

HOTEL ACCOMMODATION FOR PATIENT DIAGNOSED WITH COVID-19

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For use by	Hotel managers and staff. Clinicians managing hotel-quarantined patients

Background

The use of hotel rooms for the isolation of patients infected with COVID 19 may be implemented so hospital facilities can be prioritised for those with more complex care needs. It would be expected that patients accommodated in hotel rooms would not have severe symptoms and be largely self-caring.

The purpose of this Guideline is to provide local health districts (LHD) with recommendations regarding infection prevention and control (IP&C) advice in this unique setting.

Hotels in Sydney are currently accommodating people in self-isolation so they are already implementing advice from NSW Health regarding day to day management issues and terminal cleaning requirements after the bedrooms are vacated.

Operational Considerations

It is assumed that sites selected for patients will accommodate only one patient per room, have an attached, dedicated ensuite. Ideally these patients should be cohorted in one area of the hotel, ideally on a dedicated floor to prevent possible risk to other hotel staff and visitors.

NSW Health has prepared *Guidance for managers and staff at hotels and other accommodation facilities hosting people in COVID-19 quarantine isolation (19 March 2020)*

It would be expected that hotel staff have been trained to work in these environments and have access to the relevant information such as the above NSW Health Guidance.

General considerations and selected key points from the above link are detailed below.

HOTEL SERVICES	
Room readiness	<ul style="list-style-type: none"> • The room would be cleaned prior to occupation by a patient. • It might be possible to remove soft furnishings (e.g. rugs, cushions and fabric bedheads). • Consider removing curtains if roller blinds are also in place. • Include hand washing supplies in the ensuite. • Supply face masks for use by the patient should contact with staff visiting the room be unavoidable. • The bar fridge should be emptied so it can be used by the patient. Access to in-room team/ coffee making facilities should be maintained. • Access to telephone should be maintained. • Access to WIFI needed.
Cleaning	<p>General advice</p> <ul style="list-style-type: none"> • The frequency of cleaning of rooms may be able to be reduced or even deferred until the end of the quarantine period. Some cleaning tasks may be able to be undertaken by the guest in quarantine isolation if provided with appropriate cleaning equipment. Bins should be emptied daily and could be placed outside the room ready for collection with the bin liner tied-off by the patient. • Hotel management must confirm that staff have had training and are supplied with personnel protective equipment (PPE) including masks, eye protection, aprons and gloves to undertake any cleaning. In addition, the correct cleaning equipment and supplies will be needed. • Following discharge, the cleaners should clean the room wearing PPE – gloves and facemask. Eyewear, apron/gown only if risk of splash from chemicals. Open windows where able. The time laps required between discharge of patient and the next patient should be at least 30 minutes and cleaning can take place during this time.

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	<ul style="list-style-type: none"> • Terminal cleaning (on discharge) – this is an enhanced level of cleaning and disinfection of the space. • In addition to processes described in the NSW Guidance document, additional measures will be needed including: <ul style="list-style-type: none"> ○ Window coverings: the usual cleaning methodology should be used (e.g. launder curtains) ○ Soft furnishings: the usual cleaning methodology should be used ○ Carpets: the usual cleaning methodology should be used ○ Use of enhanced novel environmental decontamination systems such as portable hydrogen peroxide vapourisation or UV decontamination units. Implementation of these systems may not be necessary if good cleaning/disinfection processes are in place. Even so, this type of environmental decontamination is recommended where a patient become significantly ill during the course of their stay as this may lead to a higher risk of room contamination. • Normal room cleaning processes are needed prior to the use of enhanced novel decontamination. • Refer to engineering system considerations for further cleaning/ maintenance issues.
Meals	Hotel and other food services should be advised to only deliver food and drink orders outside the isolated person's room door to minimise direct exposure to the contact person.
Kitchen utensils	<ul style="list-style-type: none"> • Wash reusable dishes and cutlery in a dishwasher with detergent and hot water as usual. • Trays should be left outside the room for delivery and pickup. Staff picking up trays should take care for minimal contact, wearing gloves and gown/apron. Good hand hygiene needed after glove removal.
Waste	Waste is considered as general waste unless contaminated with gross blood and body substances. Staff should handle as per normal waste, handling with care and wear appropriate PPE which is disposed of in the routine waste without any decanting of the waste.
Linen	If linen and towels require laundering they should be collected in a laundry bag. Linen should be emptied directly from the laundry bag into the washing machine without handling and laundered on

