

## **COVID-19 Transitioning – Obligatory Conditions and Guidelines for clinics providing private health services.**

The following obligatory conditions are issued under the Public Health Act Chapter 465 of the Laws of Malta and require strict adherence. Failure to adhere to these conditions will result in enforcement procedures as provided by the Act.

Employers and workers must prepare for the possibility that there will be cases of COVID-19 in the workplace and be ready to respond immediately, appropriately, effectively and efficiently, and consistent with specific recommendations from public health authorities. This is particularly relevant in the case of private clinics, as these are places where individuals seek medical care when experiencing symptoms, potentially including individuals experiencing symptoms of COVID-19.

### **Mandatory conditions to be observed by clinics providing healthcare services in the private sector.**

- Ensure that the maximum capacity of patients inside the clinic/practice at any one time is one person per 4 square metres, including staff;
- Acrylic or tempered glass barriers must be fitted in reception areas 2 metres from the floor. If the reception is not manned, this is not required.
- Arrangements should be made so that patients arrive just before their appointment and leave immediately thereafter instead of utilising waiting areas. Patients should be advised to wait in the car outside.
- Hand sanitizers must be made available at the reception area and near or inside all clinic rooms for use by both employees, service providers and patients. Sanitizers with sensors or pedals are recommended.
- Employees, service providers and patients must wear a mask that covers the mouth, nose and chin, or a visor at all times unless otherwise indicated by the service provider to allow for examination or treatment.
- Staff providing a service to patients should wear PPE where appropriate and in accordance to the clinical situation and the procedures that are being performed.
- All equipment and surfaces used should be disinfected after every patient.

## Understanding how COVID-19 spreads and the implications to the provision of medical services.

Current research suggests that the SARS CoV-2 virus (the virus that causes COVID-19) is transmitted from person to person as follows:

- Through respiratory droplets containing viral particles produced when an infected person coughs, sneezes, or talks loudly; when people are in close contact with an infected person (within about 2 meters) for a prolonged period of time (usually fifteen minutes or more), they may inhale a sufficient amount of respiratory droplets to become infected
- There is also a possibility that a person can get COVID-19 by touching a surface or object that has the COVID-19 virus on it and then touching their own mouth, nose, and eyes.

Most persons infected with COVID-19 experience mild symptoms and recover. However, some people develop more serious complications and may require hospital care. Risk of serious illness increases with age, for people with weakened immune systems and people with chronic conditions such as diabetes, heart and lung disease.

## Clinic administration

### **Clinic owners / Management should:**

- Initially decide if clinic has the capacity, equipment and expertise required to deal with potential COVID-19 cases. In either case patients should be told to inform the clinic beforehand if they are experiencing COVID-19 related symptoms. Additionally, clear signage should be placed at the clinic entrance that instructs patients to inform clinic staff immediately if they have such symptoms. If the clinic decides to treat patients displaying potential COVID-19 symptoms, then these should be seen in a separate area or adequate arrangements should be made to ensure minimal contact with other patients, employees and service providers. The clinic should have a protocol in place for dealing with suspected cases that should cover patient isolation, PPE use, referral for testing and appropriate disinfection. If clinic management decides that the clinic will not be dealing with potential COVID-19 cases, patients should be screened for COVID-19 related symptoms upon arrival at the clinic and referred to an alternative care provider equipped to deal with potential COVID-19 cases, such as a health centre or the Casualty Department . The alternative care provider should be informed that a suspected case has been referred, so necessary precautions can be taken.
- Ensure that maximum capacity of patients inside the clinic any one time is one person per 4 square metres, including staff. To achieve this 4 square metre 'rule';
  - Calculate the area of the clinic (e.g. length of clinic in metres x width of clinic in metres = area of clinic in square metres),

