

**TO: ALL CHIEF DIRECTORATES / DIRECTORATES / HEADS OF INSTITUTIONS / DISTRICTS / SUB-DISTRICTS IN THE DEPARTMENT OF HEALTH
EXECUTIVE DIRECTOR: CITY OF CAPE TOWN**

CIRCULAR H151 OF 2020: UPDATED COVID-19 GUIDANCE FOR MANAGING ADULTS IN PRIMARY HEALTH CARE FACILITIES

This circular is an update to Circular H89 of 2020.

The Western Cape Department of Health is committed to supporting its frontline workers by keeping guidance updated and relevant as the COVID-19 pandemic unfolds. As part of this commitment, the PACK COVID-19 guidance released on the 15 July 2020 has been updated with the following content:

- Prioritised testing criteria
- How to take a swab for SARs-CoV-2
- Management of a patient with COVID-19 symptoms who is not eligible for a test
- Emphasis on care of diabetic patients
- Symptom-based approach to cough, throat, fever, headache, diarrhoea and body pain
- Palliative and end-of life care guidance for COVID-19 patient
- Guidance on safe handling of the deceased COVID-19 patient
- Guidance on correctly completing a death certificate and death summary for the deceased COVID-19 patient

This update has been developed by the Knowledge Translation Unit using the following source policies and guidelines and drawing on the kind input of specialists and clinical leads within the WC Provincial Department of Health. This package aims to draw together the latest policies and guidelines to provide practical integrated guidance for managing adults with suspected and confirmed COVID-19 at Primary Health Care facilities.

Source guidelines used include:

- Clinical management of suspected or confirmed COVID-19 disease, Version 4. NDoH/NICD (18 May 2020)
- Coronavirus disease 2019 (COVID-19): Quick Reference for Clinical Health Care Workers, Version 14. NICD/NHLS (25 May 2020)
- Guidelines for case-finding, diagnosis, and public health response in South Africa. Centre for Respiratory Diseases and Meningitis (CRDM) and Outbreak Response. NICD/NHLS (3 July 2020)
- Providing Palliative Care in South Africa During the COVID-19 Pandemic – PALPRAC, The Association of Palliative Care Practitioners of South Africa (2020)

- COVID-19 Disease: Infection Prevention and Control Guidelines, Version 2. NDoH/NDP (21 May 2020)
- World Health Organization (WHO) Prevention and Control for the safe management of a dead body in the context of COVID-19. WHO interim guidance (24 March 2020)
- World Health Organization (WHO) International guidelines for certification and classification (coding) of COVID-19 as cause of death Based on ICD. International Statistical Classification of Diseases (20 April 2020)

New circulars used include:

- Circular H144/2020: Issuing of Death Notifications Forms in Natural Deaths (8 July 2020)
- Circular H109/2020 - Activation of digital COVID19 Track and trace service in the City of Cape Town (12 June 2020)
- Circular H110/2020: Guidance for Emergency Centres in the Western Cape during the COVID-19 Response update (12 June 2020)
- Circular H79/2020: Clinical guidelines: COVID-19 Providing Palliative Care (14 May 2020)
- Circular H 41 of 2020: COVID-19: Management of decedents in the Western Cape (30 March 2020)

Circulars used in previous versions:

- Circular H75/2020: Guidelines for quarantine and isolation in relation to COVID-19 exposure and infection. National Department of Health (5 May 2020)
- Circular H35/2020: Guidelines for PPE use during the coronavirus disease 2019 (COVID-19) Western Cape Government Health (25 March 2020)
- Circular H77/2020: Guidelines for the prevention and management of coronavirus infection in healthcare facilities. Western Cape Government Health (13 May 2020)
- Circular H58/2020: COVID-19 Occupational health and safety (OHS) policy. Western Cape Government Health (29 April 2020)

We continue to extend our sincere thanks for the dedication and courage shown by our health care workers. We wish you continued strength.

The various authors of the policy circulars referenced in this document could be approached for further information. Ms Anne-Rita Koen Anne-Rita.Koen@westerncape.gov.za may be approached for support to obtain these circulars.

Kind regards



DR KEITH CLOETE

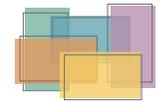
HEAD: WESTERN CAPE DEPARTMENT OF HEALTH

DATE: 17 July 2020



Western Cape
Government

Health



PACK
Practical Approach to Care Kit

COVID-19

Version 4

Updated 30 June 2020 for use in Primary Health Care facilities in Western Cape, SA.

Note that COVID-19 guidance is evolving.

Check www.knowledgetranslation.co.za/resources for latest versions.

Practical Approach to Care Kit: Coronavirus

Guidance for managing adults in Primary Health Care facilities
Updated 30 June 2020 · Western Cape Edition

Contents

Screen all patients for COVID-19	3
Assess and manage the patient with suspected COVID-19	4
Approach to the patient with suspected COVID-19 not needing urgent attention	5
How to take a swab for SARS-CoV-2 (COVID-19)	6
Cough	9
Mouth and throat symptoms	10
Fever	11
Headache	12
Diarrhoea	13
Body/general pain	14
Manage the close contact without COVID-19 symptoms	15
Protect the patient with a chronic condition from COVID-19	16
Practise safely	17
Manage the health worker exposed to a person with suspected or confirmed COVID-19	24
Complete a COVID-19 contact list	27
Provide palliative care to the COVID-19 patient	28
Provide end-of-life care to the dying COVID-19 patient	30
Safely handle the body of a deceased COVID-19 patient	32
Complete a death notification for the deceased COVID-19 patient	33
Complete a death summary for the deceased COVID-19 patient	35

Orange-highlighted medications may be prescribed by a doctor or an authorised prescriber (clinical nurse practitioner or professional nurse) in accordance with his/her scope of practice within a specified field.

Blue-highlighted medications may be prescribed by a doctor or clinical nurse practitioner who is an authorised prescriber.

Green-highlighted medications may be prescribed by a doctor only

Arrows refer you to another page in the guide:

- The return arrow (↶) guides you to a new page but suggests that you return and continue on the original page.
- The direct arrow (→) guides you to continue on another page.

The response to COVID-19 is rapidly changing as new evidence becomes available and health systems adapt. The KTU welcomes feedback on this guidance as it continues to be updated for future versions. Please send feedback to www.knowledgetranslation.co.za/contact/feedback

Glossary

IPC	Infection Prevention and Control
Isolation	Isolation is when a person with confirmed COVID-19, or a person with likely COVID-19 who is not eligible for testing, is separated from others.
PPE	Personal Protective Equipment
Quarantine	Quarantine is when a person is separated from others because s/he: <ul style="list-style-type: none"> • is waiting for COVID-19 test results OR <ul style="list-style-type: none"> • has been in close contact with someone with COVID-19 but is asymptomatic and may become infectious with or without developing symptoms.
RA	Rheumatoid arthritis
SLE	Systemic Lupus Erythematosus



Western Cape
Government

Health



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

Disclaimer: The content of this document has been developed specifically for health care professionals practising in the Western Cape, South Africa, and which content, at the date of first publication, is reasonably believed to represent best practice in the relevant fields of healthcare. This information is provided on an "as is" basis without any warranties regarding accuracy, relevance, usefulness or fitness for purpose. To the fullest extent permitted by law, University of Cape Town Lung Institute Proprietary Limited and all its affiliates (including The Lung Institute Trust) and the Western Cape Department of Health cannot be held liable or responsible for any aspect of healthcare administered with the aid of this information or any other use of this information, including any use which is not in accordance with any guidelines or (mis-)use outside the Western Cape, South Africa. Health Care Professionals are strongly advised to consult a variety of sources and use their own professional judgment when treating patients using this information. It is the responsibility of users to ensure that the information contained in this document is appropriate to the care required for each of their patients within their respective geographical regions. The information contained in this document should not be considered a substitute for such professional judgment.

Screen all patients for COVID-19

- Ensure triage staff wear a surgical mask and keep 1.5m distance from patients. Ensure queuing patients keep 1.5m apart from each other and wear cloth masks.
- Have 70% alcohol-based hand sanitiser or soap and water handwashing stations available for all patients entering facility.
- Ensure facility has separate patient pathways for patients who are suspected of having COVID-19 and those who are not.
- Ensure triage station has a supply of surgical masks to give to symptomatic patients and patient information leaflets for contacts.

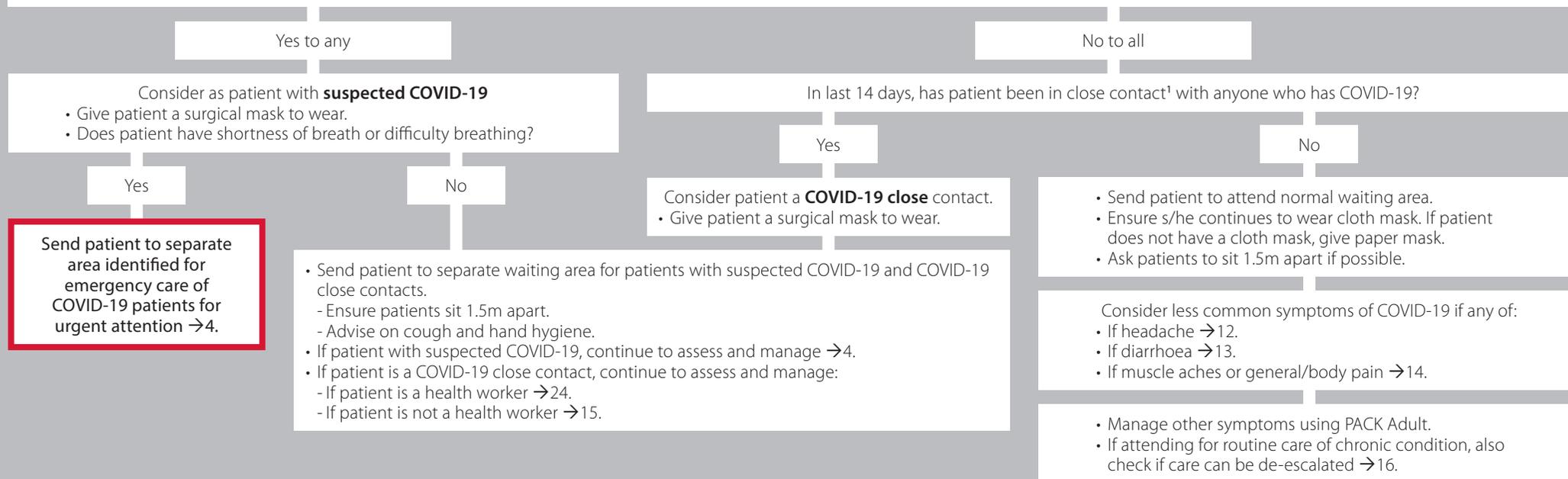
If patient known with COVID-19 and returning with worsening symptoms, fast track this patient:
Give surgical mask and send patient to separate area identified for emergency care of COVID-19 patients for urgent attention →4.

