THE
GOVERNMENT OF MALAWI
MINISTRY OF HEALTH

GUIDELINES ON THE MANAGEMENT OF GUARDIANS IN ISOLATION AND TREATMENT UNITS

JULY 2021

FOREWORD

The government of Malawi is committed to ensure that people in this country attain the highest possible level of health and quality of life. This will be achieved by addressing the social risk factors and ensuring universal coverage to basic health care which is the obligation of the government according to the Republic constitution, but also an important area for investment by developing partners, private institutions and other organisations due to its catalytic effects to the economic sector.

The Corona Virus Disease-19 (Covid-19) pandemic caused by SARS-COV-2 (Severe acute respiratory syndrome Coronavirus 2) has affected Malawi just like all other countries in Africa and beyond. The country has witnessed an increase in number of cases due to COVID-19 and the frontline health care workers continue to provide services tirelessly to all those affected in different set ups in addition to the routine services that have been provided since.

In many health care systems, caregivers (often members of the patients' family or friends) are responsible for assisting with provision of basic care to patients including providing food and drinks, cleaning clothes and bed linen as well as supporting basic activities for daily living such as bathing or using toilet. Small children, infants and people living with disabilities, who are dependent on caregivers for performing essential activities require similar assistance while being treated in a health care facility.

The guidelines stipulated in this document are intended to provide guidance on how guardians should be managed in different isolation units in hospitals as health workers continue to provide health services. Whilst the Ministry strives to provide guidance and direction on management of the guardians, frontline health care workers are called upon to use best judgement while referring and applying the content of the guidelines as situation may differ from one isolation unit to the other.

It is my expectation that, through adherence to the guidance provided in these guidelines, we can collaborate well with the loved ones in isolation units and eventually achieve better clinical outcomes of covid-19 patients in the country.

Honourable Khumbize Kandodo Chiponda, MP

MINISTER OF HEALTH

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Dr Charles Mwansambo
SECRETARY FOR HEALTH

ACRONYMS

CDC	Centre for Disease Control
COPD	Chronic Obstructive Airway Disease
COVID-19	Corona virus Disease 2019
CPFP	Child Protection Focal Point
CPR	Cardiopulmonary Resuscitation
HIV	Human Immunovirus Disease
IPC	Infection Prevention and Control
ITF	Isolation and Treatment Facility
MoH	Ministry of Health
PPE	Personal Protective Equipment
SAM	Severe Acute Malnutrition
SOP	Standard Operating Procedure
TB	Tuberculosis
WASH	Water and Sanitation Hygiene
WHO	World Health Organisation

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1. Purpose

The purpose of these guidelines is to provide staff working within the Isolation and Treatment facilities with essential guidance and recommendation on how to safely allow *guardians access to support patients that are being cared for within their facility. It will outline best practice IPC recommendations, to ensure that guardians are protected as far as reasonably possible, from the potential risk of hospital - acquired transmission of COVID-19, whilst also promoting the importance of ensuring protection of patients from other infections that could be introduced by guardians.

This document will outline three levels of guardian access that can be considered by any Isolation and Treatment facility:

(1) ALLOWED ACCESS: guardians remain 24 /7 inside the facility and do not leave.
(2) PARTIAL ALLOWED ACCESS: guardian access at agreed times only.
(3) RESTRICTED ACCESS: no guardian entry permitted at this time.

The document will also use a core glossary of terms (see Appendix 5.1), to facilitate a common understanding and definitions of terms.

*Note: guardians of new-borns, infants and children should be granted access with maximum efforts undertaken to make this operationally possible and should always be based on the best interest of the child whilst taking into consideration the potential public health risks.

2. Responsibility

(1) Guardians: adherence to the IPC guidelines and recommendations outlined within the guidelines.
(2) Staff on Duty: the monitoring and supervision of any guardians to ensure compliance with the IPC guidelines and to mitigate any potential risks to guardians and others as identified.
(3) Nurse In-charge/IPC Focal Person: to lead on the training and the orientation of guardians with the IPC guidelines. They will also ensure that all staff are inducted and are familiar with the implementation of the recommendations outlined within the guidelines.
(4) **Child Protection Focal Person**: to lead on the management and coordination of any identified child protection concern in relation to several potential scenarios that may arise.
(5) **Isolation and Treatment Facility**: should ensure access to the required personal protective equipment (PPE) to be used by the guardians, upon entry to the facility.