- Divide the area of the clinic by 4, and
  - The answer of that division (ignoring any remainder) is the maximum capacity that the clinic can hold at any one time.
  - By way of example, if a clinic is 25 square metres in size,  $25 \div 4 = 6.25$ , ignoring the 0.25, the clinic should allow only six (6) persons at any time inside, including staff.
- Ensure that patients should be kept at the same clinic section as much as possible.
  - Encourage patients to book an appointment online or by phone as much as possible, while appointments should be spaced to avoid patients coming into contact with each other. Walk-ins should be discouraged as much as possible unless presenting with a medical emergency. A sign to this effect should be put up outside the clinic.
  - Allow enough time for cleaning the clinic section / workstation environment between patients. This includes workstations, clinic couches, chairs, trolleys, medical equipment, wash hand basins, and clinic surfaces. Patients should not be allowed in the clinic before the previous patient's appointment is over and the clinic is sanitised.
  - Ensure that the clinic is thoroughly cleaned with a disinfectant between patients. This includes workstations, clinic couches, chairs, trolleys, medical equipment, wash hand basins, and clinic surfaces. Door handles and any other high-touch surfaces should be cleaned in between patients.
  - Ensure that any set of tools and / or equipment used while providing care to a patient is washed and sterilised before being utilised again.
  - Not allow patients to wait inside the clinic and advise them to arrive just before their appointment and leave immediately thereafter.
  - Ensure that patients attend for the appointment on their own where possible. Exceptions are made for situations where the patients are children or adults who require a caregiver due to their particular medical condition or special needs. In such cases, there should be only one person accompanying the patient.
  - Place floor stickers and signage that provide guidance for social distancing.
  - Keep a record of the names, contact details and date and time of treatment / appointment for all patients in order to facilitate contact tracing should this be required.
  - Remove non-essential high touch items such as magazines and information leaflets.
  - Not provide beverages and refreshments for patients. Patients should be advised to bring their own refreshment, preferably water.
  - Encourage contactless payment as much as possible. Where this is not possible, employees and service providers should sanitise their hands after handling cash.
  - Ensure that employees who are sick **MUST** stay home, even if symptoms are mild.

- Provide training and educational materials for employees and service providers on sanitation, handwashing, cough and sneeze etiquette, use of face masks, visors, gloves and aprons, and other protective behaviours to prevent the spread of COVID19.
- Ensure staff rooms are regularly and thoroughly cleaned and sanitized and not allow staff to congregate.
- Ensure that all wash hand basins in the workplace have soap and paper towels available. No hand driers, air flow driers or revolving cloth towels are allowed.
- Place handwashing signs in the restrooms and display educational posters regarding required public health measures in the clinic
- Provide alcohol wipes near the phone and payment stations.
- Consider flexible work schedules/hours to reduce the number of people (employees, service providers and patients) in the clinic at all times in order to maintain social distancing.

### **Communication with patients having an appointment**

- Patients who have an appointment should be contacted before their appointment and asked whether they have had any COVID-19 related symptoms or fever for the last 7 days, or if they are in mandatory quarantine. If they are in quarantine then the appointment should be postponed or carried out via telemedicine, if this is feasible. If they report COVID-related symptoms, they should be instructed to contact public health authorities for advice on the 111 helpline. According to whether the clinic has made the decision to deal with potential COVID-19 cases or refer them, the clinic can then either advise the patient to attend for the appointment while ensuring that all necessary precautions for dealing with a potential symptomatic case of COVID-19 are in place (see above) or else refer the patient to an alternative care provider equipped to deal with potential COVID-19 cases. The alternative care provider should be informed that a suspected case has been referred, so necessary precautions can be taken.
- Telephone or virtual consultations should be conducted when possible prior to the appointment to limit contact time in the clinic.
- Ensure that patients are aware of what is expected of them as part of the hygiene and infection control measures being practiced at the clinic BEFORE entering the clinic. These can be communicated to the patients over the phone, via email or by any other appropriate electronic channels.
- Do not hand out leaflets, papers, appointment cards, etc. Such information should be communicated by digital means instead.

### **Maintaining good hygiene practices**

Employees and service providers should:

- Avoid touching their eyes, nose and mouth.
- Wash hands frequently especially:
  - Before, during (if required) and after each interaction with a patient.
  - After handling cash and other payment devices for individuals who do not know how to use contactless methods of payment.
  - Before and after eating.
  - Before and after cigarette breaks.
  - Before putting on and after removing face masks, visors, gloves and aprons.
  - Before and after cleaning equipment and the environment in the establishment.
  - After using the rest room.
  - Upon arriving at work and at home.

## 10 STEPS TO CLEAN YOUR HANDS



Fig. 1: 10 steps to wash your hands properly

- Washing hands with soap should be given priority over using alcohol hand rub. The application of alcohol hand rub should not be done in place of hand washing but rather as a complementary step AFTER handwashing or if hand washing is not convenient. Alcohol hand rub should contain a minimum of 70% alcohol.
- Use disposable hand towels to dry hands and to open and turn off taps.
- Not use handshakes/hugs or other form of physical contact when greeting patients and colleagues.
- Monitor their personal health and condition for any symptoms, however mild.
- Wear uniforms at work which should be changed daily and washed after use.
- Use Separate footwear for the clinic.
- Keep nails short and do not apply acrylics.
- Keep hair tied back to avoid unnecessary touching of hair and face.