Screen all patients for acute respiratory symptoms at 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 or difficulty breathing
- Cough
- Sore throat
- Loss of sense of smell or change in sense of taste
- Fever or chills
- If s/he known with asthma or COPD with chronic symptoms: worsening cough or breathing

Screen as at:
30 June 2020



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

Before managing a patient with suspected COVID-19, ensure you are wearing appropriate personal protective equipment →19.

Consider severe COVID-19 as well as other causes¹.

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

- Short of breath at rest or while talking
- Respiratory rate ≥ 25
- Oxygen saturation $< 95\%$
- Pulse rate > 120
- BP $< 90/60$
- Confused, agitated or decreased consciousness
- 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.
- If BP $< 90/60$, give **sodium chloride 0.9%** 250mL IV slowly 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 spacer 400-800mcg (4-8 puffs) every 20 minutes \supset PACK Adult 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 and patient still distressed whilst waiting for transport, 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** 0.1 units/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 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 midclavicular 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 of management, consult a specialist according to referral pathway:

Tygerberg:

083 419 1452 or
021 938 4911 or
021 938 9645

Groote Schuur:

021 404 9111

If difficulty reaching specialist, phone:

- **NICD hotline** on 0800 11 1131 or 082 883 9920 or 066 562 4021 or
- **Provincial hotline** on 021 928 4102 or toll-free on 080 928 4102

If unable to reach any of adjacent, send an SMS with your name and query to NICD on 066 562 4021.

- Notify ambulance services and referral centre that the patient may have COVID-19.
- Clean and disinfect after patient has been referred \supset 19.

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

¹Other causes may include influenza, TB, bacterial pneumonia, Pneumocystis pneumonia (PCP or PJP) if immunocompromised. ²Avoid nebuliser: 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

Before managing a patient with suspected COVID-19, ensure you are wearing appropriate personal protective equipment ↪ 19.

Consider other conditions:

• Ask about and manage other symptoms: if cough ↪ 9, sore throat ↪ 10, fever ↪ 11, headache ↪ 12, diarrhoea ↪ 13, general/body pain ↪ 14. Manage other symptoms using PACK Adult.

• Ensure to screen for:

HIV

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

TB

- Send 2 sputums 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.

Diabetes

- If ≥ 40 years or BMI ≥ 25 and any other risk factor¹, check glucose ↪ PACK Adult. If diabetes newly diagnosed, refer to doctor.

• If known chronic condition, check that it is well controlled. Also check if de-escalation of care possible to protect patient from COVID-19 ↪ 16.

Check if patient is eligible for a COVID-19 test

Testing capacity will change over time. Check the current status of your area.

Is your facility in an area where testing capacity is limited²?

No

Yes

Testing capacity is not limited. All patients with COVID-19 symptoms are able to have a test for COVID-19.

Testing capacity is limited. Is patient > 55 years or a health care worker (including carers)?

Yes

No

Does patient have any of the following risk factors for severe COVID-19?

- Diabetes
- HIV
- TB (current or previous)
- Chronic kidney disease
- Hypertension or heart disease
- Chronic lung disease (like asthma, COPD, chronic bronchitis)
- Cancer
- Other immunosuppressive disorders (like SLE, RA)
- Living in a long-term care facility

Yes

No

Test for COVID-19.

Collect a single upper respiratory swab, preferably a nasopharyngeal swab ↪ 6.

Then decide if patient able to safely isolate at home while waiting for result ↪ 7.

- Explain that capacity for COVID-19 testing is limited and based on his/her symptoms, it is likely that s/he has COVID-19.
- Manage empirically for likely **COVID-19** ↪ 8.

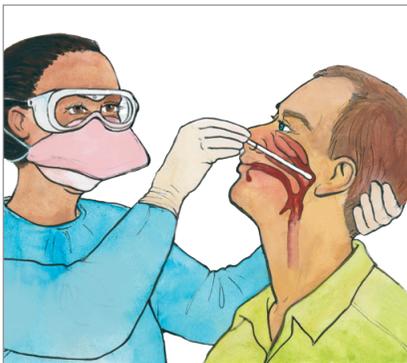
¹Diabetes risk factors: physical inactivity, hypertension, parent or sibling with diabetes, polycystic ovarian disease, Indian ethnicity, cardiovascular disease, diabetes during pregnancy or previous big baby > 4000g, previous impaired glucose tolerance or impaired fasting glucose or TB in past year. ²These are areas with a high prevalence of COVID-19 (like Cape Town Metro). If unsure, check with facility manager.

How to take a swab for SARS-CoV-2 (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 or mid-turbinate specimen is preferred. Do oropharyngeal or nasal swab if unable to do nasopharyngeal or mid-turbinate swab.
- 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:
 - Wear appropriate PPE: N95 respirator, goggles/visor, gown/apron and gloves. Ensure PPE put on correctly ↪ 20.
 - 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.

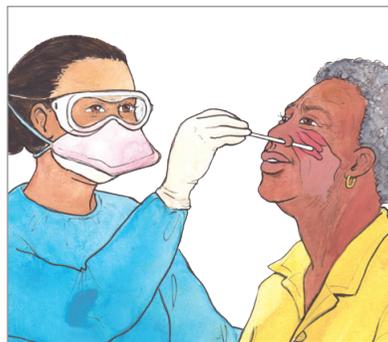
If taking nasopharyngeal specimen:

- 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.



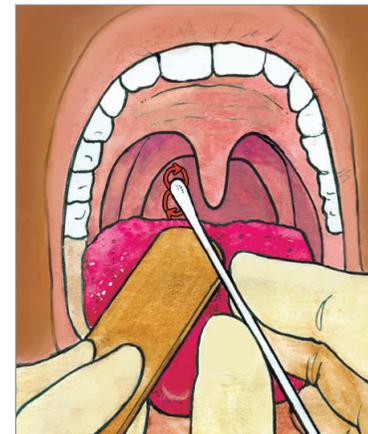
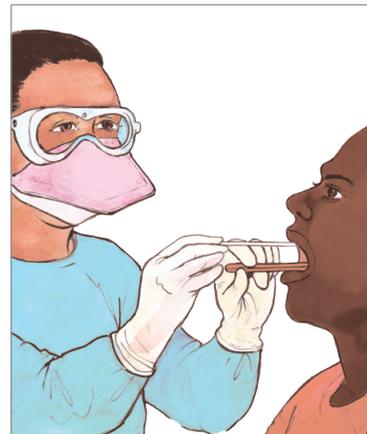
If taking mid-turbinate specimen:

- 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.



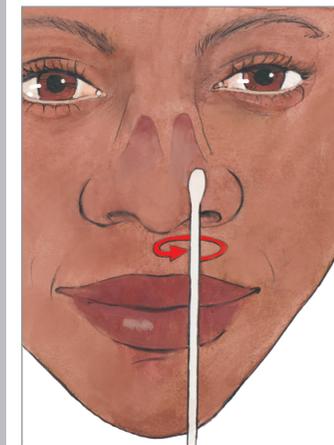
If taking oropharyngeal specimen:

- 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 dent on shaft 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 in sterile specimen jar/tube.
 - If no UTM available and specimen will reach laboratory after 2 days, place in normal saline in sterile specimen jar/tube instead.
- Change apron/gown and gloves, cleaning hands thoroughly, between each patient ↪ 19. Once finished taking specimens, remove PPE correctly ↪ 20.

Continue to manage the patient who has had a COVID-19 test.

If patient is known diabetes:

- Discuss referral for admission if any of: 1) ≥ 70 years 2) chronic kidney disease or 3) patient known with very poor glucose control ($HbA_{1c} > 10\%$) and has BMI > 30 , hypertension, ischaemic heart disease, peripheral vascular disease, previous stroke/TIA, HIV, TB, cancer, chronic respiratory disease.
- If none of above:
 - Explain that s/he is at risk of severe COVID-19. Advise that if s/he develops shortness of breath, weakness or high fevers/chills, s/he should go to nearest emergency centre without delay.
 - If no HbA_{1c} result in past 3 months: take HbA_{1c} and creatinine today.
 - Continue with routine chronic medications. If patient has glucometer at home, give glucose strips and advise to check fasting glucose when wakes each morning and keep a record.