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	a normal hot cycle then air or tumble dried. Any handling of linen by staff should be done so wearing PPE – gloves, gown/apron if contact and compliance to hand hygiene.
Laundry	Ideally, patients will bring enough clothing to last the entire period of isolation. The hotel may provide some assistance and patient laundry should be handled in the same way as linen.
Access	<ul style="list-style-type: none"> • Where possible, access to hotel floors where patients are accommodated should be restricted. This is possible where electronic access control systems are used in lifts. • Clear direction should be provided to guests that use of any communal amenities is not recommended, including toilets outside their own room. • Access to a dedicated courtyard that has no external access may be possible but will require strict management (e.g. number of patients, time spent outside of room, infection status etc). A patient should not pass through other areas of the hotel to access. They should wear a mask when outside of their room and have access to alcohol based hand rub. Cleaning of this area between groups is recommended

MAINTENANCE	
Air-conditioning	<p>Where operable windows are available, fresh air is encouraged. For other hotels, it is expected that the air conditioning system will be one of the following two types:</p> <ol style="list-style-type: none"> 1. Split systems <p>This type of system recirculates the air within the hotel room so risk is low. It is not an ideal environment for extended periods of time beyond a few days. Usually there will be an openable window which will provide outside air ventilation. Recommended the air conditioning unit in the room are thoroughly cleaned and disinfected. The filters will ideally be replaced or cleaned as detailed by the manufacturer. This system is more likely in a budget hotel or motel.</p> 2. Individual room based fan coil unit with ducted outside air <p>Each room will typically have a dedicated fan coil located within the room in the entry vestibule. Outside air from a centralised system will be ducted to each fan coil in a positive manner. The ductwork systems are positively pressurised so there is little risk of contamination. Recommended the air conditioning unit in the room are thoroughly cleaned and disinfected. The filters will ideally be replaced or cleaned as detailed by the manufacturer.</p>

MAINTENANCE	
	If there are hotels built with a centralised ducted air conditioning system and a common return air (recirculating) system, there will be a risk of cross infection to other guests who are not affected by Covid 19. A hotel with recirculating systems <u>should not</u> be used for the management of patients with COVID 19.
Exhaust	<p>Two system types include:</p> <ol style="list-style-type: none"> 1. Local exhaust dedicated to each ensuite. <p>May consider cleaning this unit after the patient is discharged. Risk is considered to be low. This system is more likely in a budget hotel or motel.</p> 2. Centralised exhaust system <p>There is no cleaning required but it may be worth considering where the exhaust is discharged exits from the building.</p>
Water systems	<p>Hotels will have hot water systems, unlike hospitals which use warm water systems. No IP&C risks but the water temperatures may exceed levels that are mandated in hospitals. Not expected to be an issue as these types of systems are used at home.</p> <p>Water traps in bathroom gullies or fan coil units should be thoroughly cleaned and disinfected between occupancies.</p>
Ad-hoc repairs	Repairs that can wait should be delayed until the room is vacated. Should room maintenance be needed, the patient should be asked to wait in the ensuite, or external balcony where available, while the maintenance team undertakes the repair. They should be trained by hotel management on precautions and be supplied with PPE and alcohol based hand rub.