3. Required Materials and Equipment

- Adequate quantities of the required level of personal protective equipment (PPE) (see Appendix 5.2).
- Guardian Informed Consent Form (see Appendix 5.3).
- IPC guardian training and orientation checklist (see Annex 1 of Appendix 5.3).
- Daily guardian screening and tracking checklist (see Annex 2 of Appendix 5.3).

4. Procedure

4.1. Preparations

a. Staff Induction and Orientation to the guidelines

→ All staff working within an Isolation and Treatment facility should complete an induction and orientation to the localised SOPs that have been agreed for implementation.

→ The nurse in-charge/designated IPC lead person should ensure a record of all staffs who have completed same.
→ Where possible, all staffs should be frequently refreshed on their localised SOPs to ensure preparedness.
→ As a minimum, refresher training should be undertaken bi-annually or after any event that results in the incorporation of learning and changes to any SOPs/guidelines.

b. Practical Site Considerations to Ensure Safe Guardian Access and Stay

→ Wherever possible the following should be considered as a minimum within the site plan or planning process of an Isolation and Treatment facility, with the understanding that this may not be possible or feasible in smaller facilities:
- o A separate guardian entrance and exit area (i.e. 'Red' and 'Green' zone areas), to help promote controlled and safer guardian flow in and out of the facility.
- o A designated reception area in the green zone, whereby family members (or others), can leave or receive any items for the patient in the facility (i.e. such as food, clothing etc.). Practical guidance on how to move items across the Red and Green zone can be found in the 'Passing Point IPC SOP'.
- o A designated area inside the facility whereby the guardian can safely 'Don and Doff' their PPE (i.e. particularly when guardians are staying inside the red zone area for extended periods).
- o Provision of a dedicated space whereby a guardian can rest and use a toilet. Where this is not possible, guardians should use a visitor or patients' toilet. (**Note:** toilets for guardians should be kept separate from those used by the staff within the facility).
- o A dedicated area within the 'Red' zone that has a good line of visual for the supervision of any child protection concerns, particularly if there are staff present in the red zone area 24 /7.

c. Identification of Focal Points within the Local Child Protection Services

→ Efforts should be made at a local level to confirm who the 'Health and Child Protection' actors are, that can support any of the five various scenarios, as highlighted in the below table, in which guardians and children will have to make difficult decisions regarding care arrangements:

Scenario	Child	Guardian (caregiver of child)
1	Symptomatic of COVID-19	Symptomatic COVID-19
2	Asymptomatic COVID-19	Symptomatic COVID-19
3	Symptomatic COVID-19	Asymptomatic COVID-19
4	Child's guardian dies in the facility	
5	Child is unaccompanied	

→ The designated child protection focal point of each facility will work to ensure that the best interests and specific needs of the child are taken into account, whilst balancing the public health risks and the available actors that can support any child protection scenarios that may arise.

d. Localised Decision Making (i.e. the level of guardian access and which strategy to apply/adopt at a localised level).

→ Each Isolation and Treatment facility varies in terms of their bed capacity, available resources (i.e. human and financial etc.) and also the number of patients that they are managing at any one time, due to the ↑↓ in number of suspect or confirmed patients.
→ Localised decision making will need to be undertaken with regards what level of guardian access and strategy will be adopted by the facility, from either ALLOWED ACCESS, ALLOWED PARTIAL ACCESS or RESTRICTED. Further details on each of these strategies are highlighted in Appendix 5.5.

4.2. Procedural Steps

a. Steps to Undertake When Making A Localised Decision on Guardian Access

→ Decision making on the level of guardian access sits with the management team responsible for the facility at a local level.
→ Frequent reviews will be undertaken of the agreed level of guardian access at the time, due to changing needs or scenarios, such as ↑ COVID-19 patient numbers or there is an ad hoc request for guardian access (i.e. in a child protection scenario, or a patient is agitated / confused / palliative etc.).

→ When reviewing the agreed level of access, the management team should take into consideration the number of guardian requests, staffing and PPE levels at the time and the ability and experiences of the staff team to be able to manage the safe monitoring and supervision of guardians.

→ Staff working within the facility should raise any identified concerns that they may have with regards the level of guardian access in place at the time to the management team.