- Explain that s/he will be sent an SMS message that will offer a Whatsapp service to allow communication about results and close contacts, and provide further guidance and support.
- Advise that there is no need to return to facility unless condition worsens. Ensure correct contact details. Include an alternative phone number.
- Advise patient to inform household members to use strict hygiene and prevention measures and monitor themselves for symptoms until patient's test result has been confirmed. If test result is positive, close contacts¹ should quarantine for 14 days since last contact with patient.

Assess if patient able to safely isolate at home

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

Yes to both

Discharge for 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 to monitor symptoms at home (see red box below). Advise to call ambulance if s/he becomes severely ill.
- Check patient understands how to safely isolate $\supset 15$ and give information leaflet. Refer to community-based services for follow up if available.
- Provide medical certificate for sick leave for 2 weeks from date that symptoms started.

No to either

- Encourage referral for alternate accommodation within an isolation facility. If patient agrees, refer as per local process.
- If unsure, contact Provincial hotline 080 9284102 (toll-free) or 021 928 4102.

Check latest policy on duration of isolation and medical leave.

Explain when to end isolation

- Explain that no repeat testing will be needed. Patient may discontinue isolation 14 days after date that symptoms started.
- If symptoms have not resolved by 14 days, advise to contact facility before ending isolation.

Clean and disinfect after patient has left facility $\supset 19$.

Advise to call health facility (give number) or Provincial hotline on 080 928 4102 (toll-free) or 021 928 4102 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.

Follow up test results as per facility protocol

SARS-CoV-2 positive: patient has **COVID-19**.

SARS-CoV-2 negative

- Notify as Notifiable Medical Condition: notify electronically or download hard copies <https://www.nicd.ac.za/nmc-covid-19-documents/>
- Refer case for contact tracing.

Also ensure protocols in place for follow up of other results (TB sputums, CD4 count/CrAg, HbA_{1c} and creatinine if taken): if Xpert or CrAg positive or HbA_{1c} /creatinine abnormal, recall patient.

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.

Continue to manage the patient with COVID-19 symptoms who has not had a COVID-19 test.

- This refers to the patient with symptoms suggestive of COVID-19, but who is not eligible for a COVID-19 test.
- Manage this patient empirically for **presumptive COVID-19**: this means manage as if s/he has been diagnosed with COVID-19.

Notify as Notifiable Medical Condition

Notify electronically or download hard copies from <https://www.nicd.ac.za/nmc-covid-19-documents/>

Report close contacts¹

- If able, complete contact line list form, especially persons at risk² > 27 and send to relevant co-ordinator.
- Advise patient to inform his/her close contacts to quarantine and monitor themselves for symptoms for 14 days since last contact with patient.

Assess if patient is able to safely isolate at home

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

Yes to both

No to either

Discharge to isolate at home

- 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 safely isolate > 15 and give information leaflet.
- Check patient understands to monitor symptoms at home (see red box below). Advise to call ambulance if s/he becomes severely ill.
- Refer to community-based services for follow up if available.
- Provide medical certificate for sick leave for 2 weeks from date that symptoms started

Check latest policy on duration of isolation and medical leave.

- Encourage referral for alternate accommodation within an isolation facility. If patient agrees, refer as per local process.
- If unsure, contact Provincial hotline 080 928 4102 (toll-free) or 021 928 4102.

Explain when to end isolation

- Patient may discontinue isolation 14 days after date that symptoms started.
- If symptoms have not resolved within 14 days, advise to contact facility to discuss with health care worker before ending isolation.

Clean and disinfect after patient has left facility > 19.

Advise to call health facility (give number) or Provincial hotline on 080 928 4102 (toll-free) or 021 928 4102 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.

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. ²Persons at risk include those > 55 years old, those with diabetes, HIV, TB (current or previous), chronic kidney disease, hypertension, heart disease, chronic lung disease (like asthma, COPD, chronic bronchitis) and immunosuppressive disorders (like cancer, SLE, RA).

Cough

- If not already done, check if patient needs urgent attention ↪ 4.
- If wheeze ↪ PACK Adult. Avoid nebuliser as it is considered an aerosol-generating procedure that can spread coronavirus. Rather use inhaler with spacer.

Approach to the patient with cough not needing urgent attention

If new cough that started < 14 days ago or if known with chronic lung disease and cough has significantly worsened, manage as **COVID-19** if not already done ↪ 4.
Also consider and manage other possible conditions below:

- If HIV status unknown or tested negative > 6 months ago, test for HIV if not already done ↪ PACK Adult.
- Ask about duration and recurrence of cough:

< 2 weeks duration *and* cough not recurrent

≥ 2 weeks or recurrent episodes of cough

Is patient coughing sputum?

No

Influenza or **common cold** or **COVID-19** likely
 Manage as COVID-19 ↪ 4.

Yes

Is pulse rate ≥ 100 or respiratory rate ≥ 20 or temperature ≥ 38°C?

No

Acute bronchitis likely

- If known COPD and sputum increased or colour changed to yellow/green, give antibiotics ↪ PACK Adult. Otherwise reassure antibiotics are not necessary.
- Advise to return same day if symptoms worsen, fever develops or no better after 2 weeks.

Yes

Pneumonia likely

Refer.

Pneumocystis pneumonia likely

HIV with CD4 < 200 and dry cough, worsening breathlessness on exertion.

Blocked/runny nose or persistent snoring
 ↪ PACK Adult.

Recent upper respiratory tract infection, no difficulty breathing

Post-infectious cough likely

- Reassure cough should resolve on its own.
- Advise to return if cough persists 8 weeks.

Smoker or recently stopped

- If weight loss, consider **lung cancer** ↪ PACK Adult.
- If coughing sputum most days of 3 months for ≥ 2 years, **chronic bronchitis** likely. Discuss.

If diagnosis uncertain or poor response to treatment, refer.

Mouth and throat symptoms

Give urgent attention to the patient with mouth/throat symptoms and any of:

- Unable to open mouth or swallow at all
- If sudden face/tongue swelling and any of: wheeze, difficulty breathing, BP < 90/60, dizziness/collapse, abdominal pain, vomiting or exposure to possible allergen¹, check for anaphylaxis ↪ PACK Adult.

Refer urgently.

Approach to the patient with mouth/throat symptoms not needing urgent attention

- Stand to the side when looking in mouth in case patient coughs/gags and avoid throat examination if possible. If throat examination essential, wear appropriate PPE: surgical mask, goggles/visor, gloves, apron/gown.
- If gum or tooth problem ↪ PACK Adult.
- Ask about swallowing problems. If food/liquid gets stuck with swallowing, refer.
- Ask about sore throat and dry mouth, and safely look in and around mouth for white patches, blisters, ulcers or cracks:

Sore throat		Dry mouth	White patches on cheeks, gums, tongue, palate	Painful blisters on lips/mouth	Painful ulcer/s with Central white patch	Red, cracked corners of mouth
<ul style="list-style-type: none"> • Manage as COVID-19 ↪ 4 if not already done. • Safely examine throat while wearing appropriate PPE: <ul style="list-style-type: none"> - If red swelling blocking the airway, refer urgently. - Does patient have either of: <ul style="list-style-type: none"> • Enlarged tonsils with pus/white patches on tonsils <i>or</i> • Enlarged tonsils <i>without</i> cough or runny nose 		<ul style="list-style-type: none"> • If thirst, urinary frequency or weight loss, exclude diabetes ↪ PACK Adult. • If runny or blocked nose ↪ PACK Adult. • Look for and treat oral candida (see adjacent). • Review medication: furosemide, amitriptyline, chlorpheniramine, antipsychotics and morphine can cause dry mouth. Discuss with doctor. • Advise to sip fluids frequently. Sucking on oranges, pineapple, lemon or passion fruit may help. • If patient has a life-limiting illness, also consider giving palliative care ↪ PACK Adult. 	<p>Oral candida likely</p> <ul style="list-style-type: none"> • Give nystatin suspension 1mL 6 hourly for 7 days. • Keep in mouth as long as possible. Continue for 2 days after white patches resolved. • If on inhaled corticosteroids, advise to rinse mouth after use. • Test for HIV ↪ PACK Adult and diabetes ↪ PACK Adult. • If patient has a life-limiting illness, also consider giving palliative care ↪ PACK Adult. 	<p>Herpes simplex likely</p> <ul style="list-style-type: none"> • Test for HIV ↪ PACK Adult. • Advise to rinse mouth with salt water² for 1 minute twice a day. • Apply petroleum jelly to blisters. • For pain, apply tetracaine 0.5% to blisters 6 hourly and give paracetamol 1g 6 hourly as needed for up to 5 days. • If HIV positive, give aciclovir 400mg 8 hourly for 7 days. • If severe or no better after 1 week of treatment, refer. 	<p>Aphthous ulcer/s likely</p> <ul style="list-style-type: none"> • For pain, apply tetracaine 0.5% to ulcers 6 hourly. • Refer if: <ul style="list-style-type: none"> - Not healed within 10 days. - Ulcer >1cm 	<p>Angular stomatitis likely</p> <ul style="list-style-type: none"> • Apply zinc and castor oil ointment 8 hourly. • If also oral candida, treat in adjacent column and apply clotrimazole cream 12 hourly for 2 weeks. • If crusts and blisters around mouth, impetigo likely ↪ PACK Adult. • If very itchy, contact dermatitis likely. Identify and remove irritant. • If dentures, ensure good fit and advise to clean every night. • If on inhaled corticosteroids, advise to rinse mouth after use. • If no better or uncertain of cause: <ul style="list-style-type: none"> - Check Hb. - Test for HIV ↪ PACK Adult and diabetes ↪ PACK Adult. - If still uncertain, refer.
No Viral pharyngitis likely	Yes Bacterial pharyngitis/tonsillitis likely					
Explain that antibiotics not necessary.	<ul style="list-style-type: none"> • If ≤ 21 years old, give phenoxymethylpenicillin³ 500mg 12 hourly for 10 days. If not available, give instead amoxicillin³ 1g 12 hourly for 10 days. • If > 21 years old, advise to return if symptoms persist/ worsen: discuss/refer. 					
	<ul style="list-style-type: none"> • Give paracetamol 1g 6 hourly as needed for up to 5 days. • Advise to gargle with salt water² for 1 minute twice a day. 		<p>If difficulty or pain on swallowing, oesophageal candida likely:</p> <ul style="list-style-type: none"> • Give fluconazole 200mg daily for 14 days. • If no better, refer. 			