Fig.2 proper removal of gloves

- Practice good respiratory etiquette requiring everyone at the clinic to, at all times:
  - cover their coughs and sneezes with a clean tissue or use their elbow (and no spitting)
  - avoid touching their face, eyes, nose and mouth
  - dispose of used tissues and cigarette butts hygienically, e.g. in closed bins
  - clean and disinfect shared equipment and machinery after use
  - wash body, hair (including facial hair) and clothes thoroughly every day
  - have no intentional physical contact such as shaking hands and patting backs
- Staff who develop a mild cough, fever (i.e. a temperature of 37.2°C or higher), shortness of breath, headaches, tiredness, muscle aches, loss of taste, loss of smell or diarrhoea, should call the public health helpline on 111 giving details of their symptoms. They are not to go to work until 24 hours after the symptoms have subsided and should follow any additional instructions from public health authorities.

#### **Use of Personal Protective Equipment (PPE) by staff:**

- PPE should be used in accordance with clinical set up and procedure
- **Used PPE should be disposed of safely in the mixed waste stream (black bag), in double bags.**



**Wash your hands** with soap and water or sanitizer before touching the mask



**Inspect the mask** for tears or holes



**Find the top side** where the metal piece or stiff edge is



**Hold the mask from the elastic loops** and place it on your face. Ensure the coloured-side faces outwards



**Avoid touching the front side of the mask** while putting it on your face



**Place the metal piece or stiff edge over your nose**



**Cover your mouth, nose and chin.** Do not leave gaps on the side



**Remove the mask from behind the ears or from the elastic loops**



**Keep the used mask away** from you and surfaces once it is removed



**Dispose of the mask immediately after use** in a safe way



**Wash your hands** either with soap and water or sanitizer after discarding the mask

### **Patient, employees and service providers :**

- Should have their temperature checked using a contactless forehead thermometer on arrival at the clinic.
- Should apply alcohol hand rub upon entering the clinic. An appropriate 70% alcohol hand-rub should be provided at the entrance of the clinic.
- Must wear a mask (covering mouth and nose and chin) at all times unless instructed otherwise by the service provider for the purposes of examination, investigation or treatment.
- Patients should limit the personal belongings they bring with them ideally to just a mobile phone and mode of payment.

### **The Clinic Environment:**

- Doors and windows must be kept open as much as possible.
- Air-conditioning should be adjusted for more ventilation, and recirculated air-conditioning avoided. Air-conditioning flaps should be directed towards the ceiling and filters should be cleaned well and maintained properly.
- Extractors are recommended in every clinic room. These must be thoroughly cleaned every week.
- All precautions must be taken to ensure water systems are safe to prevent the risk of infections derived from water such as Legionnaire's disease. If the water supply is direct from mains, flushing of the water system by opening all taps for a few minutes should suffice. However, if the supply of water is through a roof tank, this should be cleaned, and the water system is flushed through for a few minutes. It is important that the water heater temperature is raised to 60°C and thus there is no need to take samples and get approval from the Environmental Health Directorate. If the clinic forms part of a complex or another building and the water supply is through the complex or other building main water system, please follow the procedure indicated in Annex 1.
- The use of disposable towels is encouraged. If non-disposable towels are used, these must be changed after every patient and washed at a temperature of at least 60 degrees Celsius.
- Use disposable single use tools and supplies as much as possible to help reduce the risk of cross-contamination.
- All medical equipment that can be cleaned and reused must be sterilised / disinfected (strictly following manufacturer's instructions) using products that are tested to approved standards.
- All equipment utilised during a patient appointment should be cleaned and disinfected after each use. This should be done in line with manufacturer's guidelines and one should consult with the providers of the equipment to verify what proper cleaning and disinfecting methods should be used.
- Do not forget to also clean the cords of electrical appliances.
- Ensure that all products such as emergency medications and other products used for medication or treatment of patients are stored in a closed container and if not, these should be discarded and replaced.

**Cleaning clinic surfaces is crucial to prevent and reduce the spread of viruses and other germs.**

- Wear disposable gloves while cleaning and disinfecting the environment.
- Where feasible, use disposable cloths to clean surfaces, or when using non-disposable cloths, they must be changed after every use and washed at a temperature of at least 60 degrees Celsius.
- Wipe down all surfaces (floors, worktops, trolleys, couches, clinic chairs, sinks/basins etc) with medical grade disinfectant & cleaner following guidelines and let them air dry. Contact time on label must be observed for disinfectant to work. Contact time refers to how long the disinfectant is visibly wet on the surface allowing it to thoroughly destroy all of the pathogens. Typical contact time for immersion /sprays is 10 minutes, for disinfectant wipes is 2-4 minutes
- Remember to clean all touch points with medical grade disinfectant & cleaner frequently during the day. These include door push plates/handles, light switches, fridge handles, touch points on any shelving, soap dispenser, toilet flush and taps, card machine.
- Cleaning of the couch, chairs and any other surfaces/touch points described in the points above should be repeated after use with every patient.
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- Items on hard surfaces should be kept to a minimum.
- Where possible avoid using any materials or furniture in the clinic that are difficult to clean such as carpets, material couches, etc.

