

adult primary care

COVID-19

Guidance for health workers in Primary Health Care Facilities

Updated 26 May 2020 for use in Primary Health Care Facilities in South Africa.

Note that COVID-19 guidance is evolving.
Check www.nicd.ac.za for latest versions.

Updated 26 May 2020



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



GLOSSARY

PUI stands for "Person under investigation"

This refers to a patient who has symptoms that meet the criteria for testing for COVID-19. This patient is suspected of having COVID-19.

Vulnerable person

A vulnerable person is at increased risk of developing severe COVID-19 disease and includes: elderly (≥ 65 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes).

Close contact

A close contact is when a person has had face-to-face contact (within 1 metre) of a COVID-19 person, or has been in a closed environment (like room or vehicle) with a COVID-19 person for at least 15 minutes. Examples of close contacts include those in the same household/ workplace or health workers who have managed a COVID-19 patient without using appropriate personal protective equipment (PPE).

Isolation

Isolation is when a person with confirmed COVID-19 is separated from others.

Quarantine

Quarantine is when a person is separated from others because s/he:

- is waiting for COVID-19 test results OR
- has been in close contact with someone with COVID-19. S/he may have been infected and could spread it to others without knowing.

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The role of the Knowledge Translation Unit (KTU) of the University of Cape Town is acknowledged for developing these materials in collaboration with the South African National Department of Health. We thank the Western Cape Provincial Department of Health for the input of their clinicians, policy makers and end-users in refining the materials.



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SCREEN ALL PATIENTS FOR COVID-19

- Ensure triage staff wear a surgical mask and keep 1-2m distance from patients. Ensure queuing patients keep 1-2m apart from each other and are wearing cloth masks.
- Have 70% alcohol-based hand rub available for all patients entering the facility.
- Ensure facility has separate streams/patient flows for patients who are suspected of having COVID-19 and those who are not.
- Ensure triage station has a supply of surgical face masks to give symptomatic patients.

If patient known with COVID-19 and returning with worsening symptoms, fast track this patient:

Give surgical mask and send patient to separate area identified for emergency care of COVID-19 patients for urgent attention →4.

Screen all patients for acute respiratory symptoms at a triage station before facility entrance

- Ask each patient if s/he has had new onset of any of the following in the last 14 days:
 - Shortness of breath
 - Cough
 - Sore throat
 - Anosmia (loss of sense of smell) or dysgeusia (changes in sense of taste)
 - Fever (without obvious cause e.g skin infection)

Yes to any

No to all

If patient known with asthma or COPD, has cough or breathing significantly worsened in the last 14 days?

Yes

No

Person Under Investigation (PUI) for COVID-19

- Give patient a surgical mask to wear.
- Does patient have shortness of breath?

Yes

No

In the last 14 days, has patient been in close contact¹ with anyone who has confirmed COVID-19?

Yes

No

Manage as a close contact.

Give patient a surgical mask to wear.

Send patient to separate area identified for emergency care of COVID-19 patients for urgent attention →4.

- Send to separate waiting area for further assessment for COVID-19.
 - Ensure patients sit 1-2m apart.
 - Advise on cough and hand hygiene.
- If patient is a PUI for COVID-19, continue to assess and manage →4.
- If patient is a COVID-19 close contact, continue to assess and manage →9.

- Allow patient to attend normal waiting area.
- Ensure s/he continues to wear cloth mask.
- Ask patients to sit 1-2m apart if possible.
- Continue to assess and manage the patient using APC, whilst also following de-escalation of care protocols ↻ 10.
- Keep patients separate from suspected COVID-19 case areas.

¹Close contact is when a person has had face-to-face contact (within 1 metre) of a COVID-19 person, or has been in a closed environment (like room or vehicle) with a COVID-19 person for at least 15 minutes.

ASSESS AND MANAGE THE PATIENT WITH SUSPECTED COVID-19

When working in close contact with a patient with suspected COVID-19, ensure you are wearing personal protective equipment (surgical mask, visor or goggles, gloves, apron) ↪ 18.

Consider severe COVID-19 as well as other causes¹.

Give urgent attention to the patient with suspected COVID-19 and any of:

- Breathless at rest or while talking
- Respiratory rate ≥ 25
- BP < 90/60
- Pulse rate > 120
- Confused or agitated
- Unable to walk without help
- Oxygen saturation < 95%
- Sudden breathlessness, more resonant/decreased breath sounds/pain on 1 side, deviated trachea, BP < 90/60: **tension pneumothorax** likely
- Coughs ≥ 1 tablespoon fresh blood

Manage and refer urgently:

- If short of breath or oxygen saturation < 95%, give oxygen:
 - Ideally use nasal prongs, start 1- 4L/min. If only facemask available, give 6-10L/min. Aim for oxygen saturation $\geq 90\%$.
 - If patient remains distressed or oxygen saturation < 90%, give facemask oxygen with reservoir bag (non-rebreather) at 10-15L/min.
- Put up an IV line.
- If BP < 90/60, give slowly **sodium chloride 0.9%** 250mL IV over 30 minutes, repeat until systolic BP ≥ 90 . Continue 1L 6 hourly. Stop if breathing worsens.

If known asthma/COPD and wheeze:

- Give inhaled **salbutamol** via spacer² 400-800mcg (4-8 puffs) every 20 minutes ↪ APC to see how to use inhaler with spacer. Avoid nebuliser².
- Give single dose **prednisone** 40mg orally. If unable to take oral medication, give single dose **hydrocortisone** 100mg IM/slow IV.
- If poor response to salbutamol, add inhaled **ipratropium bromide** via spacer² 80-160mcg (2-4 puffs), every 20 minutes as needed for up to 3 hours. If ipratropium inhaler not available, and patient condition remains severe, give **magnesium sulphate** 2g in 100mL **sodium chloride 0.9%** IV slowly over 20 minutes.

If known diabetes and rapid deep breathing with glucose > 11

- Discuss IV fluids with referral centre.
- If referral delay > 2 hours: give **short-acting insulin** 0.1units/kg IM (not IV³). Avoid using insulin needle to give IM insulin. Use 22-25 gauge needle depending on weight of patient.

If known heart problem

If difficulty breathing worse on lying flat and leg swelling: treat for **heart failure**.

- Sit patient up.
- If systolic BP > 90: give **furosemide** 40mg slow IV. If no response after 30 minutes, give further **furosemide** 80mg IV. If good response, give 40mg IV over 2-4 hours.
- If systolic BP > 90: give sublingual **isosorbide dinitrate** 5mg even if there is no chest pain. Repeat once if pain relief needed. Then repeat after 4 hours.
- If BP $\geq 180/130$: give single dose **enalapril** 10mg orally.

If tension pneumothorax likely

- Insert large bore cannula above 3rd rib in mid-clavicular line.
- Arrange urgent chest tube. If not possible, refer urgently.

- If temperature $\geq 38^{\circ}\text{C}$, give **ceftriaxone** 1g IV/IM and **azithromycin** 1g orally to treat for possible **severe bacterial pneumonia**.
- If unsure, consult doctor/specialist according to referral pathway. If difficulty reaching specialist, phone NICD hotline on 0800 11 1131 or 082 883 9920 or 066 562 4021 or send an SMS with your name and query to NICD on 066 562 4021.
- Inform EMS and referral centre that the patient has respiratory distress and is a suspected COVID-19 case.

Clean and disinfect after patient has been referred ↪ 18.

If patient not needing urgent attention, continue to assess and manage →5.

¹Other infectious causes may include influenza, TB, bacterial pneumonia, Pneumocystis pneumonia (PCP or PJP) if immunocompromised. ²Nebuliser use is discouraged as it is considered an aerosol-generating procedure that can spread coronavirus.