- Advise the patient with a sore mouth/throat to avoid spicy, hot, sticky, dry or acidic food and to eat soft, moist food.
- Keep mouth and teeth clean by brushing and rinsing regularly.

¹Common allergens include medication, food or insect bite/sting within the past few hours. ²Add 2.5mL (½ teaspoon) of table salt to 200mL lukewarm water. ³If penicillin allergy, give instead **azithromycin** 500mg daily for 3 days.

Fever

A patient with a fever has a temperature $\geq 38^{\circ}\text{C}$ now or in the past 3 days.

Give urgent attention to the patient with a fever and any of:

- Fits or just had a fit ↪ PACK Adult
- Respiratory rate ≥ 30 or difficulty breathing ↪ 4
- BP $< 90/60$
- Neck stiffness, drowsy/confused or purple/red rash, **meningitis** likely
- Tender in right lower abdomen, **appendicitis** likely
- Severe abdominal or back pain
- Jaundice
- Easy bleeding or bruising

Management:

- If BP $< 90/60$, give **sodium chloride 0.9%** 500mL IV over 30 minutes, repeat until systolic BP > 90 . Continue 1L 6 hourly. Stop if breathing worsens.
- If meningitis likely, give **ceftriaxone**¹ 2g IV/IM.
- If glucose < 3 or > 11 ↪ PACK Adult.
- **Refer urgently:** notify ambulance services and referral centre that the patient may have COVID-19.

Approach to the patient with a fever not needing urgent attention

Manage as **COVID-19** ↪ 4 if not already done. Also consider and manage other possible causes of fever.

Has patient been in a malaria area in past 3 months?

Yes

No

Arrange same day malaria test². If not available same day, refer.

Malaria test positive

Malaria test negative

Malaria likely
Refer same day.

Does patient have a tick bite (small dark brown/black scab) or tick present?

Yes

No

Tick bite fever likely

- May also have headache, body pain, rash or localised lymphadenopathy.
- If tick present, grip tick close to skin using forceps and remove.
- Give **doxycycline** 100mg 12 hourly for 7 days. If pregnant, give instead **azithromycin** 500mg 12 hourly for 3 days.
- Give **paracetamol** 1g 6 hourly as needed for 5 days.
- Advise patient to return if severe headache or no better after 3 days: refer.

- If cough ↪ 9, sore throat ↪ 10, diarrhoea ↪ 13.
- If abdominal pain, nausea/vomiting, burning urine or skin problem ↪ PACK Adult.

If none of above, continue to manage as **COVID-19** ↪ 4.

¹If severe penicillin allergy (previous angioedema, anaphylaxis or urticaria), discuss with doctor. ²Test for malaria with rapid diagnostic test if available, and parasite slide microscopy.

Headache

Give urgent attention to the patient with headache and any of:

- Decreased consciousness ↪ PACK Adult
- BP ≥ 180/130 and not pregnant ↪ PACK Adult
- Pregnant or 1 week postpartum, and BP ≥ 140/90 ↪ PACK Adult
- Sudden weakness/numbness of face/arm/leg or speech problem ↪ PACK Adult
- New vision problem or eye pain ↪ PACK Adult
- Sudden severe headache or dizziness
- Headache that is getting worse and more frequent
- Headache that wakes patient or is worse in the morning
- Neck stiffness, drowsy/confused or purple/red rash: meningitis likely
- Persistent nausea/vomiting
- Persistent headache since starting ART
- Following a first seizure
- Recent head injury
- Unequal pupils

Manage and refer urgently:

- If temperature ≥ 38°C or meningitis likely: give **ceftriaxone**¹ 2g IM/IV.
- If recent positive cryptococcal antigen test, give **fluconazole**² 1200mg (avoid if pregnant, breastfeeding or known liver disease).

Approach to the patient with headache not needing urgent attention

Has patient had recent runny/blocked nose and now any of: thick nasal/postnasal discharge, pain when pushing on forehead/cheeks, headache worse on bending forward?

Yes

Sinusitis likely

- Give **paracetamol** 1g 6 hourly as needed for up to 5 days.
- Give **sodium chloride 0.9%** nose drops as needed.
- Give **oxymetazoline 0.05%** 2 drops in each nostril 8 hourly as needed for a maximum of 5 days. Advise against overuse which may worsen blocked nose.
- If symptoms ≥ 10 days, fever ≥ 38°C, purulent nasal discharge, face pain ≥ 3 days or symptoms worsen after initial improvement, give **amoxicillin** 500mg 8 hourly for 5 days. If penicillin allergy, give instead **azithromycin** 500mg daily for 3 days.
- If recurrent, test for HIV ↪ PACK Adult.
- If tooth infection or swelling over sinus/around eye, refer same day.

Yes

- If in a malaria area in past 3 months, arrange same day malaria test³. If positive, **malaria** likely, refer same day.
- If patient has a tick bite (small dark brown/black scab) or tick present, **tick bite fever** likely ↪ PACK Adult.

Also consider **COVID-19** or **influenza**.

- Manage as **COVID-19** ↪ 4.

No: does patient have fever or body pain?

No: does patient get recurrent headaches that are throbbing, disabling with nausea or light/noise sensitivity, that resolve completely within 72 hours?

Yes

Migraine likely

- Give immediately and then as needed: **paracetamol** 1g 6 hourly or **ibuprofen**⁴ 400mg 8 hourly with food for up to 5 days.
- If nausea, also give **metoclopramide** 10mg 8 hourly up to 3 doses.
- Advise to recognise and treat migraine early, rest in dark, quiet room.
- Advise regular meals, keep hydrated, regular exercise, good sleep hygiene.
- Keep a headache diary to identify triggers like lack of sleep, hunger, stress, caffeine, chocolate, cheese. Avoid if possible.
- Avoid oestrogen-containing contraceptives ↪ PACK Adult.
- If ≥ 2 attacks/month, refer/discuss for medication to prevent migraines.

Advise to only use analgesia when necessary. Chronic overuse may cause headaches: if using analgesia > 2 days/week for ≥ 3 months, advise to reduce amount used. Headache should improve within 2 months of decreased use.

No

- Check BP. If ≥ 140/90 ↪ PACK Adult.
- Ask about type and site of pain:

Tightness around head or generalised pressure- like pain

Tension headache likely

- Give **paracetamol** 1g 6 hourly as needed for up to 5 days.
- Assess for stress and anxiety ↪ PACK Adult.
- Advise regular exercise.

Constant aching pain, tender neck muscles

Muscular neck pain likely ↪ PACK Adult.

Patient > 50 years, pain over temples

Giant cell arteritis likely

- Check ESR.
- Give **paracetamol** 1g 6 hourly for up to 5 days.
- Review next day: if no better and ESR raised, discuss with specialist same day.

If diagnosis uncertain or poor response to treatment, discuss/refer.

¹If severe penicillin allergy (previous angioedema, anaphylaxis or urticaria), discuss with doctor. ²If no doctor available, nurse to get telephonic prescription from doctor. ³Test for malaria with parasite slide microscopy or if unavailable, rapid diagnostic test. ⁴Avoid ibuprofen if peptic ulcer, asthma, hypertension, heart failure, kidney disease.

Diarrhoea

Give urgent attention to the patient presenting with diarrhoea and any of:

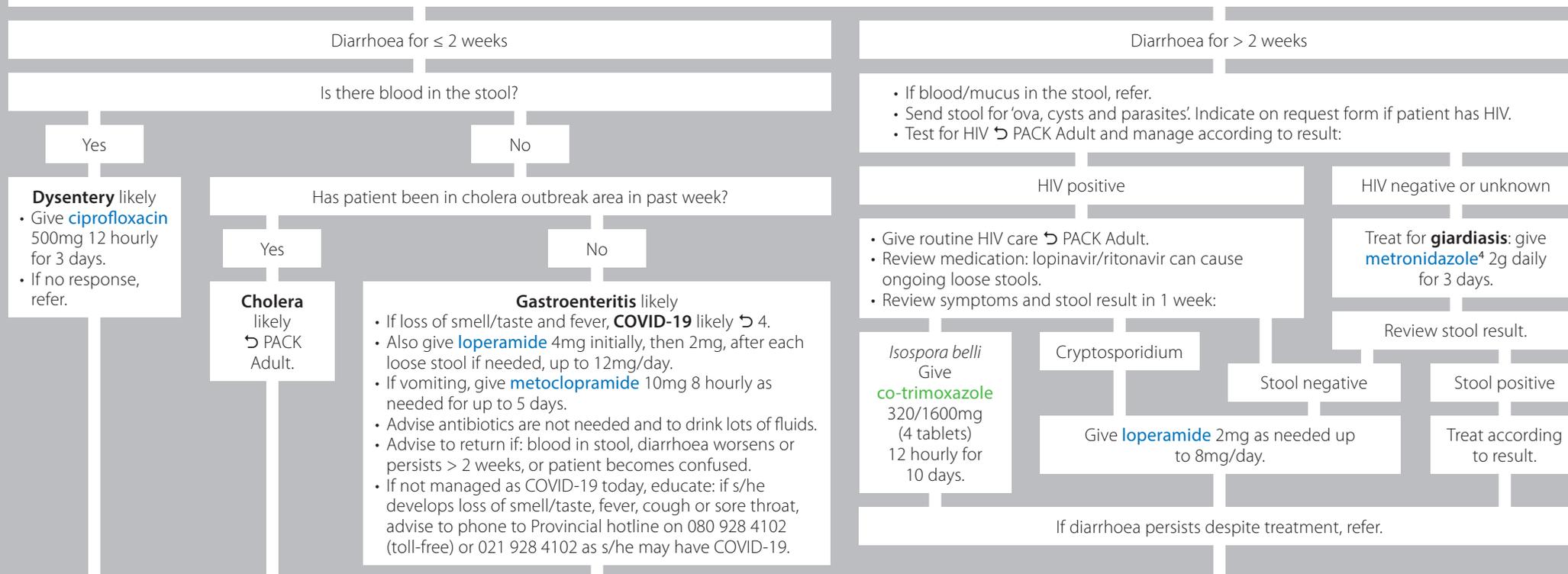
- Thirst, dry mouth, poor skin turgor, sunken eyes, drowsiness/confusion, BP < 90/60, pulse ≥ 100, dehydration likely