**Special Considerations:**

A. If the procedure / treatment necessitates that the patients remove their mask, the following recommendations apply:

- The health care workers should wear both a mask and a visor.
- New pair of gloves worn for the procedure and disposed of afterwards.
- Patient to safely remove the mask before treatment when told to do so. If it is a single-use mask, this should be disposed of immediately in a bin (that can be closed with a lid). If it is a reusable mask, this should be put in a plastic bag or a washable bag. The health care worker should at no point be in contact with the patient's mask.

- The patients must wash their hands immediately after taking off the mask. Soap and water should be used if possible, or an alcohol-based hand sanitizer used if a wash hand basin is not available.
- The patient will need to put on a fresh mask after the procedure. Therefore, patients must be instructed to bring an additional mask with them or else a new mask should be provided by the staff of the clinic.
- The length of time that a patient is without a mask should be minimised as much as possible.

#### B. Duration of appointment:

- The longer the consultation, the higher the risk of infection. Therefore, the appointment duration should be kept to a minimum as much as possible. The guidelines outlined in this document apply to all appointments, irrespective of duration.
- In cases where appointments are of a longer duration, caution should be paid to the use of masks. If after some time the mask of the patient or health care worker gets moist or breathing through the mask becomes difficult, this should be removed and disposed of safely. The patient / health care worker must wash their hands immediately after taking off the mask. Soap and water should be used if possible, or an alcohol-based hand sanitizer used if a sink for hand washing is not available. A fresh mask should then be worn (the patients should be instructed to bring an additional mask with them or else a new mask is provided by the staff of the clinic).

To stay informed: [www.covid19health.gov.mt](http://www.covid19health.gov.mt)

#### **Special consideration:**

The elderly and those in the vulnerable group should be given the first appointments of the day wherever possible.

#### **Certification of sick individuals:**

Individuals who are sick, and especially those presenting with respiratory or gastrointestinal symptoms, should be advised not to attend work / school as long as they are symptomatic, and for 24 hours after symptoms have subsided, and to take all precautions to avoid potentially infecting others by staying home, keeping social distance, wearing masks, and performing hand hygiene. Medical doctors should use their own judgement to decide regarding the need for swabbing of sick individuals, including children, before certifying fit to attend work or school.

## **Annex 1**

The following are the legal requirements to be carried out on the water systems prior re-opening of the premises:

1. Carry out a full system disinfection of the cold-water system, flushing through to all outlets to achieve 50 mg/l free chlorine for at least an hour checking that this level is achieved at the furthest outlets. This may be also achieved by making uses e.g. 5 mg/l for 10 hours (this all depends on the water piping system condition). It is important to top up when required throughout this process;
2. Flush out and refill the system to achieve maximum normal operating target levels of disinfection (equivalent to at least 0.2 mg/l free chlorine);
3. Refill and carry out a thermal shock by raising the temperature of the whole of the contents of the hot water storage heater from 70°C to 80°C then circulating this water throughout the system for up to three days. To be effective, the capacity and temperature of the hot water storage heater should be sufficient to ensure that the temperatures at the taps and appliances do not fall below 65°C. Each tap and appliance should be run sequentially for at least five minutes at the full temperature, taking appropriate precautions to minimise the risk of scalding;
4. Monitor temperatures and biocide levels where applicable, adjust where necessary, for at least 48-72 hours and then take Legionella samples from sentinel outlets (microbiological samples taken before 48 hours following disinfection may give false negative results);
5. Ensure you keep all documentation for inspection by the Competent Authority, including the review and update of the risk assessment manual including monitoring data, etc., with evidence of who carried out the monitoring, add time, date and signature;
6. Laboratory results for Legionella analysis which have to be carried out at an accredited laboratory, together with all the necessary documentation referred to in point 5 above and a declaration from the private water consultant under whom this water system treatment has been carried out are to be sent to the Water Regulatory and Auditing Unit within the Environmental Health Directorate prior reopening of the establishment;
7. Once it is found that your systems of the hot and cold water are under control then the establishment can reopen.