→ Ad hoc guardian considerations may be required by the staff team on duty, due to the circumstances at the time and escalation of such decision making may be required to the senior management responsible.

b. Steps to Undertake when a Guardian Requests to Enter the Isolation & Treatment Facility

→ A guardian (i.e. a family member or other) of a suspect or confirmed COVID-19 patient, makes a request to enter the facility, so that they can support the patient

→ Staff should inform the guardian of what the localised access strategy that is being adopted at the time, such as ALLOWED ACCESS → ALLOWED PARTIAL ACCESS→ RESTRICTED ACCESS.

→ In a RESTRICTED ACCESS guardian strategy, where access into the facility is not currently permissible, staff should take time to reassure and update the guardian on the health status of their family member or other.

→ Attempts should be made by staff to reassure the guardian and support should be offered to facilitate guardian to patient communication (i.e. via mobile phone etc.).

→ In an ALLOWED ACCESS or ALLOWED PARTIAL ACCESS guardian strategy, staff should inform the requesting guardian that the following will need to be undertaken:

(1) Completion of an assessment of the level of potential risks posed to the guardian (**Note:** application of an exclusion criterion)

(2) Make an informed choice and sign a 'Guardian Consent Form' following an explanation of the potential risks and agreement to the IPC guidelines and recommendations that are in place.

(3) If available and appropriate, the guardian may be tested for COVID-19 using a rapid diagnostic test upon entry and exit to the facility (more relevant if applying an ALLOWED ACCESS guardian strategy).

(4) If available, the guardian should be offered vaccination against COVID-19.

(5) Be orientated and trained in the IPC procedures and how to safely 'Don and Doff' PPE.

→ Staff should undertake points (1) and (2) with the requesting guardian in an identified quiet area that offers some privacy, such as a visitors' reception area etc.

→ If the requesting guardian is assessed as being in the vulnerable category and therefore considered to be in a higher risk group for developing severe COVID-19, staff should discuss alternate nominations of a guardian.

→ If the requesting guardian is assessed as not being in the vulnerable category, adequate time should then be taken, so that staff can clearly explain the IPC measures that are in place and the practical instruction on what to expect before the guardian makes an informed choice to enter the facility.

→ If there are literacy challenges for the guardian, staff should read aloud the information written within the 'Guardian Consent Form' prior to any signature of the 'Guardian Consent Form'.

→ Once an informed decision has been made by the guardian to enter the facility, the staff on duty should inform the nurse in-charge (or designated other), to undertake orientation and training on the relevant IPC procedures and how to 'Don and Doff' safely.

c. Orientation and Training of Guardians to the Relevant IPC Procedures and the 'Donning' and 'Doffing' of PPE

→ The nurse in-charge (or designated other staff members) should lead on the orientation and training for guardians. As a **minimum** it should include practical instructions and drilling on the following:

- Hand hygiene technique and the '5 moments' of hand hygiene.
- Respiratory hygiene.
- Donning and doffing PPE (**Note:** guardians should use the **same** level of PPE as staff who are working in the facility).
- Layout and flow/movement of people in and out of the facility.
- Roles and responsibilities (i.e. when to seek assistance and who is the point for communication, noting this will change per shift).
- Waste separation and segregation.
- Cleaning and disinfection process for managing linen, plates and cutlery etc.

- Physical distancing from other patients, guardians and health workers wherever possible.
- Where to physically stand and sit (i.e. not on the patient's bed) while visiting the patient.
- Where to store the patient's personal belongings (i.e. bedside cabinet or safely under the bed).

→ A signed record of this practical training instructions is to be completed as part of the IPC Guardian Training and Orientation Checklist (see Appendix 5.4).

→ Additional refresher training support may be required if staff observe challenges, breeches or non-compliance with the IPC procedures and 'Donning and Doffing' by the guardian.

→ If a guardian does not comply with the IPC procedures in place and they put themselves and others at risk, the facility reserves the right to ask the guardian to leave.

→ Any decision to ask a guardian to leave should be discussed and approved by the senior management responsible.

d. Supervision and Monitoring the Access and Stay of Guardians (i.e. when they are in the facility)

→ The number of guardians that have ALLOWED ACCESS or ALLOWED PARTIAL ACCESS into the facility must be limited to one guardian per patient.