³Avoid giving insulin intravenously (IV) as it may cause low potassium and heart dysrhythmia and needs in-hospital electrolyte monitoring.

Approach to the patient with suspected COVID-19 not needing urgent attention

When working in close contact with a patient with suspected COVID-19, wear appropriate personal protective equipment (surgical mask, visor or goggles, gloves, apron) ↷ 18.

Screen for chronic conditions, especially:

Ask about HIV status:

- If unknown or tested negative > 6 months ago, test for HIV ↷ APC.
- If newly diagnosed HIV or HIV not on ART: delay ART until symptoms resolve. Follow up in 2 weeks.

Screen for TB:

- Send sputum for Xpert MTB/RIF if:
- HIV positive and cough.
 - HIV negative and has a close contact with TB.
 - Cough ≥ 2 weeks, weight loss ≥ 1.5kg, drenching night sweats, fever ≥ 2 weeks.

Screen for diabetes:

- If ≥ 40 years, or if BMI ≥ 25 and any other risk factor¹, check glucose ↷ APC.

Manage other symptoms and chronic conditions

- Consider that symptoms may have another cause. Use APC to manage symptoms as on symptom pages. If fever in past 3 days and in malaria area in past 3 months, exclude malaria.
- If patient has a chronic condition, check that it is well controlled. Use APC to give routine chronic care. Also check if de-escalation of care possible to protect patient from COVID-19 ↷ 10.

Test for SARS-CoV-2 (COVID-19) and complete contact list

- If your facility is able to perform SARS-CoV-2 testing:
 - Collect a single upper respiratory swab, preferably a nasopharyngeal swab ↷ 6.
 - Record reliable contact details for follow up of results and contact tracing process. Include an alternative phone number.
- If your facility is not able to perform SARS-CoV-2 testing: arrange for patient transport to designated testing facility or arrange for trained staff to come and take specimen. If unsure, consult: **Provincial hotline** or **NICD hotline** 0800 11 1131 or 082 883 9920 or 066 562 4021 or SMS your name and query to NICD on 066 562 4021.

Assess if patient is able to safely isolate at home while waiting results:

- Is patient able to isolate in a separate room?
- Is patient able to contact or return to health facility urgently if his/her condition worsens?

Yes to both

No to either

Discharge to safely isolate at home while awaiting results.

- Give **paracetamol** 1g 6 hourly orally as needed for fever or pain. Avoid NSAIDs (like ibuprofen) unless using for other condition/s.
- Explain how to safely isolate at home ↷ 9. Explain what symptoms patient should monitor for and when to return (see red box below).
- If vulnerable person², explain increased risk of severe disease if COVID-19 positive. Advise to contact facility urgently if red box symptoms.
- Advise that facility will phone patient with results – no need to return unless condition worsens. Ensure correct contact details³.
- Facility **MUST** delegate a responsible person to follow results up.

- Discuss alternate accommodation/ isolation facilities that may be available.
- If unsure, contact: Provincial hotline or NICD hotline 0800 11 1131 or 082 883 9920 or 066 562 4021.

Advise to call health facility (give number) or National hotline on 0800 029 999 or return urgently to health facility if:
Shortness of breath, difficulty breathing, persistent chest pain/pressure, new confusion or worsening drowsiness.

Clean and disinfect after patient has left facility ↷ 18.

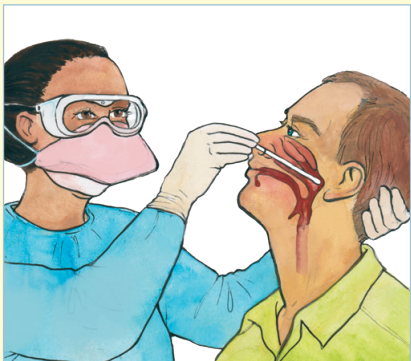
¹Diabetes risk factors: physical inactivity, hypertension, parent or sibling with diabetes, polycystic ovarian disease, cardiovascular disease, diabetes during pregnancy or previous big baby > 4000g, previous impaired glucose tolerance or impaired fasting glucose or TB in past year. ²Vulnerable persons include elderly (≥ 65 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes). ³Include an alternative phone number. If able, check phone numbers are working before patient leaves facility.

HOW TO TEST FOR COVID-19

- A patient with suspected COVID-19 needs testing for the virus SARS-CoV-2, which causes the disease COVID-19.
- Take one upper respiratory specimen: a nasopharyngeal, oropharyngeal, mid-turbinate or nasal sample. Sampling can be done at any time of day.
- Complete NHLS request form to send with specimen. Fill in 'SARS-COV-2 testing (PCR)' under other tests (all disciplines) section. Record correct contact details and alternative number.
- Before starting:
 - Perform hand hygiene and put on PPE safely ↪ 19.
 - Explain procedure to patient and that s/he may feel some discomfort for a short time.
 - Open a sterile flocked swab with a plastic shaft.

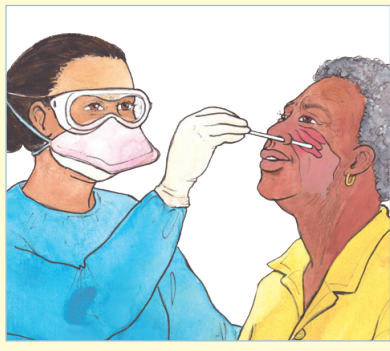
If taking nasopharyngeal specimen:

- Ask patient to tilt head back.
- Holding swab like a pen, insert swab into nostril and carefully advance swab backwards (not upwards), until you feel resistance at posterior nasopharynx (about 5-6cm). If resistance felt sooner, try other nostril.
- Gently rotate swab 2-3 times and hold in place for 2-3 seconds, then withdraw from nostril.



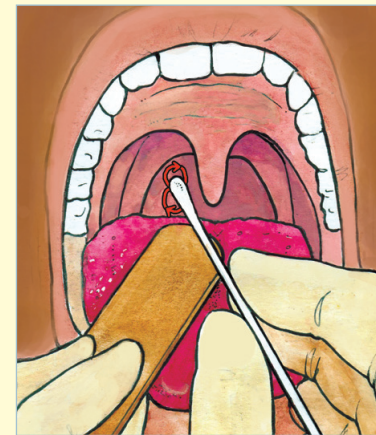
If taking mid-turbinate specimen:

- Ask the patient to tilt head back.
- Gently insert swab into nostril until you feel resistance at turbinates (about 2 cm).
- Gently rotate swab several times against nasal wall.
- Repeat in other nostril using same swab.



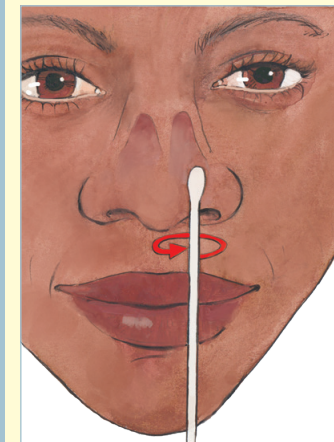
If taking oropharyngeal specimen:

- Ask patient to tilt head back and open mouth.
- Hold tongue down with tongue depressor.
- Ask patient to say "aahh" to elevate the uvula.
- Swab each tonsil first, then swab posterior pharynx using figure of 8 movement.
- Avoid swabbing the soft palate or the tongue as this can cause a gag reflex.



If taking nasal specimen:


- Gently insert swab into nostril (about 1 cm).
- Firmly rotate swab against nasal wall and leave it in place for 10-15 seconds.
- Repeat in other nostril using same swab.



