



**Health & Family Welfare Department, Government of Tamil Nadu**

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## **TNSOP - 5.1**

### **Guidelines for Setting up Isolation Facility/Ward**

#### **Physical Facilities**

- Passengers / Patients / Contacts should be housed in single rooms.
- Walls and surfaces should be painted with enamel paint.
- However, if sufficient single rooms are not available, beds could be placed with a spatial separation of at least 2 meters from one another.
- To create a 10-bedded facility, a minimum space of 2000 sq. feet area clearly segregated from other patient-care areas is required.
- There should be double door entry with changing room and nursing station.
- Keep the patient's personal belongings to a minimum.
- Keep water pitchers and cups, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Dedicated hand-wash and wash-room facilities must be available.
- If room is air-conditioned, ensure 12 air changes/ hour and filtering of exhaust air. A negative pressure in isolation rooms is desirable for patients requiring aerosolization procedures (intubation, suction, nebulisation). These rooms may have stand-alone air-conditioning. These areas should not be a part of the central air-conditioning.
- If air-conditioning is not available, negative pressure could also be created through putting up 3-4 exhaust fans driving air out of the room.
- In District hospitals, where there is sufficient space, natural ventilation may be followed. Such isolation facility should have large windows on opposite

walls of the room allowing a natural unidirectional flow and air changes. The principle of natural ventilation is to allow and enhance the flow of outdoor air by natural forces such as wind and thermal buoyancy forces from one opening to another to achieve the desirable air change per hour.

- Mosquito proofing of the windows and doors is mandatory.

### **Equipment**

- Non-critical patient-care equipment (e.g. stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated to the patient, if possible.
- Any patient-care equipment that is required for use by other patients should be thoroughly cleaned and disinfected before use.
- Avoid sharing of equipment, but if unavoidable, ensure that reusable equipment is appropriately disinfected between patients.
- Consider having designated portable X-ray equipment.
- Corridors with frequent patient transport should be well-ventilated.
- All health staff involved in patient care should be well trained in the use of Personal Protective Equipment (PPE).
- Enough PPE should be available in the changing room with waste disposal bins to collect used PPEs.
- Place a puncture-proof container for sharps disposal inside the isolation room/area.
- For every 10 single rooms at least two rooms should have ICU facilities.
- Sufficient number of Knapsack sprayers should be available.

### **Visitors**

- Visitors to the isolation facility should be restricted.
- For unavoidable entries, they should use PPE according to the hospital guidance, and should be instructed on its proper use and in hand hygiene practices prior to entry into the isolation room/area.
- Doctors, nurses and paramedics posted to isolation facility need to be dedicated and not allowed to work in other patient-care areas.

- A dedicated team of Medical Officer, Staff Nurse and Hospital Workers without any co-morbid conditions should be posted on rotation basis.
- Ensure regular cleaning and proper disinfection of common areas, and adequate hand hygiene by patients, visitors and care givers.

### **Communication System**

- A telephone or other method of communication should be set up in the isolation room to enable patients or family members/visitors to communication.

### **Diet**

- Nutritious and hygienic diet should be provided for the patients to enable them to recover soon.

### **Maintaining the Confidence of the Patient**

- Patients and family members should be clearly explained about COVID-19 and there is no need for any kind of anxiety or apprehensions
- Books particularly motivating books should be provided for the patients at the bedside to keep them stress-free.

### **Housekeeping**

#### Before admission

- The admitting physician should inform the nurse in-charge of isolation ward at least one hour before admission, mentioning the diagnosis, sex and the general state of the patient.

#### **Pre-requisites for isolation ward**

- A hand washing sink and running water should be available at the entrance of each room to facilitate hand washing.

- Cover the mattress and pillows with an impervious cover such as Mackintosh so that it can easily be damp dusted.
- Clean gowns should always be available.
- Separate urinals, bedpans and thermometers/ BP apparatus are to be used for each patient.
- Bins lined with the appropriate colour-coded plastic liner should be available in each room for disposal of biomedical waste.
- Rooms should be well lit, and isolated according to disease conditions.

### **Cleaning procedure for isolation room**

- Linen should be stripped from the bed with care taken not to shake the linen during this action. Linen should be soaked in disinfectant, i.e. Hypochlorite 1:50 for 20 minutes for white clothes and coloured linen as per hospital policy suitable high-level disinfectant to be used and then sent to the laundry.
- All other articles such as IV stands and furniture should be cleaned with detergent and disinfected followed by high-level disinfectant.
- Walls should be cleaned with detergent and mopped with a high-level disinfectant.
- The bathrooms should be cleaned with detergent and water followed by disinfection with hypochlorite 1:50 dilution.

### **At discharge (terminal disinfection)**

- The pillows and mattress covers are to be cleaned with detergent, disinfected with a high-level disinfectant and sent to the laundry.
- Bed sheets, curtains, gowns and dusters must be removed, soaked in with a highlevel disinfectant for one hour and then sent to laundry.
- After disinfection, wash the room, wall, window, doors, bathroom, sink and furniture with soap solution after doing thorough high dusting in that cubicle.
- Soak bed pan, urinal, kidney basin in with a high-level disinfectant for one hour, wash with detergent and dry it under sunlight.

- Bath basin, multi-bin, bucket, jugs, mugs are washed with soap solution and dried in sunlight. Rubber sheets (Mackintosh) are to be cleaned with detergent and water, dried, powdered and replaced.