Manage and refer urgently:

- Give **oral rehydration solution (ORS)**:
 - Encourage small frequent sips, giving as much as patient can tolerate. Aim for 1-2L in first 2 hours. If vomits, wait 10 minutes and try again more slowly.
 - If no better after 2 hours, give IV fluids as below and refer same day.
- If unable to drink or BP < 90/60, give **sodium chloride 0.9%** 1L IV rapidly, repeat until systolic BP > 90. Continue 1L 6 hourly. Stop if breathing worsens. Refer same day.

Approach to the patient with diarrhoea not needing urgent attention:

Confirm patient has diarrhoea: ≥ 3 loose stools/day. Ask about duration of diarrhoea:



- Advise to increase fluid intake. Advise frequent handwashing, with soap and water, before preparing food/after going to toilet. Wash all surfaces/equipment used in food preparation. Wash and peel all fruit and vegetables. Use only safe/disinfected water for preparing food/drinks/ice. Cook food thoroughly, avoid raw/uncooked food, especially meat and shellfish.
- If repeated episodes of diarrhoea and no access to clean water, refer to health promotion officer/social worker.
- If patient has a life-limiting illness, also give routine palliative care ↳ PACK Adult.

¹Rice water stool is cloudy watery diarrhoea with no blood/pus and no faecal odour (may have fishy odour). ²If source of cholera is suspected to be from Zimbabwe, give instead single dose azithromycin 1g. ³Only send if specimen will reach the laboratory within 2 hours. ⁴Advise no alcohol until 24 hours after last dose of metronidazole.

Body/general pain

- A patient has body/general pain if his/her body aches all over or most of body is painful.
- If pain localised to one area only: if in back, arm/hand, leg, foot, neck → PACK Adult.

Approach to the patient with body/general pain

- If fever now or in past 3 days, and in a malaria area in past 3 months, arrange same day malaria test¹. If positive, **malaria** likely, refer same day.
- If tick bite (small dark brown/black scab) or tick present, tick bite fever likely → PACK Adult.
- If unintentional weight loss of ≥ 5% of body weight in past 4 weeks → PACK Adult.
- Are there any of: cough, blocked/runny nose, sore throat, abdominal pain, nausea/vomiting, diarrhoea, burning urine, headache, fever?

No

Yes

Screen for joint problem:

- Ask patient to place hands behind head, then behind back. Bury nails in palm and open hand.
- Press palms together with elbows lifted. Walk. Sit and stand up with arms folded.
- Is patient able to do all actions comfortably?

No

Yes

Check joints: are joint/s warm, tender, swollen or have limited movement?

Yes

No

→ PACK Adult.

- Test for HIV → PACK Adult. If low mood, stress or anxiety → PACK Adult.
- If patient has experienced recent trauma or abuse → PACK Adult.
- Review patient's medication. If on simvastatin and muscle pain/cramps and weakness, reduce simvastatin dose to 10mg daily or discuss with doctor/specialist.
- If patient has a life-limiting illness, also consider giving palliative care → PACK Adult.
- Ask about duration of pain:

< 4 weeks

< 4 weeks

- Give **paracetamol** 1g 6 hourly as needed for up to 5 days.
- Explain that pain does not always mean a disease or cancer, and tests cannot always show the reason for the pain and often are not needed.
- Advise to return if no better after 2 weeks.

- Give **paracetamol** 1g 6 hourly as needed for up to 5 days. Advise to only use analgesia when necessary and avoid long term regular use.
- Assess and advise on chronic pain → PACK Adult.
- Check glucose → PACK Adult.
- Check Hb: if < 12 (woman) or < 13 (man) → PACK Adult.
- Check ESR, creatinine. If weakness/tiredness, weight gain, low mood, dry skin, constipation or cold intolerance, also check TSH. Review in 2 weeks:
 - If blood results normal, consider fibromyalgia → PACK Adult.
 - If blood results abnormal, refer to doctor.

- If cough → 9.
- If sore throat → 10.
- If diarrhoea → 13.
- If abdominal pain → PACK Adult.
- If nausea or vomiting → PACK Adult.
- If burning urine → PACK Adult.
- If none of above:

Is body pain recent onset?

Yes

No

Does patient have headache or fever?

Yes

No

If neck stiffness, drowsy/confused or purple/red rash, **meningitis** likely → PACK Adult.

Discuss.

COVID-19 or influenza likely
Manage as **COVID-19** → 4.

¹Test for malaria with rapid diagnostic test if available, and parasite slide microscopy.

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

Before managing a close contact, ensure you are wearing appropriate personal protective equipment ¹⁹. Even if asymptomatic, s/he may still be infectious if s/he was infected during the close contact.

Manage other symptoms and chronic conditions

- Use PACK Adult to manage symptoms as on symptom pages.
- If patient has a chronic condition, check that it is well controlled. Use PACK Adult to give routine chronic care. Also check if de-escalation of care possible to protect patient from COVID-19 ¹⁶.

Advise the patient who is a COVID-19 close contact

- Patient needs to quarantine him/herself. This means that, in case s/he was infected during the close contact, s/he needs to separate him/herself from others to prevent possible spread of coronavirus.
- 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, advise to contact a hotline as below.

Assess if patient is able to safely quarantine at home:

- Is patient able to quarantine in a separate room from others?
- If patient develops symptoms, is s/he able to contact or return to health facility urgently if s/he develops severe symptoms?

Yes to both

No to either

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

- Encourage referral for alternate accommodation within an isolation facility. If patient agrees, refer as per local process.
- If unsure, contact Provincial hotline 080 928 4102 (toll-free) or 021 928 4102.

Patient may stop quarantine 14 days from date of last contact with COVID-19 person.

Clean and disinfect after patient has left facility ¹⁹.

Advise to call health facility (give number) or Provincial hotline on 080 928 4102 (toll-free) or 021 928 4102 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.

Explain how to safely isolate or quarantine at home

If patient is able to safely isolate or quarantine at home, explain how and give patient information leaflet if available:

- Stay in own room and use own bathroom (if possible). Avoid unnecessary contact with others. If contact unavoidable, wear face mask, and if possible keep 1.5m 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 clean hands.
- Clean and disinfect all high-touch surfaces like door handles, tabletops, counters, toilets, phones and light switches using diluted bleach solution (Add 6 teaspoons of bleach to 1L of water).
- Avoid sharing household items like dishes, cups, eating utensils and towels. Wash these well after use.
- For laundry: if hand washing, use soap and if possible, hot water. If using washing machine, use highest temperature according to label ($\geq 60^{\circ}\text{C}$) and detergent. Dry well as usual and if possible, iron.
- Dispose of waste carefully: put rubbish bags in second rubbish bag and if possible, store for 5 days, 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, and good hand and respiratory hygiene.
 - Educate about symptoms of COVID-19 and encourage to seek healthcare urgently if s/he develops difficulty breathing.
 - Ensure the patient has the health facility and referral centre contact details and the Provincial hotline number 080 928 4102 (toll-free) or 021 928 4102.
- Limit the patient's contact with the health facility: keep visits brief and decrease number of routine visits. 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 PACK Adult 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 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 2 weeks. • At 2-week visit, give medication for 2 weeks. • 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.		
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 influenza vaccine if at risk of severe influenza. Follow the order of priority for at risk groups: health workers, > 65 years, CVD, hypertension, diabetes, asthma, COPD, pregnancy, HIV.

Practise safely

- Keep yourself, your colleagues, your patients and your family safe from COVID-19 by practising safely using these steps:
- This section applies to all clinical staff (such as nursing assistants, nurses, doctors, occupational therapists, physiotherapists, dentists, oral hygienists, radiographers).

1. Monitor yourself for COVID-19 symptoms

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

2. Maintain physical distancing

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



- Keep a distance of at least 1.5 metres from colleagues and patients whenever possible.



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

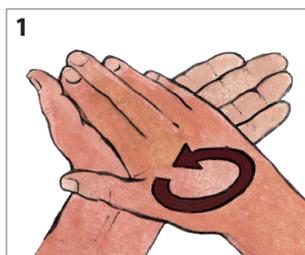
Administrative staff:

- Work from home if possible.
- Ensure desks are at least 1.5 metres apart.
- Use perspex screens between clerks and patients if possible.
- Avoid unnecessary meetings. If needed, ensure staff maintain physical distancing during meeting.