→ It is advisable to minimise the number of people entering and leaving the facility to reduce the burden on PPE supplies and the capacity of staff to train, supervise and monitor the guardian(s).

→ The total number of guardians should not exceed the agreed local cap (i.e. maximum number of guardians that can be allowed access at any one time. This will be influenced by the physical space within the facility).

→ Caution is advised for guardian access in areas where aerosol-generating procedures are performed (e.g. cardiopulmonary resuscitation (CPR), intubation and suctioning). Guardian access to these areas should be **further** limited and clear signage, the use of a dedicated area or room for such procedures on patients or the requesting of the guardian to temporarily absence themselves from the patient's bedside is advisable.

→ All guardians who have been given ALLOWED ACCESS or ALLOWED PARTIAL ACCESS into the facility should be:

- Recorded and tracked and be easily identifiable to the facility staff (i.e. using patient style wristbands).
- Be screened for signs and symptoms for COVID-19 prior to entering the facility and on a daily basis if the guardian is present in the facility 24 /7.
- Not permitted entry to the facility if they have any signs or symptoms of COVID-19 or other common communicable illnesses, such as diarrhoea and vomiting, that could be transmitted to others.
- Only providing care to their relative (or other) they are there to help, to avoid the risk of cross-transmission.

→ A daily guardian screening and tracking checklist (see Appendix 5.5) is to be used by the staff on duty and a written record of the guardian names who are in the facility is to be kept.

→ In an ALLOWED ACCESS guardian strategy, whereby the guardian remains inside the facility and does not leave the red zone, the practical site considerations as described in section 4.1.b. should ideally be in place to ensure safe continued guardian access and stay in the facility.

→ The guardian will need to eat/sleep themselves and should be encouraged to sit outside from time to time for their own recreation and well-being.

→ In both an ALLOWED ACCESS and ALLOWED PARTIAL ACCESS guardian strategy, the following should be in place:

- Identified staff on shift will need to continue to monitor and supervise the guardian(s). This may be challenging when staffing resources are limited and/or during incidences of increased patients' numbers. A review of the level of guardian access may be required.
- Nursing staff in the facility remain accountable for any task carried out by the guardian, and they should continue to monitor, check and document such things as skin, nutrition care provided to the patient by the guardian etc.

→ Upon discharge of the patient and final exit of the guardian, staff should advise the guardian of the following:

- Launder/disinfect the patients' clothes and belongings before leaving the facility.
- If this is not possible, then the guardian should do so as soon as they arrive home. (Note: patients' belongings do not have to be burned or destroyed prior to discharge).
- The guardian should self-isolate for a minimum period of 10 days upon their exit with the discharged patient.
- They should report to their nearest health facility if they develop any signs and symptoms of COVID-19 during this time.

e. Managing Difficult Situations:

(i) Insufficient Supplies of PPE for Guardians

→ Staff managing the PPE stocks within the facility should maintain close monitoring to ensure the following:
- There are adequate reserves of PPE available for guardians to use.
- That minimum stock level alerts for PPE are in place, thus ensuring a lead in time when PPE supplies are low.

→ When it is known that there are insufficient supplies of available PPE, guardians in the facility should be made aware that RESTRICTED ACCESS may have to be implemented (i.e. the guardian may be asked to temporarily leave or not enter the facility), as the priority of PPE supplies will be for use by the staff.

(ii) Guardian Wellbeing

→ Staff should encourage the guardian to take time away from the patient, particularly in circumstances where the guardian is struggling to manage the situation of their family member (or other).

→ Effort should be made by staff on duty to explain the situation to the guardian and allow time for the guardian to ask any questions, if they are unclear or unsure about what is happening with their family member (or other).

→ Staff on duty may request the guardian to immediately step away from the patient's bedside or room, in the event of trying to manage an emergency situation with the patient (i.e. CPR). In such a situation the guardian may not understand and/or be quite distressed about the situation and staff may not have the time to explain what is happening in the moment until afterwards.

→ If at any time staff are concerned about the wellbeing of the guardian, they should address and escalate concerns to the senior management responsible for the facility.

f. Steps to Undertake When Managing a Child Protection Scenario and people living with disabilities in a COVID-19 Isolation and Treatment Facility

→ Children, people living with disabilities and guardians should be provided with the most accurate accessible information, so that they can make an informed decision. Key principles that should be followed are outlined in Appendix 5.6.

