

# WHO Policy Brief: Maintaining infection prevention and control measures for COVID-19 in health care facilities

14 September 2022



## Key points

- Health care facilities remain a high-risk SARS-CoV-2 transmission setting because they are locations where patients at risk of severe COVID-19 are admitted and cared for.
- Maintaining and improving infection and control (IPC) measures remain critical for patients, staff and visitors.
- Current key infection prevention and control (IPC) strategies and measures for management of COVID-19 in healthcare facilities include<sup>1</sup>:
  - an IPC programme or at least a dedicated and trained IPC focal point
  - screening and triage for early recognition of community- and health care facility-acquired cases and rapid source control measures
  - applying standard and transmission-based precautions
  - patient isolation and cohorting
  - universal masking using medical masks
  - administrative controls
  - implementation of environmental and engineering controls, with emphasis on ventilation
  - COVID-19 vaccination of health workers
  - prevention, identification and management of COVID-19 among health workers.
- Essential actions for Member States to consider in updating COVID-19 policies in infection prevention and control are to maintain IPC achievements and prioritize critical gaps in IPC programmes in health care settings; maintain operational readiness for surges of COVID-19 cases and other emerging and re-emerging pathogens; scale up IPC capacity with strong investments in the implementation of IPC minimum requirements; and ultimately, ensure resilience and sustainability of all IPC core components.

## Introduction

More than 2.5 years since the first SARS-CoV-2 infections were reported, the COVID-19 pandemic remains an acute global emergency. At the present time, there continue to be millions of people infected each week and in the first eight months of 2022, more than one million people were reported to have died from COVID-19 ([WHO COVID-19 Dashboard](#)) With access and appropriate use of life-saving tools that exist, COVID-19 can become a manageable disease with significantly reduced morbidity and mortality and lives can be saved. However more work remains to achieve this globally (REF DG speech). The World Health

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<sup>1</sup> For additional resources on infection prevention and control in the context of COVID-19 issued by WHO, refer to the Country & Technical Guidance - Coronavirus disease (COVID-19) home page: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?publicationtypes=d198f134-5eed-400d-922e-1ac06462e676>.

Organization (WHO) recognizes the challenges countries face for maintaining their COVID-19 response while addressing competing public health challenges, conflicts, climate change and economic crises, and will continue to support countries in adjusting COVID-19 strategies to reflect the successes and leverage learnings of national responses.

To assist in national and global efforts to end COVID-19 emergency worldwide, WHO updated the COVID-19 ([Global Preparedness, Readiness and Response plan](#)) in 2022 and outlined two strategic objectives. First, reduce the circulation of SARS-CoV-2 by protecting individuals, especially vulnerable individuals at risk of severe disease or occupational exposure to the virus. This action will reduce pressure on the virus to evolve and the probability that future variants will emerge and will reduce burden on health systems. Second, prevent, diagnose and treat COVID-19 to reduce mortality, morbidity and long-term sequelae. WHO's plan further looks ahead to research, development and equitable access to effective countermeasures and essential supplies.

Recognizing that countries are in very different situations with regards to COVID-19 due to a number of factors including differences in population level immunity; public trust; access and use of COVID-19 diagnostics, therapeutics, vaccines, personal protective equipment, reliable information; and challenges from other health/non-health emergencies, WHO has produced a package of six policy briefs aimed at helping countries update policies to focus on critical aspects needed to manage the acute and long-term threats of COVID-19 while strengthening the foundation for a stronger public health infrastructure ([Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience](#)).

The policy briefs outline essential actions that national and sub-national policy makers can implement for the following: COVID-19 testing, clinical management of COVID-19, reaching COVID-19 vaccination targets, maintaining infection prevention and control (IPC) measures for COVID-19 in health care facilities, building trust through risk communication and community engagement and managing the COVID-19 infodemic. This policy brief focuses on maintaining infection prevention and control (IPC) measures for COVID-19 in health care facilities ([link to the six policy briefs](#)). A longer and more detailed policy brief on IPC, [Maintaining infection prevention and control measures for COVID-19 in health care facilities](#), was published on 7 June 2022.

## **Purpose of this document**

This and the other five COVID-19 policy briefs are aimed at all national and sub-national policy makers in health and other ministries; and provides a brief overview of the key actions advised to Member States based on recommendations published in WHO COVID-19 technical guidance. It also articulates the need for sustained financing and a trained, protected and respected workforce to maintain these life-saving actions in the context of competing health and non-health emergencies. It additionally recognizes the need to strengthen the acute and longer-term response for COVID-19 in relation to other pressing public health issues.