- Break off the swab shaft at the break point and place it into universal transport medium (UTM) tube. Tightly close tube and place in plastic bag. Ensure sample is kept between 2-8°C until processed at laboratory.
 - If no UTM available and specimen will reach laboratory within 2 days, send dry swab at room temperature.
 - If no UTM available and will reach laboratory after 2 days, use normal saline instead.
- Remove PPE safely ↪ 20 and wash hands thoroughly.

COMPLETE A CONTACT LIST FOR A COVID-19 PATIENT


- A close contact is a person who has had face-to-face contact (within 1 metre) of a COVID-19 person, or has been in a closed environment (like room or vehicle) with a COVID-19 person for at least 15 minutes.
- Complete hard copy shown below. If hard copies not available download from <https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/>
- Ask patient to tell you about the people s/he has been in close contact with from the date s/he developed symptoms until now. Ask about household members, work colleagues and friends, especially vulnerable persons¹.
- If test result positive: send completed form to relevant co-ordinator according to facility protocol.



NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation for Coronavirus disease 2019 (COVID-19).



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REPUBLIC OF SOUTH AFRICA

Details of person under investigation/confirmed COVID-19 case

RSA Identity number / Passport number _____ Residential address _____

First name _____

Surname _____ District _____

Contact number _____ Province _____

Date of birth _____ Date of sample collection _____ Testing laboratory _____

Details of contacts (With close contact¹ from the date of symptom onset, or during symptomatic illness.)

Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW ³ or school-going/teacher? (Y/N) If Yes, facility/school name
1					DD/MM/YYYY				
2					DD/MM/YYYY				
3					DD/MM/YYYY				
4					DD/MM/YYYY				
5					DD/MM/YYYY				
6					DD/MM/YYYY				
7					DD/MM/YYYY				

¹ A vulnerable person is at increased risk of developing severe COVID-19 disease and includes elderly (≥ 65 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes).
² Contact is the: spouse (partner), child, mother, father, grandfather, grandmother, aunt, uncle, nephew, niece, cousin, other relative, colleague, friend, classmate, carer, domestic helper, gardener or nanny of the patient.
³ Healthcare worker.

1
Fill in details of each contact on separate row. Start with surname of contact.

2
Then record contact's first name.

3
Fill in sex and age of contact

4
This refers to what relation the contact is to this patient. Contact is the: spouse (partner), child, mother, father, grandfather, grandmother, aunt, uncle, nephew, niece, cousin, other relative, colleague, friend, classmate, carer, domestic helper, gardener or nanny of the patient.

5
Fill in the date of last contact.

6
Fill in name and address of where close contact occurred.

7
Fill in contact's home address.

8
Fill in contact's phone number/s. Include a back-up number if possible.

9
Check if contact is a health care worker (HCW), is at school or is a teacher. If yes (Y), then fill in name of the facility/school.

Continues on reverse

use refer to www.nicd.ac.za for most recent version of this document before use.

Version 8, 25 April 2020

¹A vulnerable person is at increased risk of developing severe COVID-19 disease and includes elderly (≥ 65 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes).

FOLLOW UP TEST RESULTS

Phone¹ patient to provide test results and follow up his/her condition:

- Check SARS-CoV-2 result. Also check if TB sputums, CD4 count/CrAg were sent: recall patient if Xpert or CrAg positive.

Notify

- Notify using NMC³ app or web portal or download hard copies from: <https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/>

Record and report close contacts⁵:

- Complete 'Contact Line List Form', if not already done ↷ 7.

SARS-CoV-2 positive

Patient has **COVID-19**.

Decide if patient able to continue home management

If patient sounds breathless while talking to you over the phone: advise patient to return to clinic for admission.

Assess if patient is able to continue safely isolating at home:

- Is patient able to isolate in a separate room?
- Is patient able to contact or return to health facility urgently if his/her condition worsens?

Yes to both

Patient able to safely home isolate

Continue with home management:

- Advise to take **paracetamol** 1g 6 hourly orally as needed. Avoid NSAIDS (like ibuprofen) unless using for other condition/s.
- Check patient understands how to self-isolate ↷ 9 and give information leaflet.
- Check patient understands when to call/return (see red box below).
- Refer to community-based services for follow up if available.
- If patient is a vulnerable person² or a smoker, explain that s/he is **at increased risk of severe disease**:
 - Advise to monitor carefully for worsening symptoms (red box) and to call health facility (give number) if these develop.
 - If diabetes, advise to monitor glucose at home, if possible.
- Advise to call ambulance if s/he becomes severely ill and to inform staff that s/he has COVID-19.

Explain when to end isolation

- Explain that no repeat testing needed. Patient may discontinue isolation 14 days after the start of symptoms.
- If symptoms are not resolved after 14 days, advise to contact facility to discuss before ending isolation.

SARS-CoV-2 negative

- Consider a TB test if not done already if:
 - Cough ≥ 2 weeks (any duration if HIV positive), weight loss ≥ 1.5kg, drenching night sweats, fever ≥ 2 weeks

- Advise patient to phone health facility (give number) or return if symptoms worsen or if no better after 5 days. Then discuss the need for retesting and further management with: NICD hotline 082 883 9920 or Provincial hotline.

No to either

Patient unable to safely home isolate.

- Discuss alternate accommodation/isolation facilities that may be available.
- If unsure, contact Provincial hotline or NICD hotline 082 883 9920.

Advise to call health facility (give number) or National hotline on 0800 029 999 or return urgently to health facility if:
Shortness of breath, difficulty breathing, persistent chest pain/pressure, new confusion or worsening drowsiness.

¹If possible, doctor to phone and assess clinically. ²Vulnerable persons include elderly (≥ 65 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes). ³Notifiable Medical Conditions - electronic submission available from NICD website: www.nicd.ac.za/notifiable-medical-conditions. ⁴Communicable Disease Control. ⁵A close contact is a person who has had face-to-face contact (within 1 metre) of a COVID-19 person, or has been in a closed environment (like room or vehicle) with a COVID-19 person for at least 15 minutes.

MANAGE THE CLOSE CONTACT WITHOUT COVID-19 SYMPTOMS

A close contact is a person who has had face-to-face contact (within 1 metre) of a COVID-19 person, or has been in a closed environment (like room or vehicle) with a COVID-19 person for at least 15 minutes.

Assess and manage a patient who is a COVID-19 close contact

When managing a close contact, wear appropriate personal protective equipment ↻ 18. Ensure patient wearing cloth mask. Even if asymptomatic, s/he can still be infectious if s/he has been infected.

Manage other symptoms and chronic conditions

- Use APC to manage symptoms as on symptom pages.
- If patient has a chronic condition, check that it is well controlled. Use APC to give routine chronic care. Also check if de-escalation of care possible to protect patient from COVID-19 ↻ 10.

Advise the patient who is a COVID-19 close contact

- Patient needs to quarantine. This means that, in case s/he was infected during close contact, s/he needs to separate him/herself from others to prevent spread of virus. Explain how: see below.
- Advise to self-monitor for symptoms (like cough, sore throat, changes in taste or smell, fever, fatigue, body aches). Explain red box (below). If symptoms, then to contact National hotline on 0800 029 999.

Assess if patient is able to safely quarantine at home:

- Is patient able to quarantine in a separate room?
- Is patient able to contact or return to health facility urgently if his/her condition worsens?

Yes to both

No to either

- Discharge to safely quarantine at home.
- Explain how to safely quarantine at home (below).

- Discuss alternate accommodation/isolation facilities that may be available.
- If unsure, contact Provincial hotline or NICD hotline 0800 11 1131 or 082 883 9920 or 066 562 4021 .