OTHER CONSIDERATION	
Visitors – family and friends	Patients will not be able to have visitors while in quarantine. Patients should be encouraged however to keep in contact with family and friends by phone. Access to a wireless network is ideal where possible.
Visitors – health professionals	<p>There may be a range of models operating depending on patient numbers and patient acuity. These systems will be seeking to confirm adherence to the quarantine regime, infection prevention and control and to detect patient deterioration.</p> <ol style="list-style-type: none"> 1. Telehealth <p>Staff are not visiting patients but may keep in touch via phone or videoconferencing either on a planned or ad-hoc basis. There are no IP&C implications.</p>

OTHER CONSIDERATION	
	<p>2. In-reach services</p> <p>In this case, health staff may visit as required or scheduled. Staff should follow advice detailed in the NSW Health link COVID-19 (Coronavirus) - Guidance for community-based and outpatient health services (20 March 2020)</p> <p>https://www.health.nsw.gov.au/Infectious/diseases/Pages/covid-19-community-outpatient.aspx#home</p> <p>Should hands become visibly soiled then the basin in the ensuite can be used.</p> <p>3. On-site services</p> <p>If a large cohort of patients are accommodated in a single hotel, a staff 'office' may be established on-site. Where possible, telehealth systems should be maintained. Where a staff member needs to visit a patient, the patient should be asked to wear a surgical mask and follow IP&C procedures. This will include standard precautions, as well as contact and droplet precautions, hand hygiene, environmental cleaning and usual waste management. For additional infection control procedures, refer to NSW Health link Infection Prevention and Control Novel Coronavirus 2019 (2019-nCoV) – Hospital setting (9 February 2020).</p> <p>http://cec.health.nsw.gov.au/_data/assets/pdf_file/0006/567987/Infection-control-nCoV-2019-Hospital-Setting-V2-.pdf</p> <p>Health services may need to develop procedures to support this type of care including how to manage the deteriorating patient, management of medications and other therapies. Adequate supplies of PPE and hand hygiene products will be needed on site. Portable oxygen should not be used in this setting due to risk of aerosolisation.</p> <p>Should hands become visibly soiled then the basin in the ensuite can be used.</p>
Medications	Patients would be expected to supply and administer their own medications. Exceptions may include IV medications such as antibiotics if they could be safely managed in this setting.
The deteriorating patient	Should hotel or hospital staff suspect the patient is deteriorating and cannot be managed safely in this setting then NSW Ambulance should be notified immediately and the patient assessed for transfer to hospital.
CPR	<p>Where trained health staff are supervising patients in hotels, special precautions should be taken when resuscitating people in cardiac or respiratory arrest with known or suspected COVID-19.</p> <p>If a patient arrests the following actions are to be undertaken:</p>

OTHER CONSIDERATION	
	<p>Danger- Ensure the area is safe for you and the patient. Place a surgical mask on the patient if they have not already done so. The nurse should be in full PPE anytime they are outside their allocated office space.</p> <p>Response-Check for response.</p> <p>Send for Help- Call 000 or ask another person to make the call if they are available. Call 000 and advise operators that they are in self-isolation because of possible COVID19; and advise paramedics and ambulance first responders on arrival of their history</p> <p>Airway- Before checking airway the person is to put on a N95/P2 masks. Clear any obstruction of the airways for easily removed obstructions. Do not 'finger sweep' and avoid all contact with saliva/body fluids and place in the recovery position.</p> <p>Breathing- Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.</p> <p>Compressions- Ensure patients mask is over their face. Commence compressions with no breaths. No mouth to mouth/mask.</p> <p>Defibrillation- Ambulance will use defibrillator as required.</p> <p>At completion of the episode of care, ensure safe removal of PPE and disposal in clinical waste bags if soiled with body fluids.</p>
Other equipment	Where possible, additional patient equipment may be needed (e.g. a shower chair). The environment will need to be assessed to ensure it can be safely used. Normal cleaning procedures will be used following patient discharge.
Signage	Signage may be required to inform staff and members of the public that access to the room is restricted.