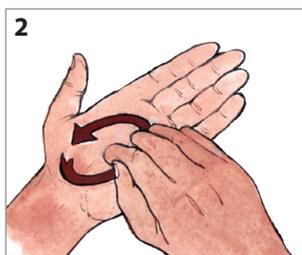


3. Practise good hand hygiene

- 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 fluids
 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. Avoid shared towels.



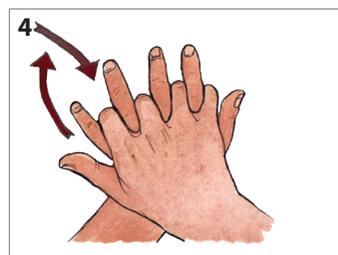
1 Rub palms together.



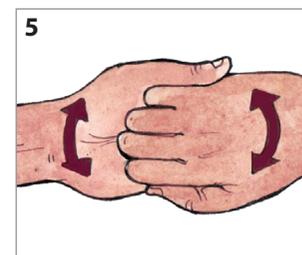
2 Rub tips of nails against palm. Swap hands.



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 surgical mask, N95 respirator or cloth mask 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 not needing a surgical mask or N95 respirator.
- 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 at least 1.5 metres 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.



- 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 patient areas regularly:

- First clean with detergent (soap) and water, and wipe with rinsed cloth. Then wipe with disinfectant like sodium hypochlorite 0.1% (use 0.5% if blood or body fluids) or 70% alcohol and allow to air dry.
- Frequency of cleaning will depend on area in facility:
 - Triage, testing and COVID-19 areas: at least three times a day. Disinfect chairs and testing booths between each patient.
 - Low-risk areas: at least once a day.
 - High-touch surfaces (tables, desks, phones, keyboards, mouse, door handles, light switches, taps): disinfect after each use or every 60 minutes.
 - The “patient zone” (bed rails, bedside cabinet, trolley, equipment): disinfect between each patient. If visibly dirty, clean first.



- 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.
- For examination beds, change linen and/or linen saver between each patient. If patient with suspected or confirmed COVID-19, send linen 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. Follow your facility protocols but ensure you are wearing the minimum PPE as below:

Triage or screening patients:

- Surgical mask



Managing a patient with suspected or confirmed COVID-19:

- Surgical mask
- Goggles or visor
- Apron
- Gloves



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

- N95 respirator
- Goggles or visor
- Gown or apron
- Gloves



Change or clean your PPE when needed:

- Change gloves between each patient.
- Change apron/gown if wet, dirty, damaged or after performing aerosol-generating procedure.
- Clean and disinfect goggles/visor after removing.
- If using **surgical mask**:
 - May be used continuously for up to 8 hours because of current supply shortage.
 - Discard after 8 hours of use, or sooner if touched by unwashed hands or gets wet/dirty/damaged.
- If using **N95 respirator**:
 - It may be reused for up to 1 week because of current supply shortage.
 - If reusing respirator:
 - Perform seal test before each use.
 - 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 or seal test fails..

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

How to put on PPE correctly (donning)

- 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 apron/gown

- 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 gloves

- Extend gloves to cover wrists/end of gown.



How to remove PPE correctly (doffing)

- 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.medicine.uct.ac.za/news/covid-19-resources

1 Remove gloves

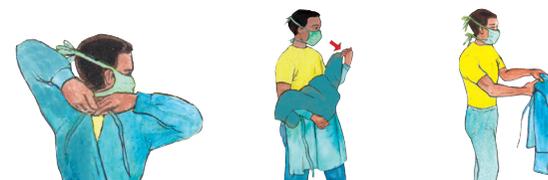
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard in medical waste bin.



Clean hands for at least 20 seconds

2 Remove apron/gown

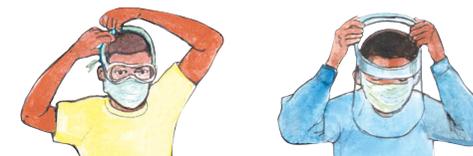
- If wearing a visor (not goggles), remove visor as below *before* removing gown/apron.
- Unfasten gown/apron ties. Ensure sleeves don't touch body when doing this.
- If gown: pull gown away from neck and shoulders, touching only inside of gown. Turn gown inside out.
- If apron: pull over head and roll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



Clean hands for at least 20 seconds

3 Remove goggles/visor

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



Clean hands for at least 20 seconds

4 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.



5 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 work



Clothes

- Wear simple, short-sleeved clothing that can be easily washed.
- Wear dedicated closed work shoes.
- Avoid wearing a belt, jewellery, watch and lanyard.



Wallet and keys

- Leave wallet at home – bring only essentials (like access card, drivers licence, bank card) in sealable plastic bag.
- Keep your keys in your pocket/bag and do not remove until after you have washed hands when leaving work.

Phone

- Remove protective case from phone. Keep phone in sealable plastic 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, disinfect phone/bag frequently.



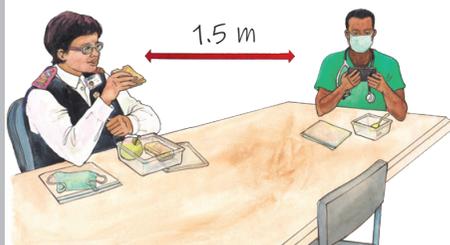
Food and drink

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



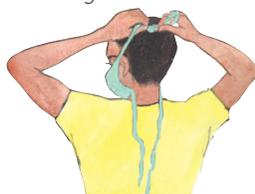
9. How to take a break safely

- Stagger breaks to avoid crowded tearooms. Take break outside if possible.
- Remove all PPE before entering tea room.
- Keep 1,5 metres apart from colleagues.



When removing mask to eat or drink:

- Remove carefully without touching the outside.
- Store in clearly labelled, clean paper bag.
- Put mask back on as soon as finished eating or drinking.
- Wash hands well after removing mask and after putting it back on.



- Avoid sharing food and drink.
- Avoid bought lunches and drinks from canteen.
- Avoid water coolers.



- Wash hands well before eating or drinking. Disinfect phone.

- Avoid sharing towels. Use paper towel instead.



- Keep windows and doors open. Report windows that don't open.

- Avoid sharing cups, bottles, cans, dishes, eating utensils – wash these well after use.



- Clean and disinfect frequently touched objects (like kettle, toaster, microwave, counters, door handles, window handles) regularly.



10. What to do after work

When leaving work

- Disinfect phone, stethoscope and pen regularly and again before leaving. Leave pen at work.



- Ensure used masks, gowns and aprons are discarded in designated waste bins.



- If possible, 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. Only touch straps to remove it.
- 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.
- Iron to disinfect.

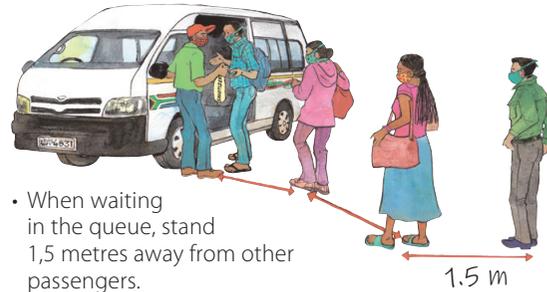


11. How to travel safely using public or staff transport



- 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 1,5 metres away from other passengers.

- 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 person with suspected or confirmed COVID-19

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

- A person with suspected COVID-19 who is waiting for test result or
- A person with confirmed COVID-19: this is a person with a positive COVID-19 test result. If a person with COVID-19 symptoms has not qualified for a test, manage exposure as for confirmed COVID-19.

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

- Shortness of breath or difficulty breathing
- Cough
- Sore throat
- Loss of sense of smell or change in sense of taste
- Fever or chills
- If s/he known with asthma or COPD with chronic symptoms: 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 → 4.

No to all

Establish the type of contact health worker has had with person with suspected/confirmed COVID-19:

- Contact < 1 metre with person
- Direct physical contact with person
- Direct contact with secretions of person
- Performed aerosol-generating procedure¹ on person
- Was in same room when an aerosol-generating procedure¹ was performed on person

Yes to any

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

No to all

Has health worker had any of:

- Been in a room/ward with a person with suspected/confirmed COVID-19
- Face-to-face with person with suspected/confirmed COVID-19 at a distance of > 1 metre

Yes to any

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

No to all

Assess risk and manage according to type of contact:

- If health worker had exposure to a **suspected** COVID-19 person → 25.
- If health worker had exposure to a **confirmed** COVID-19 person → 26.

- 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 → 19.

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 with suspected COVID-19

During contact was health worker wearing appropriate PPE?
If unsure → 19.

Yes

No

Minimal risk exposure

What type of contact did the health worker have with the person with suspected COVID-19 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 person with suspected COVID-19:

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 person with suspected COVID-19:

Negative

Positive

Positive

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 for 8 days:

No symptoms develop: test on day 8 post-exposure.

Symptoms develop within 8 days

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

Symptoms develop within 14 days

No symptoms develop within 14 days

- Advise to continue strict mask use and hand hygiene.

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

Test health worker for COVID-19:

Health worker positive

Health worker negative

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.

Advise to resume normal work activities.

- 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 → 19.
- Manage occupational stress → PACK Adult.

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

During contact was health worker wearing appropriate PPE?
If unsure → 19.

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 person with confirmed COVID-19 as determined on page 24?

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 for 8 days:

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: test on day 8 post-exposure.

Symptoms develop within 8 days

Symptoms develop within 14 days

No symptoms develop within 14 days

Test health worker for COVID-19:

Health worker tests positive

Health worker tests negative

Advise to resume normal work activities.

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 → 19.
- Manage occupational stress → PACK Adult.