If no symptoms develop, patient may stop quarantine 14 days after date of last exposure.

Advise to call health facility (give number) or National hotline on 0800 029 999 or return urgently to health facility if shortness of breath, chest pain/pressure, new confusion or worsening drowsiness.

Clean and disinfect after patient has left facility ↻ 18.

EXPLAIN HOW TO SAFELY ISOLATE OR QUARANTINE AT HOME

If patient able to isolate or quarantine at home, explain how:

- Stay in own room and if possible, use own bathroom. Avoid unnecessary contact with others. If contact unavoidable, wear face mask if possible, and keep 1-2m away from others.
- Clean hands with soap and water frequently or use 70% alcohol-based hand sanitiser.
- Cough/sneeze in to elbow or a tissue. Immediately discard tissue in waste bin and wash hands.
- Avoid sharing household items like dishes, cups, eating utensils and towels. Wash these well after use.
- Clean and disinfect all high-touch surfaces like door knobs, table tops, counters, toilets, phones, computers, etc.
- If laundry needs to be done: if hand washing, use soap and if possible, hot water. If using washing machine, use high temperature ($\geq 60^{\circ}\text{C}$) and detergent. Dry well as usual and if possible, iron.
- Dispose of waste carefully: put rubbish bags in second rubbish bag and store for 5 days, if possible, before putting out for collection.

PROTECT THE PATIENT WITH A CHRONIC CONDITION FROM COVID-19

- The patient with a chronic condition is at risk of severe coronavirus disease.
 - Emphasise the need to adhere strictly to physical distancing, handwashing and hygiene recommendations.
 - Educate about symptoms of coronavirus and encourage to seek healthcare urgently if s/he develops difficulty breathing.
 - Ensure the patient has the health facility contact details and the referral centre/provincial hotline number.
- **Limit the patient's contact with the health facility: keep visits brief and decrease number of routine visits. If patient stable, move to repeat prescription collection.**
 - If possible, schedule appointments for routine visits.
 - Ensure patient's contact details are up to date: check telephone number and address at each visit and update folder.
- Manage the patient's chronic condition. Review and optimise treatment. **Restart treatment if interrupted.** Ensure adequate medication supply, give 2 months' if possible.
- Give routine care as per APC and adjust usual care as in table below:

	Adjust and review prescribing	Adjust medication supply	Rearrange routine visits	Adjust advice giving
HIV	<ul style="list-style-type: none"> • Try to start ART same day wherever possible, ideally with TLD. • Switch patient on TEE to TLD if possible^{1,2}. • Give influenza vaccine. • Switch the patient failing ART promptly. 	<ul style="list-style-type: none"> • If on TLD, give up to 4 months' supply if your pharmacy has enough stock. • If on TEE, give up to 2 months' supply. • Check that medication delivery process is maintained. 		
TB	<ul style="list-style-type: none"> • If HIV not on ART: start ART at 2 weeks of TB treatment, if tolerating TB treatment. Consider PredART³ if CD4 < 100. • If on linezolid, check fingerprick Hb monthly: if Hb < 8g/dL, do FBC + differential count. If unable to do fingerprick Hb, do FBC + differential count and inform patient of result by phone. 	<ul style="list-style-type: none"> • Do not do clinic DOTS. • Give pillbox if available. • At diagnosis, give medication for 1 month. • At 4-week visit, give monthly supply for remainder of treatment. 	<ul style="list-style-type: none"> • Follow up at 1 week via phone or at facility if patient is unwell or likely to have adherence problems. • Stick to monthly visits. • Screen contacts by phone, especially if elderly or with a chronic condition. Do not bring child contacts to facility for sputums, discuss with specialist instead. 	<ul style="list-style-type: none"> • Counselling session 1 at facility/by phone, session 2 by phone, omit session 3. • Ensure adherence support from family or CHW. • Emphasise infection prevention at home. Give a mask for 1st 2 weeks if DS-TB or until culture conversion if DR-TB.
NCD (Non-Communicable Diseases)	<ul style="list-style-type: none"> • Review and optimise treatment. • Give influenza vaccine if heart disease, stroke, hypertension, diabetes, asthma or COPD⁴. 	Give adequate medication supply: give at least 2 or 3 months' medication based on stock availability.	<ul style="list-style-type: none"> • Do routine bloods only if results likely to change management. Phone with results instead of arranging return visit. • Encourage patients to avoid health facilities where possible –advise patient on symptoms requiring urgent care (next column). 	Ensure patient understands when s/he needs to visit the clinic urgently: <ul style="list-style-type: none"> • If diabetes: if shortness of breath, chest pain; if passing excessive amounts of urine/thirstier than usual; if able to monitor at home and unexplained low or high blood sugar levels, or ketones in urine. • If hypertension: if persistent headache, blurring of vision, dizziness, worsening shortness of breath with activity, new onset chest pain, new weakness or speech problems. • If asthma/COPD: if worsening shortness of breath despite treatment. • If heart problem: if swelling of feet, worsening shortness of breath with activity, dizziness, fainting, new onset or worsening chest pain.
Mental Health	If on clozapine, decrease frequency of FBC + differential count checks from weekly to monthly, or monthly to 2-monthly if stable.	Give adequate medication supply.	Monthly visits if on injectable or clozapine, consider 2-monthly if stable.	Advise the patient on clozapine to return urgently if sore throat or fever, to exclude a clozapine-related neutropenia.

¹TDF/3TC/DTG is also known as TLD. TDF/FTC/EFV is also known as TEE. ²Patient is eligible to switch from TEE to TLD if: VL within last 6 months < 50 copies/mL. Use result of routine annual VL or if last VL done > 6 months ago, repeat VL now (new recommendation), OR patient on ART for more than 1 year and the last two viral loads < 50 copies/mL (even if the last one was up to 12 months ago) and there were regular pharmacy claims over the last year (new recommendation). ³This refers to giving prophylactic prednisone to prevent TB-IRIS (see p45. of WC ART guideline 2020 for eligibility/exclusion/dosing/duration). ⁴Give the patient a flu vaccine if at risk of severe influenza. Follow the order of priority for at-risk groups: health carer workers, > 65 years, CVD, hypertension, diabetes, asthma, COPD, pregnancy, HIV.

Patient Information Tools

Use these pages to explain to a patient how to isolate/quarantine and prevent spread of COVID-19.

I'VE BEEN ADVISED TO ISOLATE OR QUARANTINE MYSELF: WHAT DOES THIS MEAN?

Isolation is when a person with confirmed COVID-19 is separated from others.
Quarantine is when a person who does not have COVID-19 but has been in close contact with someone who has it, is separated from others; or who is awaiting test results.

I've been advised to isolate or quarantine myself: what does this mean?

- COVID-19 is a respiratory illness similar to flu (cough, fever, fatigue & aching body/muscles). More commonly than flu, it can become severe causing viral pneumonia (difficulty breathing).
- 4 out of 5 people will have a mild illness and recover without treatment. The elderly and those with underlying health conditions have increased risk of severe illness.



How does it spread?

- You can pick up COVID-19 from:
- Touching an infected surface or object. The virus can enter your body when you touch your nose, mouth and eyes.
 - Very close contact (1m) with a person infected with COVID-19.

Why do I need to isolate/quarantine myself?

- After being infected with COVID-19, it can take up to 14 days to develop symptoms. During this period and for some time after, the virus may be transmitted to others. Quarantining yourself will help to prevent spread to others.
- You should isolate/quarantine yourself if you have:
 - Symptoms of COVID-19 (isolation) or
 - Had close contact with someone with suspected or confirmed COVID-19 (quarantine)

What should I do if I develop symptoms or my symptoms worsen during isolation/quarantine?