→ There are five potential child protection scenarios that may arise in a facility (highlighted in the table in section 4.1. c.).

→ When such a scenario presents at the facility, the designated child protection focal point within the staff team should be notified (or in their absence a delegate) for the following steps to be managed and coordinated.

CHILD	GUARDIAN	ISOLATION and TREATMENT FACILITY (Suspect and Confirmed COVID-19 cases)
Scenario 1		☐ Isolate together wherever possible in the same facility and ward area. ☐ Child sleeping arrangements to be determined on a case-by-case basis accounting for age and gender. ☐ Family unity preserved.
Symptomatic	Symptomatic	
Scenario 2		☐ Where possible, explore the feasibility of the guardian remaining with the child. ☐ If the guardian decides to enter the facility with the child, then the steps outlined under section 4.2. b. will need to be undertaken. ☐ If the child is admitted to the facility without the guardian, staff should ensure that they document the phone number and address of the guardian and agree on means for updating them. ☐ Staff should ensure that the child and guardian have a method of contacting the child protection focal point if needed.
Symptomatic	Asymptomatic	
Scenario 3		☐ The local responsible health and child protection actors should work with the guardian to identify alternative care, preferably kinship care for the child. ☐ The child will need to self-quarantine with the identified alternate care provider for a minimum period of 10 days. ☐ If the parent (guardian) does not want to be separated from their child and there are no alternative care options, then the child should be admitted into the facility and steps outlined under section 4.2.b. will need to be undertaken for an assessment of risk/vulnerability to severe COVID-19. (**Note**: adaptation of orientation and training on IPC guidelines on 'Doning & Doffing' of PPE will need to be undertaken for children)
Asymptomatic	Symptomatic	
Scenario 4		☐ Contact the alternative guardian provided at the time of admission.

Child's Guardian Dies in the Facility	□ If the child protection staff are unable to support, and in the event that the child is also in the facility, the staff on duty will need to inform the child (depending on child's age) of the death, preferably by someone who the child is familiar with: o Use simple, age-appropriate language o Acknowledge children will have varying responses o Allow for silence o Allow child to express his/her emotions o Don't put a time limit on the conversation o Do not make any promises o If possible and if the child requests, allow him/her to see the body □ If the alternative guardian cannot be identified, the child protection team will identify alternative care options for the child
Scenario 5 Unaccompanied Minor	Steps: □ Collect and record basic information about the child if you can (i.e.: name, age, parents' names etc.) □ If the child was brought by an adult, ask them to stay to speak to the child protection focal point (or designated other). Inform them that they can remain anonymous if they wish. □ Inform the local health and child protection actors responsible. □ Keep children's belongings including clothes if they have been changed/removed. □ Keep the child as an inpatient if symptomatic and confirmed as COVID-19 positive. □ If the child is asymptotic and negative for Covid-19 then the child protection actors responsible will need to identify an alternative care option.

g. Steps to Undertake When Managing Breastfeeding Infants in a COVID-19 Isolation and Treatment Facility

→ Guardians of newborns and infants should be granted access to their children whenever operationally possible.

→ In the scenario that a newborn or infant is suspected or confirmed as having COVID-19, and the mother is asymptomatic, then the mother should be admitted together into the facility.

→ The mother should continue to breastfeed her newborn or infant. (**Note:** There is **no** evidence that COVID-19, can be transmitted through breast milk and the benefits of breastfeeding outweigh any risks to the newborn/infant).

→ The mother should still undergo the same steps that are outlined under section 4.2. b. for a guardian.

→ In the event that the mother is assessed as being vulnerable based on the exclusion criterion, and is therefore considered to be in a higher risk group for developing severe COVID-19, the following should be considered:

- Where possible the mother and her newborn/infant should be isolated in a single side room away from the main cohort of any suspect or confirmed COVID-19 patients on the ward. **OR** at the very minimum, away from any aerosol generating procedures, a minimum of 2+ metres from the nearest patient bed.
- Consideration of an alternate nomination of a guardian to care for the newborn/infant may need to be taken. The mother in this scenario should be supported to continue to express her milk (i.e. via a breast pump or self-express), which is then given to the alternate guardian to bottle feed or use other feeding equipment with the newborn / infant.