Complete a COVID-19 contact list

- Complete a list of COVID-19 patient's close contacts, especially persons at risk¹.
- 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 unavailable: 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 from the date s/he developed symptoms until now. Ask about household members, work colleagues and friends.
- **If test result positive or patient being managed empirically for COVID-19:** send completed form to the 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).



health
Department of Health
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				
8						DD/MM/YYYY				

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 childminder 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.

most recent version of this document before use.

Version 8, 25 April 2020

¹Persons at risk include those > 55 years old, those with diabetes, HIV, TB (current or previous), chronic kidney disease, hypertension, heart disease, chronic lung disease (like asthma, COPD, chronic bronchitis) and immunosuppressive disorders (like cancer, SLE, RA).

Provide palliative care to the COVID-19 patient

- A doctor or palliative care team will down-refer a patient to receive palliative care at a primary health care/home level.
- When assessing and providing palliative care to a COVID-19 patient, ensure that you are wearing appropriate PPE: gown/apron, surgical mask, goggles/visor and gloves.

Assess the COVID-19 patient needing palliative care

Assess	Note
Symptoms	<ul style="list-style-type: none"> • If fever, shortness of breath, anxiety/restlessness, nausea/vomiting, constipation, diarrhoea, abdominal cramps or itchiness manage ↪ 29. • If dry mouth or oral candida ↪ PACK Adult. • Manage other symptoms as on relevant symptom pages ↪ PACK Adult.
Pain	<ul style="list-style-type: none"> • If pain, ask where the pain is and when the pain started. Does pain radiate anywhere? • Ask patient to grade pain on a scale from 0-10, with 0 being no pain and 10 being the worst pain: classify pain as mild (1-3), moderate (4-7) or severe (8-10). Manage pain depending on severity ↪ 29.
Side effects	<ul style="list-style-type: none"> • Ask about and manage side effects from medication ↪ 29. • If on morphine, advise that nausea, confusion and sleepiness usually resolve after a few days. Check that patient is using regular laxative.
Chronic care	<ul style="list-style-type: none"> • Check that the patient understands why s/he is receiving palliative care. • Assess ongoing need for chronic care in discussion with patient and health care team. Consider which medication/s could be discontinued.
Psychological well-being	Ask patient and family how they are feeling. Advise as below and arrange emotional support or counselling as available.
Carer/dependents	<ul style="list-style-type: none"> • Check that carer understands how to safely care for the patient to reduce his/her risk of contracting COVID-19. Check that s/he can access the necessary protection and cleaning products. • Ask how the carer is coping and what support s/he needs now and in the future. If needed, refer patient's dependents and family members to social worker.
Dying	If patient is deteriorating and 2 or more of: bedridden, decreased consciousness, only able to take sips of fluid or unable to take tablets, consider providing end-of-life care ↪ 30.
Pressure ulcers	If bedridden or in wheelchair, check common areas daily for damaged skin (change of colour) and pressure ulcers (see picture). If pressure ulcer, manage ↪ PACK Adult.



Advise the COVID-19 patient needing palliative care and his/her family

- Start by checking the patient/family understanding of the situation and ask what they have been told before. This can help move the conversation forward.
- Explain the condition and prognosis to the patient and his/her family. Be compassionate, but also honest and direct. Explaining what is happening relieves fear and anxiety.
- Check that family understands why the patient is receiving palliative care. If patient is not eligible for critical care, address any concerns and questions the family may have about this.
- Ask how the family is coping and what support they need. If needed, refer to social worker, counsellor, spiritual counsellor as available. Deal with bereavement issues ↪ PACK Adult.
- Discuss the plan for caring for the patient. Advise whom to contact when pain or other symptoms get severe. Discuss advance-care plans and preferences with family. Document decisions.
- Ensure family understand that they will need to quarantine for 14 days from the last time they had contact with the patient. Provide information on how to do this and give information leaflet

Advise what home care is needed for the COVID-19 patient needing palliative care

- Encourage the patient to do as much self-care as able.
- Encourage mouth care: patient to brush teeth and tongue regularly using toothpaste or dilute bicarbonate of soda. If able, advise to rinse mouth with ½ teaspoon of salt in 1 cup of water after eating and at night
- Offer small meals frequently, allow the patient to choose what s/he wants to eat from what is available and encourage fluid intake. The patient's appetite will get less as s/he gets sicker.
- If patient has pain, it is important to give pain medication regularly (not as needed), and if using tramadol or morphine to use a laxative daily to prevent constipation.
- If bedridden or in wheelchair:
 - Prevent pressure ulcers: wash and dry skin daily. Ensure linen is clean and dry. Move/turn patient every 1-2 hours if unable to shift own weight. Lift the patient, avoid dragging.
 - Prevent contractures: at least twice a day, gently bend and straighten joints as far as they go. Avoid causing pain. Gently massage muscles.
- Learn to recognise signs of deterioration and impending death: s/he may be less responsive, become cold, sleep a lot, have irregular breathing, and will lose interest in eating.

Treat the COVID-19 patient needing palliative care

- If **fever**:
 - Give **paracetamol** 1g orally 6 hourly as needed.
- If **shortness of breath**:
 - Advise to place patient in high supported sitting position by propping up with pillows/cushions.
 - Ensure other symptoms (like fever and pain) are well controlled.
 - Explain to patient how to do breathing exercises if s/he is able:
 - Advise to relax his/her shoulders, place hand on abdomen, and breathe from abdomen up in to chest, while feeling this with hand. Then lean forward, purse lips and slowly breathe out.
 - Repeat several times until breathing slows.
 - Encourage regular change in position every 2 hours if able – back, one side, other side and, if able to tolerate, on stomach with head to side.
 - If shortness of breath no better with above:
 - Give **morphine hydrochloride** (mist morphine) 2.5-5mg orally 4 hourly. If unable to swallow, slowly dribble mist morphine in to side of patient's mouth. Note that amount of morphine solution will vary depending on the strength: if 5mg/5mL: give 2.5-5mL. If 10mg/1mL: give 0.25-0.5mL. If 20mg/5mL: give 0.6-1.25mL.
 - Also give **lorazepam** 1-2mg orally 2 hourly as needed until settled.
- If **pain**:
 - Manage causes of discomfort such as constipation, nausea, thirst. Ensure patient is in a comfortable position.
 - Start pain medication based on severity of pain. Aim to have patient pain free at rest and able to sleep:
 - If **mild** (1-3) pain, start at step 1. If **moderate** (4-7) or **severe** (8-10) pain start at step 2. If unsure, start at lower step and increase pain medication if needed
- If pain controlled, continue same dose. If pain persists or worsens, increase dose to maximum. If still no better, move to next step.

Step	Pain medication	Start dose	Maximum dose	Note
Step 1 Give:	Paracetamol	1g 6 hourly	4g daily	If starting, give paracetamol 1g orally and reassess pain after 4 hours. If no better or already on paracetamol for fever, add step 2.
Step 2 Add to step 1:	Tramadol	50mg 6 hourly	400mg daily	Also give lactulose 10-20 mL orally once daily as needed for constipation. If needed increase to 12 hourly.
Step 3 Stop tramadol, continue paracetamol and add:	Morphine hydrochloride (mist morphine)	<ul style="list-style-type: none"> • 5-10mg 4 hourly orally • If ≥ 65 years: start 2.5-5mg orally 	<ul style="list-style-type: none"> • No maximum - titrate against pain. • If sedated/confused, respiratory rate < 12, skip 1 dose, then halve usual doses. 	<ul style="list-style-type: none"> • Also give lactulose 10-20mL orally daily to prevent constipation. Avoid if diarrhoea. • Also give metoclopramide 10 mg orally 8 hourly as needed and haloperidol 1.5mg orally at night for 1 week. • If constipation, nausea or itchiness, manage as below. • If breakthrough pain (pain that occurs before next scheduled dose): <ul style="list-style-type: none"> - Give one extra dose morphine, then continue regular dose at scheduled times for the rest of that day. - Increase morphine doses the next day. Calculate new dose: add up total amount of extra morphine given in last 24 hours. Divide this amount by 6 and add this to each regular 4 hourly dose¹.

- Manage other symptoms and side effects:

Anxiety/restlessness

- Consider polypharmacy: check medication/s and discontinue all non-essential medication.
- Manage causes of discomfort such as constipation, pain, nausea, thirst. Ensure patient is in a comfortable position.
- Give **lorazepam** 1-2mg orally 2 hourly as needed until patient is settled. Then give **lorazepam** 1-2mg orally 6-12 hourly as needed.

Nausea

- Encourage frequent small sips of fluids like water, tea, juice or ginger drinks.
- Give **metoclopramide** 10mg orally 8 hourly as needed.

Constipation

- Give **sennosides A and B** 13.5mg at night and/or **lactulose** 10-20mL orally daily.
- If needed, increase **sennosides A and B** to 27mg at night and/or increase **lactulose** to 12 hourly.

Diarrhoea

- Give **loperamide** 4mg initially, then 2mg after each loose stool up to 6 hourly.

Abdominal cramps

- Give **hyoscine butylbromide** 10mg 6 hourly as needed for up to 3 days.

Generalised itchiness

- Give **chlorphenamine** 4mg 6-8 hourly as needed.

¹Example: patient on morphine 10mg orally 4 hourly has 3 episodes of breakthrough pain: 10mg x 3 = 30mg (total extra morphine); 30mg ÷ 6 = 5mg. Add 5mg to each 10mg regular dose: increase morphine to 15mg orally 4 hourly.

Provide end-of-life care to the dying COVID-19 patient

The patient is dying if s/he is deteriorating and has ≥ 2 of: bedridden, decreased consciousness, only able to sip fluid or unable to take tablets. A doctor should confirm this.