- Contact your health care provider or a hotline number below and follow their advice.
- Rest, drink plenty of fluids and use medications (like paracetamol) as needed to reduce fever or pain.

If you develop shortness of breath, chest pain/pressure, new confusion or worsening drowsiness, call health facility or hotline below or return urgently to health facility.

National Hotline
0800 029 999

National WhatsApp
Send 'Hi' to 060 012 3456

Operating
24 hours a day

Disclaimer: This information should not be considered as medical advice. It is not a replacement for a visit with a nurse, doctor or other healthcare professional. If you have concerns about your individual medical situation, please see a healthcare professional. This information is provided on an "as is" basis without any warranties regarding accuracy, relevance, usefulness or fitness for purpose. You use this information at your sole risk.

What must I do during isolation/quarantine?



Stay home except to get medical care. Even after lockdown, do not go to work, school, church or any other public areas. Avoid using public transport or taxis. Ask others to do errands.



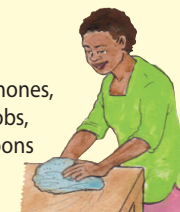
Cover your mouth and nose with a tissue or your elbow (not your hands) when coughing/sneezing. Immediately discard used tissues and wash your hands.

Avoid contact with other people

as much as possible. Do not receive visitors. If living with others, stay in a specific room and use a separate bathroom if possible. Open windows and doors. If in same room as others, keep at least 1-2m apart.



Clean and disinfect frequently touched objects and surfaces (phones, counters, bedside table, doorknobs, bathroom surfaces). Use 6 teaspoons of bleach in 1L water.



Avoid sharing dishes, drinking glasses, cups, eating utensils, towels, or bedding – after using these, wash them well.

Wash hands often, especially before handling food/after using toilet or coughing/sneezing. Avoid touching face, eyes, nose or mouth.



Wear a face mask when in contact with others.

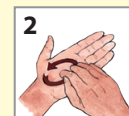


Wash your hands well

- Use these steps to wash your hands for at least 20 seconds. If no soap and water available, use hand sanitiser instead.
- Roll up your sleeves, rinse hands in clean water and apply soap to palm of hand:



1 Rub palms together.



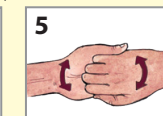
2 Rub tips of nails against palm. Swap hands.



3 Rub fingers between each other.



4 Place one hand over back of other, rub between fingers. Swap hands.



5 Grip fingers and rub together.



6 Rub each thumb with opposite palm. Swap hands.

- Rinse your hands with clean water and dry on paper towel or allow to dry on their own.

When can I stop isolation/quarantine?

- If you have COVID-19: you can stop isolation 14 days after the date your symptoms started.
- If you are a close contact: stop quarantine 14 days after last exposure to someone with COVID-19.



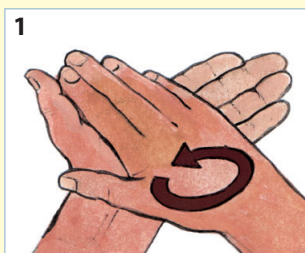
UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

RULES OF GOOD HYGIENE TO PREVENT COVID-19

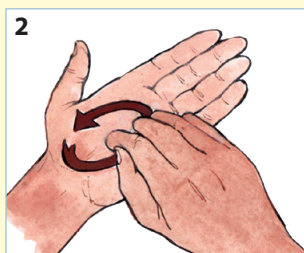
Keep yourself, your friends, family and co-workers safe from COVID-19 by practising safely using these rules:

1. Wash hands well

- Clean your hands frequently throughout the day. Also remember to wash your hands when:
 1. Before preparing/touching food
 2. Before eating or feeding children
 3. After using the toilet
 4. When you get home
 5. When you get to work
- Use 70% alcohol-based hand rub or soap and water to clean hands. If hands visibly soiled, ensure you use soap and water.
- Follow these steps to clean your hands:
 - If using hand rub, apply palmful to cupped hand. If using soap and water, roll up sleeves, rinse hands in clean water and apply soap to palm.
 - Clean your hands for at least 20 seconds using steps 1- 6 below.
 - If using soap and water, rinse your hands with clean water and dry on paper towel or allow to dry on their own.



1 Rub palms together.



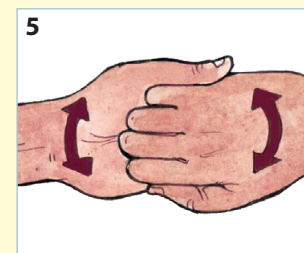
2 Rub tips of nails against palm. Swap hands.



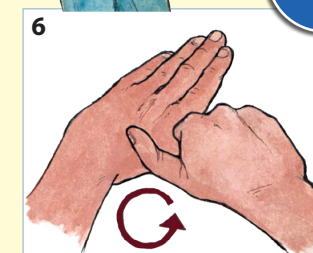
3 Rub fingers between each other.



4 Place one hand over back of other, rub between fingers. Swap hands.



5 Grip fingers and rub together.



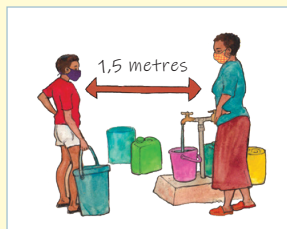
6 Rub each thumb with opposite palm. Swap hands.

2. Don't touch your face.



- Avoid touching your face, eyes, nose and mouth with unwashed hands.

3. Keep apart



- Try to keep 1-2m between you and other people.
- Avoid hugging, kissing, shaking hands.

4. Cover your cough



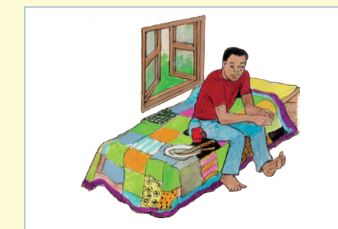
- Cover mouth and nose with a tissue or elbow (not hands) when coughing or sneezing. If using a tissue, discard immediately and wash hands.

5. Wear a cloth mask



- Wear a cloth mask if you have to go out into public areas or are in isolation/quarantine and need to use shared spaces.
- Never share masks. If cloth masks are worn, ensure you put on, wear and take off without touching the outside. Wash cloth mask daily with soap and hot water and then soak for 30 minutes in bleach solution (6 teaspoons per 1L water).

6. Sick? Stay home except to get medical care.



RULES OF GOOD HYGIENE TO PREVENT COVID-19

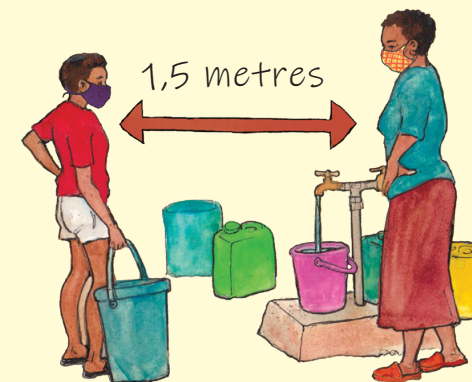
1. Wash hands well



2. Don't touch your face



3. Keep apart



4. Cover your cough



5. Wear a cloth mask (if out in public)



6. Sick? Stay home except to get medical care.



Safe practices for health workers

CORONAVIRUS DISEASE (COVID-19): PRACTISE SAFELY

Keep yourself, your colleagues, your patients and your family safe from COVID-19 by practising safely using these steps:

1. Monitor yourself for COVID-19 symptoms

- If unwell, stay home and inform supervisor.
- Complete a COVID-19 symptom screen at beginning and end of each shift.
- If exposed to anyone with suspected or confirmed COVID-19, inform supervisor.