→ In the scenario that the mother is suspected or confirmed to have COVID-19, and the newborn/infant is asymptomatic, then they should be admitted together into the facility. (**Note:** consideration on the level of disease severity will be an influencing factor, particularly if the mother is considered to be the higher acuity severe → critically unwell COVID-19 case).

→ The admitted mother should be encouraged and supported to breastfeed as much as possible.

→ The mother should try to reduce the risk of transmission to the newborn / infant by washing their hands thoroughly before touching the newborn / infant or any bottles, breast pump or other feeding equipment.

→ The mother should be educated on the following:

- Avoid coughing or sneezing while feeding or holding their newborn /infant.
- Ensure that they are wearing a facemask all the time including when feeding or holding the newborn / infant.

→ If formula feeding is required for other medical reasons, it is vitally important to ensure that any bottles or feeding equipment, are appropriately cleaned and disinfected as normal.

5. Appendix

Appendix 5.1. Glossary of Terms

Glossary	Descriptor
Child Protection Focal Point (CPFP)	Act as a focal point to receive child protection concerns for referrals to local responsible sector/actor.
Contact	A person who has been in close proximity (within 1m for at least 15 mins) or in direct contact with a suspect or confirmed COVID-19 patient within the last 14-days of their getting sick.
Isolation	Separation of ill persons who are suspected or confirmed cases of COVID-19, for the purpose of treatment and / or to decrease the risk of infection transmission. This can be at home, community facility or at a referral facility
Quarantine	Separation of healthy persons who have been in contact with a COVID-19 suspect or confirmed case, for the purposes of early identification and treatment Can be at home or at a community facility
Isolation and Treatment Facility (ITF)	A health facility that can isolate and treat suspect and or confirmed moderate → severe COVID-19 patients and has access to supportive therapies, such as tanked oxygen or oxygen concentrators etc.
Separated Child:	Those separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members
Unaccompanied Minor	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Appendix 5.2. Personal Protective Equipment (PPE) to Use by Guardians (and Children, when appropriate).

	
	95/FF2/FF3
	
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Appendix 5.3. Guardian Informed Consent and Agreement Form (for Isolation & Treatment Facilities)

NAME of ISOLATION and TREATMENT FACILITY:……..

DATE:……..

The Isolation and Treatment facility provides case management and supportive treatments for suspected or confirmed COVID-19 patients. Each facility aims to have in place all the relevant infection, prevention and control (IPC) and safety measures possible, as per Ministry National IPC guidelines, which are in alignment with the WHO IPC minimum standards, to ensure the safety and well-being of any persons entering a facility (i.e. the 'Red Zone').

Any guardian (or child, in the case of a child protection scenario), who wishes to enter the isolation and treatment facility, will need to be assessed for potential risks, as the facility cannot guarantee that they will not be exposed to the COVID-19 virus.

Entry into the facility is therefore only permissible once the following has been undertaken:

		YES	NO
1	**Completion of an assessment of the level of potential risks posed to the guardian** (**Note:** application of the below exclusion criterion6)		
	a. Age: > 55 (<18 years of age)		
	b. There are no pre-existing co-morbidities: Hypertension / Diabetes / COPD / Asthma/ TB		
	c. They are not Immunocompromise: HIV / SAM / Chronic Steroid Use / Immunosuppressive medication / ongoing cancer treatment		
	d. If yes to any of the above is the guardian (or child, in the case of a child protection scenario) considered more vulnerable to COVID-19		
2	If available, has the guardian been tested for COVID-19?		
	Result: Positive (+). Or Negative (-)		
3	Is the guardian already vaccinated against COVID-19?		
	If not, does the facility have access to the vaccine to be able to vaccinate the guardian?		
4	Read and signed the 'Guardian Acknowledgement of Risk and Informed Consent Section of this Form'		
5	Been orientated and trained in the IPC procedures, and how to safely 'Don and Doff PPE' (Annex 2)		
6	Agrees to the ground rules of the facility (Annex 1)		
7	**Level of Guardian Access**		
	ALLOWED ACCESS (Guardian remains onsite 24/7 in the facility and does not leave)		
	ALLOWED PARTIAL ACCESS (Guardian enters the facility at agreed visiting times only)		
	RESTRICTED ACCESS (No Access)		

Guardian Acknowledgement of Risk and Informed Consent Section

- I have read and aware the that the Isolation and Treatment facility cannot guarantee that I will not be exposed to the COVID-19 virus when entering their facility
- I understand that the facility is not responsible for any possible exposure to COVID-19
- I agree to adhere to the facilities ground rules and the established IPC and 'Donning & Doffing' procedures, that I have been orientated to and trained on by the staff.

