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Practice points

The COVID-19 hotel for healthcare workers: an Italian best practice

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During the coronavirus disease 2019 (COVID-19) pandemic, some healthcare workers (HCWs), directly involved in the care of infectious patients, have chosen to separate temporarily from their families in order to protect their parents or children from the risk of infection. Such separation can be very difficult and expensive. In China, some hospitals provided facilities, including the provision of food and daily living supplies, and help for staff to video record their routines in the hospital to share with their families in order to alleviate the concerns of family members [1]. This article describes our experience in southern Italy.

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Bari Policlinico General Hospital in southern Italy is part of the COVID-19 hospital network, with 300 beds for patients with COVID-19. In total, 656 HCWs worked on the COVID-19 wards. From 1st April 2020, the HI Hotel in Bari offered accommodation for HCWs employed in the COVID-19 area of the hospital for 1 month. This four-star hotel has 88 rooms and normally accommodates tourists and business travellers.

Prior to 1st April 2020, the hotel was inspected by an occupational physician and the Prevention-Protection Service Manager of the study hospital to plan the procedures aimed at avoiding the spread of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). 'Dirty paths' – reserved for HCWs – were used to regulate entry to and exit from the hotel. Specific rules were defined to limit all possible contacts between HCWs and hotel staff.

Specific lifts were allocated for access to the upper floors reserved for HCWs. The lifts were programmed for single journeys to avoid contact between people. This procedure is consistent with previous experience in some hospitals with zero cases of nosocomial COVID-19 [2]. HCWs had to reach the hotel on foot or by car. Signage directed HCWs to a pre-triage room for a temperature check and to answer a questionnaire about signs and symptoms of COVID-19 (i.e. fever, weakness, cough, shortness of breath, muscle pain, anosmia, ageusia, etc.). HCWs with temperature $>37.5^{\circ}$ C or reporting specific signs or symptoms were evaluated by physicians.

During hotel check-in, each HCW received an electronic room key and instructions about meals. The restaurant was closed to avoid close contact between HCWs. Of note, a cluster

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of COVID-19 in a restaurant, involving three families, has been described in China [3].

Meals were delivered to the door of each room to avoid contact between hotel staff and HCWs. Each room was provided with an appropriate double bag for rubbish, and bags were closed by the HCWs to avoid contact between waste and hotel staff. Rubbish was managed according to rules for infectious biological waste [4]. Hotel staff undertaking meal delivery, cleaning and waste transfer wore appropriate gloves and a medical mask.

HCWs had to stay inside their rooms. To enter common areas (e.g. hall), the use of medical masks and shoes covers was mandatory. All HCWs were trained in the correct use of medical masks [5].

Rooms were cleaned when the HCWs were elsewhere. Cleaning of common areas (i.e. corridors, lifts) was carried out at various times, but avoiding the hours of the day when HCWs left for or returned from the hospital (around 07:00 h and 14:00 h). Cleaners wore personal protective equipment, such as double gloves, FFP2 masks and disposable shoe covers, taking care to replace the shoe covers and outer gloves before entering each room. During cleaning, disposable single-use equipment was used where possible [6].

Twenty-three HCWs (21 nurses and two physicians) stayed at the hotel. They worked on the infectious disease ward, the emergency room and critical care areas. Twelve HCWs were female and the mean age was 28.05 [standard deviation (SD) 6.41] years. The hotel staff comprised 22 individuals (12 females) with a mean age of 47.85 (SD 8.31) years.

Infection control and prevention staff at the study hospital provided a specific early detection programme for COVID-19, focused on HCWs, from 21st March 2020. Three weeks after commencement of the HCWs' stay in the hotel, all 23 HCWs and 22 hotel staff were evaluated for COVID-19 in the Molecular Epidemiology and Public Health Laboratory of Bari Policlinico General Hospital. Nasopharyngeal swabs were collected as recommended by the US Department for Disease Control and Prevention [7]. Diagnostic procedures followed the recommendations of the World Health Organization [8]. No asymptomatic carriers of SARS-CoV-2 were detected. This study found that, with careful planning and excellent staff cooperation, HCWs can be hosted safely in hotel facilities during the COVID-19 pandemic.

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