## **Essential actions for Member States to consider in updating COVID-19 policies in infection prevention and control**

### **1. Maintain IPC achievements and prioritize critical gaps in IPC programmes in health care settings**

Many countries have made substantial improvements in IPC during the pandemic; however, these interventions have often been limited to the emergency response and should be maintained and strengthened. WHO continues to recommend that all possible efforts to avoid SARS-CoV-2 transmission within healthcare facilities – where at-risk patients are present – should continue and be strengthened. These include appointment of focal points/teams at the national and facility level; adequate provision of hand hygiene supplies at the point of care, in toilets and other critical sites; appropriate environmental cleaning; patient placement/cohorting and flow; increases in isolation rooms; improved use of PPE; and safe management of waste (1). Assessments of the local situation of IPC and water, sanitation and hygiene

(WASH) – as required by the International Health Regulations (IHR 2005) – should be regularly undertaken at both national and facility levels; and gaps should be addressed promptly (1-4).

## **2. Maintain operational readiness for surges of COVID-19 cases and other emerging and re-emerging pathogens**

Because health care facilities can become amplifiers of infectious disease outbreaks, maintaining IPC operational readiness is paramount (5). National and sub-national level authorities should take the following immediate actions to prepare for surges of COVID-19 (6), and policies should be contextualized for fragile, conflict or vulnerable settings.

- Reconvene the national COVID-19 outbreak IPC taskforce to revise, adapt and disseminate policies, national guidelines, training and other IPC-related activities, across all levels of the health system.
- Assess surge capacity and identify required financial, logistical and human resources for a resurgence of patients. Provide contingency plans where needed for alternative service delivery modes, human resources incentives and IPC/PPE supplies based on PPE burn rate.
- Maintain surveillance and management policies for exposed and infected health workers.

Policy makers should consider requiring the leadership of health care facilities to take these steps:

- Reactivate incident management for coordination of IPC stakeholders and resource mobilization.
- Guarantee the safe flow of patients and staff.
- Ensure safe care environments and increase in infrastructural capacity as required (for example, for screening, triage and isolation).
- Ensure availability and optimal use of PPE.
- Vaccinate health workers as per national protocols.
- Conduct refresher IPC training (6).

## **3. Scale up IPC capacity with investments in the implementation of IPC minimum requirements and ultimately, all IPC core components, and ensure resilience and sustainability**

Scaling-up of IPC capacity and ensuring sustainability are relevant for COVID-19 surges and all other health care-associated infections. WHO-recommended IPC core components (7) and the framework for IPC preparedness, readiness and response to outbreaks (6) provide a roadmap to achieve these goals. Policies should include the following key actions, depending on the local situation:

- Conduct in-depth situational analyses regarding the implementation status of IPC programmes and practices using standardized tools and develop actions plans for improvements.
- Implement at least the IPC minimum requirements at the national and health care facility levels as soon as possible (2).
- Strengthen/establish functional IPC programmes at the national level and in all health care facilities, including primary care and long-term care, supported by dedicated budget and a trained IPC team.
- Ensure implementation of IPC standards at the point of care, including within specific clinical care practices (such as surgical, neonatal and maternal care) and monitor key performance indicators.
- Simulate scenarios to assess whether current strategies and plans can cope with a rapid upsurge of cases, absenteeism of staff, shortage of IPC supplies or other challenges.
- Ensure that procurement, distribution, and use of essential IPC supplies be secured at the point of care.
- Ensure WASH infrastructure is improved and its funding sustained.
- Support national, subnational, and facility level IPC capacities by increasing knowledge and expertise.

- Strengthen coordination among all partners in support of ministerial action plans for IPC in the long term.
- Update and adapt national IPC policies and support national and local action according to learnings and local context.
- Invest in improved infrastructure in health facilities – for example to increase the availability of isolation rooms – and ensure ventilation meets or exceeds recommended air-exchange rates for the expected volume of occupants.

## Conclusions

The COVID-19 pandemic has again demonstrated the importance of IPC implementation at national, subnational and facility levels to contain the emergence and re-emergence of infectious threats. There is an urgent need to bridge the existing gaps in IPC implementation, maintain IPC operational readiness to ensure surge capacity and ensure scale-up and sustainability of IPC programmes in the long-term to fully address the pandemic, prevent and control future outbreaks, reduce the endemic burden of health care-associated infections and antimicrobial resistance and build resilient health systems (8).

## Plans for updating

WHO will continue to monitor the situation closely for any changes that may affect this policy brief. WHO will issue necessary updates as evidence becomes available and is reviewed.

## References

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