		Name	Signature	Date	Mobile No.
1	Guardian				
2	Admitting Staff Member				-
3	Witness				-

ANNEX 1: IPC Guardian Orientation and Training Checklist

	Description	Oriented and Trained
1	Hand hygiene technique and the '5 moments' of hand hygiene.	☐
2	Respiratory hygiene.	☐
3	Donning and doffing PPE (Note: guardians should use the **same** level of PPE as staff who are working in the facility).	☐
4	Layout and flow/movement of people in and out of the facility.	☐
5	Roles and responsibilities (i.e. when to seek assistance and who is the point for communication, noting this will change per shift).	☐
6	Waste separation and segregation.	☐
7	Cleaning and disinfection process for managing linen, plates and cutlery etc.	☐
8	Physical distancing from other patients, guardians and health workers wherever possible.	☐
9	Where to physically stand and sit (i.e. not on the patient's bed) while visiting the patient.	☐
10	Where to store the patient's personal belongings (i.e. bedside cabinet or safely under the bed).	☐

Record of Orientation and Training	Name	Signature	Date
Guardian			
Nurse In charge (or designated other)			

ANNEX 2: Common Ground Rules in Isolation and Treatment Facilities

Outlined below are the common ground rules considerations for guardians that should be read as the annex to the 'Guardian Informed Consent and Agreement Form'.

(1) Only one guardian is permitted per a patient and should always be the same guardian throughout the patients' hospital stay and priority access will be given to guardians of acutely unwell, palliative and dependent patients.
(2) Items of food brought to the facility from outside the facility for the patient or guardian of the patient, will need to be handed over at the main reception area in disposable boxes.
(3) A maximum number of guardians allowed into the facility will be in place (agreed at local level to prevent overcrowding).
(4) Guardians will agree to adhere to the facilities IPC procedures, as orientated and trained on prior to entry into the facility.
(5) Guardians will agree to use and wear the provided PPE.
(6) Th guardian will not spend all their time in the immediate area of the patient and will take frequent rest breaks outside of the treatment / ward area.
(7) **The guardian will support the patient with the basic care tasks as follows:**
    a. Encourage and promote eating and drinking.
    b. Assist with toileting and personal hygiene needs.
    c. Provide reassurance to patients when agitated / restless.
    d. Help with the supervision of the patient if they are confused.
    e. Help to reposition and mobilise the patient, particularly when rehabilitating.
    f. Help with explaining to the patient what staff have said and encourage the patient to ask questions.
    g. Call for help when concerned about the patient.
    h. Help the staff to understand the needs of the patients

(8) **Guardians are requested not to do the following:**
   a. Give the patient any unprescribed or local medicines / herbs
   b. Convince the patient not to adhere to the advice / instructions given by the clinical staff
   c. Suggest contrary procedures that contradicts the treatment plan and recommendations of the clinical staff.

(9) Be aware that the staff can ask the guardian to leave the facility at any time for various reasons such as non-adherence to the IPC procedures and guidelines, lack of resources (i.e. PPE) to allow the guardians to enter etc.

Appendix 5.4. Daily Guardian Screening and Tracking Checklist

Date (Time)	Name of Guardian	Name of Patient	Temperature (T° Fever > 37.8°C)	COVID-19 Screen (Cough, shortness of breath sore throat, fatigue, loss of taste/smell)	Entry YES / NO	Exit