2. Maintain physical distancing

- Avoid shaking hands, hugging, kissing, high fives. Greet instead with a smile, nod or wave.



- Keep a distance of 1-2m from colleagues and patients whenever possible.



- Avoid sharing work surfaces, desks and equipment with other staff if possible.

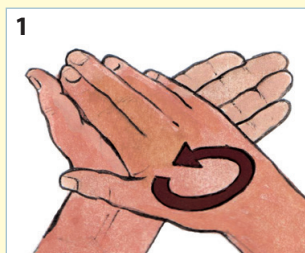
Administrative staff:

- Work from home if possible.
- Ensure desks are 1-2m apart.
- Use perspex screens between clerks and patients if possible.
- Avoid unnecessary meetings. If needed, ensure staff maintain physical distancing during meeting.

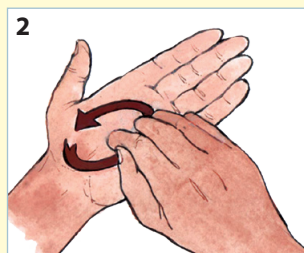


3. Practise good hand hygiene

- All staff and patients entering and exiting the facility should clean hands with alcohol-based hand rub provided at entrance/exit.
- Clean your hands frequently throughout the day. Also remember the 5 moments for hand hygiene:
 1. Before touching a patient
 2. After touching a patient
 3. After touching patient surroundings
 4. After exposure to body fluid
 5. Before doing a procedure
- Use 70% alcohol-based hand rub or soap and water to clean hands. If hands visibly soiled, ensure you use soap and water.
- Follow these steps to clean your hands:
 - If using hand rub, apply palmful to cupped hand. If using soap and water, roll up sleeves, rinse hands in clean water and apply soap to palm.
 - Clean your hands for at least 20 seconds using steps 1- 6 below.
 - If using soap and water, rinse your hands with clean water and dry on paper towel or allow to dry on their own.



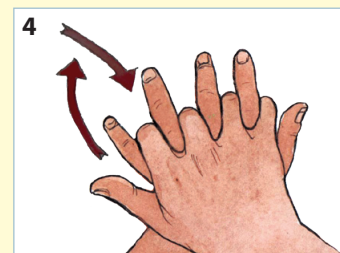
1 Rub palms together.



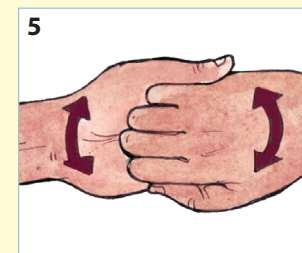
2 Rub tips of nails against palm. Swap hands.



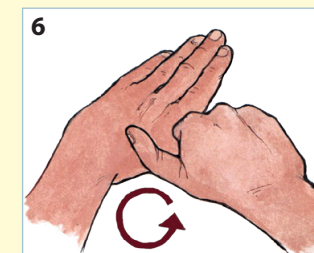
3 Rub fingers between each other.



4 Place one hand over back of other, rub between fingers. Swap hands.



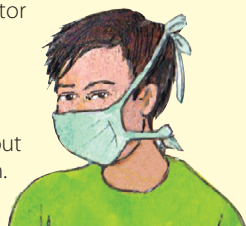
5 Grip fingers and rub together.



6 Rub each thumb with opposite palm. Swap hands.

4. Practise good respiratory hygiene

- Wear a cloth mask, surgical mask or N95 respirator according to your task and location in facility.
- Provide a surgical mask to patients with respiratory symptoms or suspected/confirmed COVID-19.
- If available, provide a cloth mask to patients without respiratory symptoms if they don't have their own.



- Cover mouth and nose with a tissue or elbow (not hands) when coughing or sneezing. If using a tissue, discard immediately and wash hands.



- Perform hand hygiene if contact with respiratory secretions.



- Avoid touching your face, eyes, nose and mouth with unwashed hands.



Who should wear a cloth mask?

- All staff working in non-clinical areas (like administration, finance, canteen).
- All patients without respiratory symptoms or suspected/confirmed COVID-19.
- All staff in tea rooms and canteens.

DO



- Wash hands before use.
- Ensure mask covers mouth and nose.
- Replace mask if wet. Put it in a container until you can wash it.

- Only touch straps to remove it.
- Wash hands immediately after removing it.



- Wash masks with soap and warm water.
- If possible, iron once dry to disinfect mask.
- Have at least 2 masks so that you have a clean one ready.

DON'T

- Touch your face or fiddle with mask.



- Leave used masks lying around.



- Ever use someone else's mask. If you don't have a mask, use a scarf or bandana.

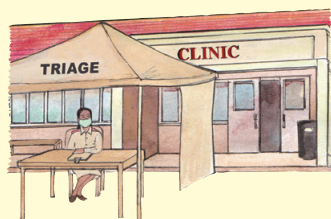


- Let the mask slip or pull it down so that your nose or mouth is exposed.



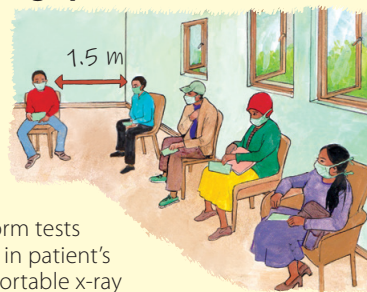
5. Manage patient flow within facility

- Ensure only one entrance and exit to facility available for patients.
- Have a separate, well-ventilated triage area near facility entrance for all patients.



- If suspected COVID-19, isolate patient in separate area allocated for patients with suspected COVID-19.
- If not suspected with COVID-19, send patient to standard waiting area.
- Establish separate routes to each area and indicate these clearly with colour-coded arrows and signs.

- Ensure patients queue and sit 1-2m apart.



- Limit patient movement within facility:
 - If possible, perform tests and procedures in patient's room and use portable x-ray equipment.
 - Ensure patient wears a surgical mask if needing to move through facility.

- Limit people in contact with patient, including health workers.
- Avoid visitors. If essential, ensure visitor cleans hands thoroughly on arriving and leaving, and wears surgical mask.



- Only one escort to accompany a patient and only if patient needs assistance.



- If possible, implement an appointment system. Only allow patients to enter facility at appointment time.

- Increase time between patients' follow-up visits and avoid unnecessary visits.

6. Practise good environmental infection control

- Clean and disinfect regularly:
 - General patient areas (like waiting rooms, triage and testing areas): twice a day.
 - Screening, triage and testing areas: clean/disinfect chairs between each patient.
 - Sampling booths: between each patient.
 - Frequently touched surfaces, like workstations, telephones, keyboards, counter tops, doorknobs: every hour.
 - Shared equipment and surfaces that patients have contact with: between each patient.
- First clean with soap and water, then wipe with disinfectant like sodium hypochlorite (1000ppm) or 70% alcohol. If surfaces cannot be cleaned with soap and water, wipe carefully with disinfectant.



- Avoid touching surfaces unless necessary.
- Use feet or hips to open doors instead of using door handles.



- Ensure adequate ventilation by keeping windows and doors open where possible.

- If possible, use disposable or dedicated equipment (like stethoscopes, blood pressure cuffs, thermometers, saturation monitors).
- If sharing equipment between patients, disinfect between each use.
- Avoid performing aerosol-generating procedures¹, unless essential. If essential, ensure appropriate PPE is worn.

- Ensure laundry, food utensils and medical waste are managed according to safe standard procedures.
- Change linen regularly and send to laundry marked as infectious.



