SARI CRITICAL CARE TRAINING

SEVERE ACUTE RESPIRATORY INFECTION (SARI) TREATMENT FACILITY DESIGN

MODULE 2: DESIGNING SARI SCREENING AREA AND TREATMENT CENTRE

MARCH 2020
Learning objectives

By the end of this lecture, you will be able to:

• Identify the basic principles and layout of a COVID-19 screening point for healthcare facilities;

• Describe how to set up a SARI treatment centre; and

• Describe how to set up a SARI treatment centre in tents.
This lecture is organized in three different sections:

- **2A** Basic principles and layout of a COVID-19 screening point for healthcare facilities
- **2B** Setting up a SARI treatment centre
- **2C** SARI treatment centre in tents.
Module: 2A

Module 2A

Basic principles and layout of a COVID-19 screening point for healthcare facilities
Screening for health facilities

Establish a proper screening system at all different levels of the public health system to enable early detection of potential suspected cases. It should include temporary isolation capacity, referral ambulance, trained staffs, protocols and all needed supplies.

- Existing building and new construction
- Big tent facility [\(>100\text{m}^2\)]
- Small tent facility [around 45\text{m}^2]
1: Patient entry

NOTE: All patients should pass through the triage!

At this point all patients:
- receive a mask;
- wash their hands;
- are directed to a dedicated individual booth in the waiting room.

2: Waiting room

The waiting room is composed of different individual booths with separated entrances and exits.

This facility is completely open [no doors] to allow a proper natural ventilation and equipped with dedicated toilets.

3: Waiting room toilets

Male and female services
Screening for health facilities – Building

2. Waiting room

The waiting room is composed of different individual booths with separated entrances and exits.

This facility is completely open [no doors] to allow a proper natural ventilation and is equipped with dedicated toilets.

1. Patient entry

At this point, all patients:
• receive a mask;
• wash their hands; and
• are directed to a dedicated individual booth in the waiting room.

3. Triage

Patients are investigated in an individual triage booth. A one (1) meter distance fence [1.2 meter high] separates patients from staff.

This facility is completely open [no doors] to allow a proper natural ventilation and is equipped with dedicated toilets.

4. Suspected case

Patient moves to the isolation room, waiting to be referred to a specific treatment centre.

5. Non case

Patient moves to the health facility.
Screening for health facilities – Big tents

- Individual booth
- Exit for suspected cases (isolation unit or ambulance for referral)
- Transparent surface [or 2 meters distance]
- Staffs entrance
- Patients entrance
- Opening for natural ventilation
- Waiting room
- Screen
- Exit toward health facility
Screening for health facilities – Small tents

- Individual booth
- Transparent surface [or 2 meters distance]
- Exit for suspected cases [isolation unit or ambulance for referral]
- Exit toward health facility
- Staffs entrance
- Patients entrance
- Opening for natural ventilation
- Screening Staff's side
- Screening Patient's side
Screening for health facilities – Small tents

- Individual booth
- Hand washing point
- Patients entrance
- Opening for natural ventilation
- Toward screening tent
Screening for health facilities – Small tents

Patient flow
Suspected case
Case definition not met [patient heading toward health facility]
Module 2B

Setting up a SARI treatment centre
Where to set up a SARI Treatment Centre (STC)?

- As close as possible to the outbreak epicentre;
  - Next to existing health facilities (to allow an integrated approach and ease the referral of suspect case);

And/or

- New place chosen according to specific strategic reasons (space, community acceptance, accessibility, etc.)

Construction field requirements:
- Enough space (future extensions) and accessible water source;
- Soil conditions: waste water infiltration, rain water evacuation, stability, etc.;
- Take into account prevailing winds for the control of smoke and odours.
Basic layout principle

The rationales behind this layout are:

- Medical care should be provided as soon as possible, even prior to laboratory confirmation, in order to avoid medical conditions worsening.

- The different levels of risk, represented by patients with specific medical conditions, such as severe cases which might need an aerosol generating procedure [aspiration, intubation, bronchoscopy, etc.].

- Ensure a clear demarcation and separation from patient and staff areas in order to reduce the risk for HCW and allow a rational use of PPE.
Basic layout principle

Based on the *clinical definition* of patients with SARI, suspected of COVID-19, the clinical syndromes associated with COVID-19 infection and related medical conditions: mild, moderate and severe illness [including critical patients].
Basic layout principle
Key elements

Patient entrance
Waiting room
Triage [patient]
Sampling room
Key elements

Mild/Moderate
Short stay ward
Observation

Patient entrance
Waiting room
Triage [patient]
Sampling room
Key elements

- Patient entrance
- Waiting room
- Triage [patient]
- Sampling room
- Mild/Moderate Short stay ward
- Observation
- Severe case ward

World Health Organization
Health Emergencies Programme
Key elements

- Patient entrance
- Waiting room
- Triage [patient]
- Sampling room
- Mild/Moderate Short stay ward
- Observation
- Severe case ward
- Critical case ward
- Observation
Key elements