Appendix 5.5. Strategies for Levels of Guardian Access

LEVEL OF ACCESS	DESCRIPTOR	WHEN TO CONSIDER
STRATEGY I	□ **ALLOWED ACCESS** and the guardian remains 24 / 7 with the patient. □ The guardian entering the isolation and treatment facility will assist the patient with their daily activities (i.e. providing basic care for a patient, including providing food and drinks, cleaning clothes and bed linen, as well as supporting basic activities for daily living, such as washing or using the toilet). □ Screening/assessment of all guardians must be undertaken before allowing access into the Isolation and Treatment facility. An exclusion criterion must be applied to all potential guardians o Vulnerable people: over the age of 55 years, children or anyone who are immunocompromised/unwell (i.e. HIV, SAM, chronic steroid use, immunosuppressive medications, ongoing cancer treatments etc.) o Have any co-morbidities: hypertension, diabetes, COPD, asthma, TB, be a current smoker □ The guardian as a minimum should be then: o Provided training in all the relevant infection, prevention and control (IPC) procedures and how to safely 'Don' and 'Doff' PPE o Be provided with appropriate personal protective equipment (PPE). □ Numbers of guardians should be **LIMITED** to one per patient to minimize the number of people entering and leaving the isolation and treatment facility and reduce the burden on PPE supplies and training capacity of health care staff.	□ When the isolation and treatment facility is under pressure / stress due to an increase in cases. (i.e. guardians are used to assist in providing basic care of the patient). □ IPC focal points and staff have the capacity to train, monitor and supervise the guardians. □ There are adequate supplies of PPE available for use by the guardians. □ The isolation and Treatment facility has thought about and has in place some if not all, of the practical site considerations to ensure safe guardian access

	□ Guardians should remain under the monitoring and supervision of an identified staff working on shift. □ If guardian does not comply with the IPC procedures in place and they put themselves and others at risk, the Isolation and Treatment facility reserves the right to ask them to leave.	
STRATEGY 2	□ **ALLOWED PARTIAL ACCESS,** as strategy 2, with the exception that the guardian will be given access during agreed visitor times only. □ *Exception to this being guardians of new-borns, infants and children, who should be allowed to remain 24 / 7 with the child.	□ As the above points
STRATEGY 3	□ RESTRICTED ACCESS all guardians from entering the isolation and treatment facility. This may be logistically simpler to put in place but will have implications for ↑ staffing needs at the facility. □ Additional health care assistants or nurses' aides may have to be recruited to ensure the standard of personal care is maintained in the absence of family members and other carers. □ Additional catering and laundry services will have to be set up □ Additional communication systems will also need to be established to update families on the health status of their loved ones. □	□ When the isolation and treatment facility is under pressure / stress due to an increase in COVID-19 cases. □ When staffing levels are sub-optimal to be able to ensure adequate monitoring and supervision of the guardian. □ When PPE supplies are limited, and the prioritisation should be for use by the healthcare staff workers rather than the guardians in the isolation and treatment facility. □ When internal space is limited and there is an IPC risk. □

Appendix 5.6. Key Child Protection Principles in COVID-19 Context and Isolation and Treatment Facilities

- **Best interests of the child,** takes into account public health risks with the specific needs of children based on their age and developmental stage.
- **Do no harm:** all efforts should be made to minimize the risk of spreading the virus to high-risk children and guardians.
- **Informed consent:** to the extent possible, placement in alternative care should be done with the guardians and child's consent based on accurate and accessible information regarding the nature of the facilities, communication channels in place, and risks.
- **No one** should force a guardian to separate from his/or her child unless there is a significant risk to the child or guardian's health and/or safety.
- **No one** should force a person to care for a child. If a guardian refuses to take a child either back into their own home or into a foster family. Help dispel any rumours and help to address their concerns, but the child should not be left in their care without their consent even if they by law or custom have care responsibilities for the child.
- **In the event** that both the guardian and child are unwilling to separate, provide information on the need for separation.
- **Participation:** children and caregivers should be able to fully participate in decision making, placement options, and care planning. To actively participate, information should be shared in a language and format that both the child and caregivers understand, including those children and caregivers with disabilities.
- **Prioritise family-based care and limit family separation**: COVID-19 poses a risk of separation of children from their caregivers. In preparation, communities are being encouraged to identifying alternative caregivers should families need to be separated. Every effort must be made to plan with high-risk caregivers on who could provide care for their children should they fall ill, keep children in safe families, and identify how children can keep in contact with family members if they need to be separated due to illness.

6. References

1. African Centres for Disease Control and Prevention (Africa CDC) Standard operating procedures for caregivers in COVID-19 treatment centre. November 2020. https://africacdc.org/download/standard-operating-procedures-for-caregivers-in-covid-19-treatment-centres/

2. Ministry of Health (MoH) Malawi National IPC & WASH guideline, November 2020.
3. WHO, Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed, Interim guidance 29 June 2020. https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-2020.4