7. Wear appropriate Personal Protective Equipment (PPE)

- Precautions are required by health workers to protect themselves and prevent transmission of COVID-19. This includes the appropriate use of PPE.
- Help ensure a safe supply of PPE by using it appropriately and only when indicated.
- Wear PPE according to your task:

Triage or screening patients:

- Surgical mask



Managing a patient with suspected or confirmed COVID-19:

- Surgical mask
- Goggles or visor
- Apron
- Non-sterile gloves



Performing aerosol-generating procedure¹ in patient with suspected or confirmed COVID-19:

- N95 respirator
- Goggles or visor
- Gown or apron
- Non-sterile gloves



When do I change my PPE?

- Change gloves and apron/gown between each patient. If shortage of aprons/gowns, extend use by changing only wet, dirty, damaged, after performing aerosol-generating procedure and when moving to new area of facility.
- If using **surgical mask**:
 - May be used continuously for up to 8 hours because of current supply shortage.
 - If needing to remove mask to eat/drink: carefully remove without touching the outside, and store in a clearly labelled, clean paper bag. Perform hand hygiene after removing and after putting it on again.
 - Discard after 8 hours of use, or sooner if touched by unwashed hands or gets wet/dirty/damaged.
- If using **N95 respirator**:
 - Ideally, respirator should be used once only and then discarded. However respirator may be reused for up to 1 week because of current supply shortage.
 - Avoid touching outside surface of respirator at all times. If touched, wash/disinfect hands immediately and change gloves.
 - If reusing respirator:
 - Between uses, store in a clearly labelled, clean paper bag. Avoid crushing, bending or trying to disinfect respirator.
 - When replacing, wear gloves and avoid touching inside of respirator.
 - Discard after 1 week of use, or sooner if it gets wet/dirty/damaged.

¹Aerosol-generating procedures include: collecting respiratory specimens (naso- or oropharyngeal swabs), chest physiotherapy, nebulisers, sputum induction, endotracheal intubation. Avoid nebulisers and sputum induction if suspected/confirmed COVID-19.

How do I put on PPE correctly?

- Ensure you always first put on PPE correctly, even before performing CPR or other emergency procedures.



See a video on how to put on PPE correctly here: www.medicine.uct.ac.za/news/covid-19-resources



1 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

2 Put on gown/apron

- If gown, fully cover torso from neck to knees, arms to end of wrists, and wrap around back. Fasten at back of neck and waist.
- If apron, place loop over head and fasten around waist.
- When fastening, use bow (not a knot) for easy release.



3 Put on mask/respirator

- Secure ties or elastic bands at middle of head and neck.
- Mould flexible band to nose bridge (do not pinch).
- Ensure mask is pulled down under chin.
- If respirator, check good fit by breathing in and out: mask should move in and out with breath.
- If reusing N95 respirator, put on clean non-sterile gloves before replacing it. Once on face, remove gloves, clean hands and continue to step 4.



4 Put on goggles/visor

- Place over face and adjust to fit.



5 Put on non-sterile gloves

- Extend gloves to cover wrists/end of gown.



How do I remove PPE safely?

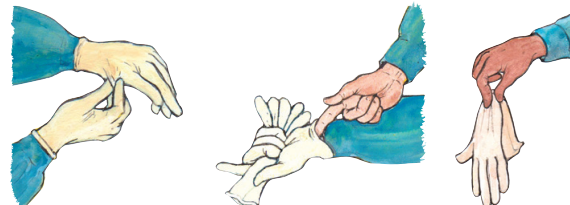
- Before leaving patient's room, remove all PPE except mask/N95 respirator.
- After leaving patient's room, close door and then remove mask/N95 respirator.
- When removing PPE, remember that outside of gloves, goggles/visor, gown/apron and mask/respirator is contaminated: if your hands touch the outside of any of these items during removal, immediately clean hands before removing next item.



See a video on how to remove PPE correctly here: www.medicines.uct.ac.za/news/covid-19-resources

1 Remove gloves

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard in medical waste bin.

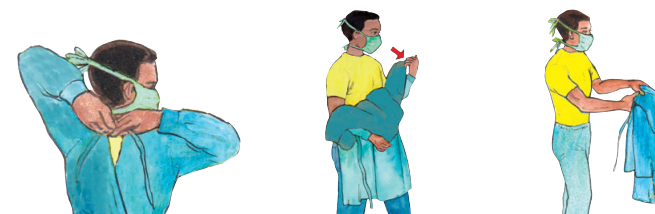


2 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

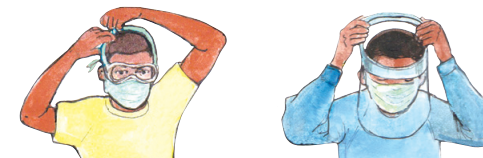
3 Remove gown/apron

- If wearing a visor (not goggles), remove visor as below *before* removing gown/apron.
- Unfasten gown/apron ties. Ensure sleeves don't touch body when doing this.
- If gown: pull gown away from neck and shoulders, touching only inside of gown. Turn gown inside out.
- If apron: pull over head and roll downwards, touching only inside of apron.
- Fold or roll in to bundle and discard in medical waste bin.



4 Remove goggles/visor

- Remove goggles/visor from back by lifting head band or ear pieces.
- Discard in medical waste bin.



5 Remove mask/respirator

- If mask, first untie/break bottom ties, then top ties and remove without touching front of mask.
- If respirator, first grab bottom elastic, then top elastic and remove without touching front of respirator.
- Discard in medical waste bin.



6 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.



8. What to do before leaving home



Clothes

- Wear simple clothing (like short-sleeved t-shirt and pants that can be easily washed) and dedicated closed work shoes. If long sleeves, keep them rolled up.
- Avoid wearing a belt, jewellery, watch and a lanyard.



Phone, wallet and keys

- Leave wallet at home – bring only essentials (like access card, drivers licence, bank card) in sealable plastic (Ziploc) bag.
- Remove protective case from phone. Consider keeping phone in closed, sealable plastic (Ziploc) bag and change this daily.
- Keep your phone in your pocket/bag, avoid placing it on work surfaces. Leave it on loud volume.
- If able, wipe phone down between each patient.
- Keep your keys in your pocket/bag and do not remove until after you have washed hands when leaving work.



Food and drink

- Bring lunch from home in fabric shopping bag.
- Use own water bottle, avoid water coolers.



9. How to take a break safely

- Stagger breaks to avoid crowded tearooms. Take break outside if possible.
- Keep 1-2m apart from colleagues.



- If needing to remove mask to eat/drink: carefully remove mask without touching the outside, and store in a clearly labelled, clean paper bag.
- Perform hand hygiene after removing and after putting it on again.



- Avoid sharing food and drink.
- Avoid bought lunches from canteen/tearoom, and water coolers, kitchens and bought drinks.



- Always wash hands well before eating or drinking.



- Avoid sharing towels in bathroom. Use paper towel.



10. What to do when leaving work and arriving home

When leaving work

- Leave pen at work. Frequently wipe it with alcohol hand rub throughout the day.
- If wearing scrubs or has brought spare clothes from home, remove work clothes and place in plastic or washable fabric bag to take home.
- Perform thorough hand and arm wash.



- Keep hand sanitiser in bag or car, and use to clean hands after touching public surfaces.

Step 1

- Remove shoes and leave outside, or just inside door, before entering home.
- Clean upper part of shoes with hand sanitiser. Avoid touching soles of shoes.



Step 4

- Immediately have shower/bath/wash.
- Avoid hugs, kisses and direct contact with family members until after shower/bath/wash.

When arriving home:

Step 2

- As you enter, remove cloth mask without touching the outside.
- Then remove work clothes if not already changed.
- Put mask and work clothes straight into a hot wash or bucket with hot water and soap, along with fabric bags used for lunch and clothes.