Mild/Moderate
Short stay ward
Observation

Patient entrance
Waiting room
Triage [patient]
Sampling room

Staff entrance
Changing room
Laundry
Triage [staff]

Laboratory

Severe case ward

Critical case ward
Key elements

Patient entrance
Waiting room
Triage [patient]
Sampling room

Mild/Moderate
Short stay ward
Observation

Staff entrance
Changing room
Laundry
Triage [staff]

Severe case ward

Laboratory

Waste zone

Morgue

Critical case ward
Key elements – Clinical categorization

- **Short stay ward**
  - Mild/Moderate cases
  - Uncomplicated illness

- **Severe case ward**
  - Severe pneumonia

- **Critical case ward**
  - Acute Respiratory Distress Syndrome [ARDS]
  - Sepsis
  - Septic shock
Key elements – Case management

Short stay ward
Mild/Moderate cases
- Uncomplicated illness
  - E.g. Isolation/community facility

Severe case ward
- Severe pneumonia
  - E.g. Oxygen

Critical case ward
- Acute Respiratory Distress Syndrome [ARDS]
- Sepsis
- Septic shock
  - E.g. Patient ventilation
Key elements – IPC measures /PPE

- **Short stay ward**
  - Mild/Moderate cases
    - Uncomplicated illness
    - E.g. Isolation /community facility
    - Droplet & Contact precautions
  - Severe pneumonia
    - E.g. Oxygen
    - Airborne & Contact precautions

- **Severe case ward**
  - Severe pneumonia
    - E.g. Oxygen
    - Airborne & Contact precautions

- **Critical case ward**
  - Acute Respiratory Distress Syndrome [ARDS]
  - Sepsis
  - Septic shock
    - E.g. Patient ventilation
    - Airborne & Contact precautions
Key elements – IPC measures / engineering

Short stay ward
Mild/Moderate cases
Ward: Spatial separation
Ventilation: Natural ventilation

Severe cases
Ward or individual self-contained room
Ventilation: Ventilation at least 160 l/s/patient

Critical cases
Individual self-contained room
Ventilation: Ventilation at least 160 l/s/patient

Short stay ward
Mild/Moderate cases
- Uncomplicated illness
  - E.g. Isolation /community facility
  - Droplet & Contact precautions

Severe case ward
- Severe pneumonia
  - E.g. Oxygen
  - Airborne & Contact precautions

Critical case ward
- Acute Respiratory Distress Syndrome [ARDS]
- Sepsis
- Septic shock
  - E.g. Patient ventilation
  - Airborne & Contact precautions
1. Patient entry

NOTE: Patients have already been triaged in another medical facility and are referred to the SARI treatment center.

At this point, all patients:
• receive a mask;
• wash their hands; and
• are directed to a dedicated individual booth in the waiting room.
Patient’s flow

2. Waiting room

The waiting room is composed of different individual booths with separated entrances and exits. This facility is completely open [no doors] to allow a proper natural ventilation and is equipped with dedicated toilets.
3. Triage

Patients are investigated in an individual triage booth. A one (1) meter distance fence [1.2 meter high] separates patients from staff. This facility is completely open [no doors] to allow a proper natural ventilation and is equipped with dedicated toilets.
4. Sampling

The sampling room has four (4) individual booths with natural or hybrid ventilation.

NOTE: Not all of the patients have been tested, this is according to medical decision.
Patient’s flow

1. Patient entry
Patient’s flow

1. Patient entry
2. Reception/screening
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets

- mild and moderate cases
- severe cases
- critical cases
- negative tested patients
- staff
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets
5. Triage
1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets
5. Triage
6. Sampling rooms

Patient’s flow
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets
5. Triage
6. Sampling rooms
7. Ambulance entrance
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets
5. Triage
6. Sampling rooms
7. Ambulance entrance
8. Donning/doffing
Patient’s flow

1. Patient entry
2. Reception/screening
3. Waiting room
4. Patient toilets
5. Triage
6. Sampling rooms
7. Ambulance entrance
8. Donning/doffing
9. Single fence [1.2 meter high] is to identify the centre area*

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow

5. Short stay for mild and moderate cases

Patients are moved to the short stay ward where distances and natural ventilation assure IPC standards. Patients can wait a few hours for the laboratory results and receive health promotion sessions and treatment.
Patient’s flow

6. Discharge

If negative, patients can be referred to another health facility. If positive, Mild and Moderate cases can be referred to community facilities for isolation and follow-up.
7. Short stay ward – Observation and moderate case

The patient is moved to the observation room only in such cases where the medical department wants to keep him/her under observation for a few more hours.
8. Severe case

Severe cases are moved directly to the severe case ward. Medical care will then be provided and a sample taken. This ward is composed of individual self-contained rooms with hybrid ventilation.
8. Severe case

Severe cases are moved directly to the severe case ward. Medical care will then be provided and a sample taken. This ward is composed of individual self-contained rooms with hybrid ventilation.

