPE); patient care area with access to patient bathrooms/shower areas; designated area in patient care area where staff can document and monitor patients; clean supply area; medication storage/preparation area; dirty utility area

² Non Clinical functions include Dispensary, Medical Storage, Medical Staff Offices, etc – in such usage, where people are utilizing the space for work functions, maintain adequate ventilation and social distancing – limit for work purpose to 1 staff for continued usage, for occasional usage higher capacity may be acceptable so long as staff are not less than 2 metres in proximity for at least 15 minutes duration.

³ Consult with health staff for categorization of patients – for confirmed cases, can be co-located with 2m spacing between beds refer to WHO guidance.

⁴ Family tents are for family or individual use for accommodation purposes. They are suitable for individual isolation, but not for other treatment as they are not designed as a health facility and will not perform against continued cleaning and disinfection requirements, nor provide adequate space for medical visits, equipment, etc. They may be used for non-clinical functions but as they are not made of rigid material, security (for valuables equipment and pharmaceuticals) may be inadequate. For waiting areas, best option is covered open space; if tents are used limit occupancy to maintain social distance and duration to less than 15 minutes to minimize infection risk.

Other non-UNHCR family tents similar to above	YES	MAYBE	MAYBE	NO	NO	Specifications should be reviewed before endorsement or purchase including 'piggyback' FA procurement; can serve as waiting areas or non-clinical functions, depending on space and head clearance offered.
UNICEF Multipurpose (Hospital) tents (42 & 72sqm) (100% PE)	NO	YES	YES	YES	YES	Adhere to footnote 5 and 6 in terms of patient colocation and spacing
Large tents (MSF, etc) (100 PE with PVC partitions)	NO	YES	YES	MAYBE	MAYBE	Specifications should be reviewed before endorsement or purchase including 'piggyback' FA procurement ⁵
Rubb Halls (O.B.Wiik Rubb Hall 56, 120, 320m2) or similar (100% PVC)	NO	YES	YES	MAYBE	MAYBE	Rubb Halls and equivalent (e.g. 'Siam Soft Wall') are not designed for accommodation ⁶
Repurposing existing buildings	NO	YES	YES	YES	YES	Can include community halls and other structures with good access and ventilation. Avoid usage of schools where possible. Ensure adequate WASH facilities are available and health provision is easily accessible. Adhere to footnote 4 and 5 when selecting appropriate buildings.

Disinfection Control Guidance for Facilities and Domestic Usage:

Cleaning and disinfection guidance for COVID 19 for health facilities and domestic dwellings is different.

For **domestic dwellings**, for individual isolation, please consult detailed guidance: https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html. Regular cleaning with soapy water should be maintained during isolation. After isolation and before re-use, disinfect with commercially available disinfectant or bleach solution with concentration as per guidance.

For **health facilities**: WHO Infection Prevention for COVID 19 in Health Facilities: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control

Enquiries:

Please contact Shelter and Settlement Section or Public Health Section in UNHCR HQ for additional details.

⁵ Large tents, even those designed for medical functions may not be suitable for COVID-19 as they are not designed for individual isolation but rather for general medical treatment. Where they have mechanical ventilation capacity and ability for individual isolation, they may be appropriate. Generally, they should perform well in regards to cleaning and disinfection requirements. Before pursuing these options, seek HQ guidance on review of product specifications.

⁶ Rubb Halls are not recommended for COVID 19 related usage as they cannot provide isolation capacity. Individual partitioning may help mitigate infection transmission risk, but the greater risk is that co-location of vulnerable, suspect and confirmed cases may increase infection spread. The decision to use Rubb Halls is more dependent on the diagnostic capacity to make sure that cohorts are not co-located. No safe distance for patients has been established for such facilities – individual isolation where possible is the primary recommendation. For treatment and screening facilities, heating, ventilation, and air conditioning (HVAC) system should be considered.