Step 3

- Thoroughly wash hands and arms.



Step 5

- Dry cloth mask and work clothes in the sun (or tumble dryer if you have one) and iron to disinfect.



11. How to travel safely using public or staff transport



- Wear a cloth mask while travelling.
- Avoid wearing work clothes if possible. Rather change into work clothes after arriving at work.

- Ensure all windows are kept open.



- When waiting in the queue, stand 1-2m away from other passengers.

1.5 m

- Avoid touching door handles, rails, windows and other surfaces.

- Sit as far from other passengers as possible.



- Clean hands with hand sanitiser before entering and after exiting the vehicle.



12. Look after your mental health



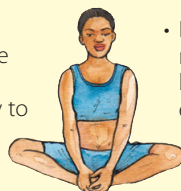
- Get enough sleep.



- Talk to family, friends and colleagues.



- Find a creative or fun activity to do.



- Do a relaxing breathing exercise each day.



- Exercise regularly.



- Limit alcohol and avoid drugs.
- Seek help if you are struggling:
 - The Employee Assistance Programme (EAP) for Western Cape Government healthcare workers: 0800 611 093
 - Mental Health helpline: 0800 12 13 14



MANAGE THE HEALTH WORKER EXPOSED TO A SUSPECTED OR CONFIRMED COVID-19 PERSON

The health worker has had potential exposure to COVID-19 if s/he has had any contact with:

- A suspected (not yet confirmed) COVID-19 person i.e a Person Under Investigation for COVID-19 (PUI) or
- A confirmed COVID-19 person.

First check if the health worker has new onset in the last 14 days of symptoms suggestive of COVID-19:

- Shortness of breath
- Cough
- Sore throat
- Anosmia (loss of sense of smell) or dysgeusia (changes in sense of taste)
- Fever (without an obvious cause)
- If s/he known with asthma or COPD, worsening cough or breathing

Yes to any

Health worker may have COVID-19

- Give a surgical mask to wear.
- Continue to assess and manage the health worker as a person with suspected COVID-19 → 3.

No to all

Establish the type of contact with PUI/confirmed COVID-19 person:

- Has health worker had any of:
- Contact < 1 metre with PUI/COVID-19 person.
 - Direct physical contact with PUI/COVID-19 person
 - Direct contact with secretions of PUI/COVID-19 person
 - Performed aerosol-generating procedure¹ on PUI/COVID-19 person
 - Was in same room when an aerosol-generating procedure¹ was performed on PUI/COVID person

Yes to any

Health worker has had **close contact** with PUI/COVID-19 person.

No to all

- Has health worker had any of:
- Been in a room/ward with a PUI/COVID-19 person
 - Face-to-face with PUI/COVID-19 person at a distance of >1 metre

Yes to any

Health worker has had **casual contact** with PUI/COVID-19 person.

No to all

Assess risk and manage according to type of contact:

- If health worker had exposure to a **suspected** COVID-19 person (PUI) → 24.
- If health worker had exposure to a **confirmed** COVID-19 person → 25.

- Reassure health worker they are at minimal risk.
- Advise to continue working and to monitor him/herself for COVID-19 symptoms daily before coming to work.
- Ensure health worker knows how to use PPE correctly → 18.

¹Aerosol-generating procedures include: collecting respiratory specimens (naso- or oropharyngeal swabs), chest physiotherapy, nebulisers, sputum induction, endotracheal intubation. Avoid nebulisers and sputum induction if suspected/confirmed COVID-19.

The asymptomatic health worker exposed to a Person Under Investigation (PUI) for COVID-19

During contact was health worker wearing appropriate PPE?
If unsure → 18.

Yes

No

Minimal risk exposure

What type of contact did the health worker have with the PUI as determined on previous page?

Close contact

Casual contact

Moderate risk exposure

- Advise to:
 - Continue working but preferably only low risk transmission activities.
 - Wear a mask.
 - Continue strict hand hygiene.
- Advise to monitor for COVID-19 symptoms.
- Follow up the COVID-19 test results of PUI:

Low risk exposure

- Advise to:
 - Continue working but preferably only low risk transmission activities.
 - Wear a mask.
 - Continue strict hand hygiene.
- Advise to monitor for COVID-19 symptoms.
- Follow up the COVID-19 test results of PUI:

PUI negative

PUI positive

PUI positive

PUI negative

- Advise to:
- Resume normal work activities.
 - Continue strict mask use and hand hygiene.

- Health worker now has **high risk exposure**.
- Advise to quarantine and give information leaflet.
 - Advise to continue to monitor for symptoms until 14 days after exposure:

- Advise to:
- Continue to monitor symptoms until 14 days after exposure.
 - Continue working but preferably low risk transmission activities.
 - Continue strict mask use and hand hygiene.

- Advise to continue strict mask use and hand hygiene.

No symptoms develop within 14 days¹

Symptoms develop within 14 days

No symptoms develop within 14 days

Reassure health worker that s/he is unlikely to have COVID-19.

Test health worker for COVID-19:

Advise to end quarantine and resume normal work activities.

Health worker positive

Health worker negative

Advise to resume normal work activities.

Health worker has **COVID-19**
Provide surgical mask, isolate and manage →4.

- Advise to:
- Resume normal work activities when well enough.
 - Continue strict mask use and hand hygiene.

- Ensure the cause of the health worker's exposure is known and reported appropriately in order to improve infection control procedures in facility.
- Advise health worker to monitor him/herself for COVID-19 symptoms daily before coming to work. If symptom/s develop, stay home and inform supervisor.
- Ensure health worker knows how to use PPE correctly → 18.
- Manage occupational stress → APC.

¹If health worker is considered with scarce skills and s/he has no symptoms after 8 days, test health worker for COVID-19 on day 8. If tests negative, s/he can resume normal work activities. If positive →4. If unsure, discuss with Infectious Disease specialist.

The asymptomatic health worker exposed to a confirmed COVID-19 person

During contact was health worker wearing appropriate PPE?
If unsure → 18.

Yes

No

Minimal risk exposure

Reassure health worker that s/he is unlikely to have COVID-19.

What type of contact did the health worker have with the confirmed COVID-19 person as determined on page 23?

Close contact

Casual contact

High risk exposure

- Advise to:
 - Quarantine and give information leaflet.
 - Wear a mask.
 - Continue strict hand hygiene.
- Advise to monitor for COVID-19 symptoms until 14 days after exposure:

Low risk exposure

- Advise to:
 - Continue working but preferably low risk transmission activities.
 - Wear a mask.
 - Continue strict hand hygiene.
- Advise to monitor for COVID-19 symptoms until 14 days after exposure:

No symptoms develop within 14 days¹

Symptoms develop within 14 days

No symptoms develop within 14 days

Advise to end quarantine and resume normal work activities.

Test health worker for COVID-19:

Advise to resume normal work activities.

Health worker tests positive

Health worker tests negative

Health worker has **COVID-19**
Provide mask, isolate and manage →4.

Advise to:

- Resume normal working activities when well enough.
- Continue strict mask use and hand hygiene.

- Ensure the cause of the health worker's exposure is known and reported appropriately in order to improve infection control procedures in facility.
- Advise health worker to monitor him/herself for COVID-19 symptoms daily before coming to work. If symptom/s develop, stay home and inform supervisor.
- Ensure health worker knows how to use PPE correctly → 18.
- Manage occupational stress → APC.

¹If health worker is considered with scarce skills and s/he has no symptoms after 8 days, test health worker for COVID-19 on day 8. If tests negative, s/he can resume normal work activities. If positive →4. If unsure, discuss with Infectious Disease specialist.