If tested negative, the patient will be discharged through a dedicated discharge room.
9. Critical case

Critical cases are moved directly to the critical case ward. Medical care will then be provided and a sample taken. This ward is composed of individual self-contained rooms with hybrid ventilation.
9. Critical case

Critical cases are moved directly to the critical case ward. Medical care will then be provided and a sample taken. This ward is composed of individual self-contained rooms with hybrid ventilation.

If tested negative, the patient will be discharged through a dedicated discharge room.
Patient’s flow — Worsening & improving medical condition

Patient journey

Patient’s flow is not unidirectional as, according to medical conditions, patients can be moved from one ward to another.

For, instance a moderate patient’s condition can deteriorate, resulting in the person being move to the severe ward...
Patient’s flow — Worsening & improving medical condition

Patient journey

Patient’s flow is not unidirectional as, according to medical conditions, patients can be moved from one ward to another.

For instance a moderate patient’s condition can deteriorate, resulting in the person being move to the severe ward... or to the critical ward.
Patient’s flow — Worsening & improving medical condition

Patient journey

Similarly, once medical conditions improve, a patient can be moved to another ward.

For instance, a critical patient’s condition can improve resulting in the person being move to the severe ward...
Patient’s flow — Worsening & improving medical condition

Patient journey

Similarly, once medical conditions improve, a patient can be moved to another ward.

For instance, a critical patient’s condition can improve resulting in the person being move to the severe ward... and to the short stay ward...
Patient’s flow — Worsening & improving medical condition

Patient journey

Similarly, once medical conditions improve, a patient can be moved to another ward.

For instance, a critical patient’s condition can improve resulting in the person being move to the severe ward... and to the short stay ward...to be finally discharged according to the discharge criteria.
Patient’s flow / mild & moderate cases
Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.

Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
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1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
6. Patient entrance

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
6. Patient entrance
7. Staff entrance only

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
6. Patient entrance
7. Staff entrance only
8. Discharge room

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / mild & moderate cases

1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
6. Patient entrance
7. Staff entrance only
8. Discharge room
9. Windows for natural ventilation

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
1. Patients [2 m distance*]
2. Single fence [1.2 meter high] is to identify the centre area. Double fence with 1 meter distance can be used to help visitors to respect the spatial distance while visiting patients [not mandatory]
3. Working area [Staff only]
4. Doffing space
5. Shelf for PPE
6. Patient entrance
7. Staff entrance only
8. Discharge room
9. Windows for natural ventilation
10. Observation.

Recommended spatial distance for IPC is 1 meter. However, in order to facilitate access and movement of health-care workers, 2 meters separation is advised.
Patient’s flow / severe & critical cases
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
4. Shelf for PPE
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
4. Shelf for PPE
5. Working area [Staff only]
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
4. Shelf for PPE
5. Working area [Staff only]
6. Patient entrance
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
4. Shelf for PPE
5. Working area [Staff only]
6. Patient entrance
7. Staff entrance only
Patient’s flow / severe & critical cases

1. Individual doffing [one per room]
2. Self-contained room with individual terrace
3. Individual toilet/shower
4. Shelf for PPE
5. Working area [Staff only]
6. Patient entrance
7. Staff entrance only
8. Space for cleaning and disinfection of items.
1. Staff entry

At this point all staff:
- receive a mask;
- wash their hands;
- check temperature;
- record presence.
2. Changing room

Male and female changing rooms to remove personal clothes and wear scrubs and boots [or closed shoes]. Staff toilets are nearby.
3. Triage

Patients are investigated in the individual triage booths. A one (1) meter distance fence [1.2 m high] separates patients from staff. The facility is completely open [no doors] to allow a proper natural ventilation.
Staff’s flow

4. Triage - Donning/Doffing

Staff can wear specific PPE before going to the patient at the triage.
Staff’s flow

5. Wards – Staff area

Each ward is equipped with a working space for staff where patients are not allowed. More information in the next chapter.
1. Shelf for private items
2. Supply entrance
3. Hand washing point [in and out]
4. Wide windows to assure natural ventilation
5. Bucket for used scrubs collection
6. Air extractors
7. Staff entrance
8. Temperature screening
Transparent surface

Katwa ETC, North Kivu, D.R.Congo, 2019
Transparent surface

- Visual contact with patient without need of PPE
- Biomedical devices placed on the staff side:
  - Monitor,
  - Oxygen,
  - IV, etc.
- Flexible and uniform technical plateau for all rooms as biomedical devices can be moved
- “Humanized” care
- Reduction of entries in the patient’s area:
  - Reduction of PPE consumption
Module 2C

SARI treatment centre in tents
Small tents [~45 m$^2$] can be used to set up wards for mild and moderate cases.
SARI treatment centre in tents – Severe & Critical cases

For severe and critical patients self-contained rooms are recommended.
SARI treatment centre in tents – Layout

An example of staff’s entrance with small tents [~45 m²]
SARI treatment centre in tents – Layout

1. Staff area
2. Triage
3. Short stay and mild cases
4. Moderate cases
5. Severe cases

.patient entrance
.staff entrance
Bibliography

Thank you

Luca Fontana – WHO - WASH/IPC Highly Infectious Pathogens Expert

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