Assess the dying COVID-19 patient's needs regularly

Assess	Note
Symptoms	Assess for pain, noisy breathing, anxiety/restlessness and treat as below.
Current care	<ul style="list-style-type: none"> Assess current medication and stop any that are non-essential (like vitamins). If unable to swallow, consider switching medication route from orally to subcutaneous.
Intake	If patient is able to swallow, ensure patient receives sips of water and food as wanted for comfort.
Psychological well-being	<ul style="list-style-type: none"> Ensure patient and family understand what is happening. Ask how family are coping and what support and/or spiritual care is needed.
Mouth	Ensure patient's mouth is moist and clean. Consider using glycerine to keep lips/mouth moist.
Personal hygiene	Check skin care, clean eyes and change clothing according to patient's needs.

Advise the dying COVID-19 patient and his/her family

- Start by checking the patient/family understanding of the situation and ask what they have been told before. This will help move the conversation forward.
- Ensure patient and family receive full explanation and express understanding of current plan of care. Identify and document any concerns.
- Discuss patient's wishes, feelings, faith, beliefs and values. Discuss patient's needs now, at death and after death. Listen and respond to patient and family's worries/fears.
- Ensure that the family are able to manage the patient and also practise infection control measures at home.
- Ensure family knows that everyone in the household will need to quarantine for 14 days after last contact with patient and give information leaflet.

Treat the dying COVID-19 dying patient

- Ensure the patient's symptoms are managed:
 - If already on **morphine** continue and increase dose by 25%.
 - If not already on morphine, give **morphine** ↻ 29.
 - Also provide additional breakthrough dosages as needed: give extra dose orally every hour.
- If fever, give **paracetamol** 1g orally/IV 6 hourly as needed.
- If noisy breathing, excessive secretions likely: try changing position and give **hyoscine butylbromide** 20mg orally 6-12 hourly as needed.
- If anxiety/restlessness, manage ↻ 29.

Manage the COVID-19 patient after death

- Diagnose death if no carotid (neck) pulse for 2 minutes *and* no heart sounds for 2 minutes *and* no breath sounds or chest movement for 2 minutes *and* pupils are fixed, dilated and do not respond to light.
- Ensure family receive emotional support following the patient's death and refer to counsellor as available.
- Give information on losing a loved one to COVID-19 ↻ 31.
- Ensure the deceased patient's body is safely removed from your facility ↻ 32 and that relevant notifications are completed ↻ 33.

Losing a loved one to COVID-19

As your loved one has passed away from COVID-19, your loss will be complicated by the need to prevent coronavirus from spreading further.

Find ways to cope with your loss

Losing a loved one affects everyone differently; there is no right or wrong way to feel.

Understanding what happened to your loved one may help. Speak to the healthcare workers who cared for them or others who know about COVID-19.

Contact the bereavement helpline on 082 925 5938 or 079 872 6408.



Talk about your feelings to a friend, relative or counsellor.

Take care of yourself. Get enough sleep and avoid using alcohol and other substances to relieve your grief.



Protect yourself and others from coronavirus

- Regulations to prevent coronavirus from spreading may not allow you to see your loved one's body. If you are able to do so, avoid touching or kissing them. It is okay to speak to your loved one while standing next to their body.
- If you receive your loved one's belongings, wash the clothing and linen with hot water and soap. Disinfect other items (phone, spectacles, toiletries) with diluted bleach solution. After handling unwashed laundry and objects, wash your hands well.
- If you had close contact with your loved one in the past 14 days, you may have caught coronavirus. You should quarantine (separate) yourself for 14 days from last contact to prevent passing it on.



Get help with logistics

- Register your loved one's death. You will need their identity document and death notification from the hospital. Ask an undertaker for help.
- Arrange a funeral. When someone has died of COVID-19, cremation is recommended.



Western Cape Government

STAY SAFE . SAVE LIVES.

Hold a coronavirus safe funeral

- People may catch coronavirus from your loved one's body and also from one another at the funeral.
- A funeral usually provides the opportunity to say goodbye to a loved one. If you are unable to prepare a funeral as you are used to, plan to hold a ritual when it is safe, to help you say goodbye.



- Hold the funeral within three days of your loved one's passing.
- Maximum 50 people (family, guests and staff) are permitted to attend.
- Consider live-streaming for those over 55 years or with chronic conditions as they are at risk of severe COVID-19.
- The funeral ceremony should last less than 30 minutes.
- Do not hold a gathering after the funeral; mourners should leave straight after the ceremony.

Prepare your loved one's body with care

- Washing and dressing your loved one should only be done by undertakers or those trained to use personal protective equipment.
- Your loved one's body must remain at the undertaker's until the funeral.

If you hold a viewing, do so safely

- Do not let anyone touch the body.
- Keep apart from each other.
- Wear a mask.
- Sanitise hands afterwards.



Keep 1,5 metres apart from others. Avoid handshakes, hugging or kissing.

Ensure mourners are coronavirus safe

- Ask people not to attend if they are sick.
- Mourners must wear cloth masks at all times.
- Provide hand sanitiser or hand-washing stations.
- Keep a register of mourners. This will enable health authorities to trace them should someone develop COVID-19.

24 National Hotline: 0800 029 999

24 Provincial Hotline: 021 928 4102



Western Cape Government

STAY SAFE . SAVE LIVES.

Safely handle the body of a deceased COVID-19 patient

Safely remove the body of a DOA (dead on arrival) patient from your health care facility

- Check if the deceased patient has had a clinical history consistent with COVID-19: if yes, and s/he did not have a COVID-19 test, ensure a postmortem swab is taken for SARS-CoV-2 testing.
- Safely manage the deceased patient's body as below.

Follow these steps to safely remove the body of a deceased COVID-19 patient from your ward/casualty

- There is no need to contact Forensic Pathology (FPS) services for a natural death from COVID-19. For an unnatural death in a COVID-19 positive patient, FPS will need to be consulted.
- Ensure the undertaker/mortuary worker/FPS is aware that the deceased patient is a suspected or confirmed COVID-19 case.
- Have ready:
 - Disinfectant: at least 70% alcohol or 0.1% bleach (sodium hypochlorite) solution.
 - Red medical hazard waste bin in close proximity for safe disposal of PPE.

- 1 Perform hand hygiene and safely put on PPE: gown, waterproof apron, surgical mask, goggles/visor and non-sterile gloves.
- 2 Remove IV lines or other disposable medical equipment and dispose in red medical waste bin.
- 3 Wrap the body in a shroud and send to mortuary or holding area. Ensure that the trolley is wiped down with alcohol or bleach solution prior to leaving the ward/casualty.
- 4 Remove linen from bed, place into linen bag and mark as infectious. Ensure this is transferred to the laundry as soon as possible.
- 5 Clean the patient's bed and anything else the patient was in contact with using detergent and water. Then disinfect using alcohol or bleach solution.
- 6 Safely remove PPE and place disposable items in red medical hazard waste bin.
- 7 Perform thorough hand hygiene.

Safely remove the body from your health care facility

- Ensure the undertaker/mortuary worker/FPS is aware that the deceased patient is a suspected or confirmed COVID-19 case.
- When a deceased patient's body leaves the mortuary/facility premises, it should be contained within a single body bag (preferably with a transparent window for viewing).

Complete a death notification for the deceased COVID-19 patient

- A doctor must examine the patient's body and verify his/her death.
- For natural deaths, the same doctor must then complete:
 - Death notification (form DHA-1663 A and B): section A (particulars of the deceased), section B (certificate by attending medical practitioner/ professional comments), and section G (medical certificate of cause of death)
 - Death summary report for all COVID-19 related deaths in the Western Cape
- It is important to record and report deaths due to COVID-19 in a uniform way. Use the following explanations to complete relevant sections correctly:

A. PARTICULARS OF THE DECEASED
Instructions: Section A to be filled out by **Authorised Medical Practitioner / Professional Nurse**, who is responsible for examining the body to determine the cause of death. The **Informant** must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a still birth? 1.1 Death 1.2 Still birth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Still born child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable: 2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify) _____

2.6.4 DNA samples retrieved for identification purposes 2.6.5 Dental records taken for identification purposes

3. Date of Death / still birth

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

4.1 Place of Death/still birth (City/Town/Village)

4.2 Province of Death/still birth

5. Place of Registration of Death / still birth

6. If death occurred within 24 hours after birth, number of hours alive _____ 7. Home telephone no. _____

8. Identity No. (Passport No. if foreigner) _____ 9. Age at last birthday if DOB is unknown _____

10. Date of Birth if there is no ID number

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

11. Gender 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname _____

13. Previous / Maiden Surname _____

14. Forenames _____

15. Usual Residential Address: Street _____
 Town _____
 Province _____ Postal code _____

16. Citizenship _____

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad _____

16.2 Province of Birth _____

17. Marital Status of the deceased 17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

18. Education level of deceased. (Specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1
------	------	------	------	------	------	------	------	------	-------------	-------------	--------------------

(mark with a)

19. Usual occupation of deceased (type of work done during most of working life) _____

20. Type of business / industry: (mark with a)

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services
-----------------------------------------------	-------------------------	------------------	--------------------------------------	-----------------	--------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------	---------------------------------------------------------------------------

21. Was the deceased a regular** smoker five years ago? (mark with a) 21.1 Yes 21.2 No 21.3 Do not know 21.4 Not applicable (minor)

* Where the deceased lived on most days. **Smoking tobacco on most days.

Complete the particulars of the deceased, including:

- Identification of the deceased
- Place of death
- Personal details of the patient

Doctor to complete his/her professional details, including:

- Personal details
- Facility details

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE
Instructions: Section B to be filled out by the **same Medical Practitioner / Professional Nurse** who completed Section A.

22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**

22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

Particulars of the Medical Practitioner / Professional Nurse who filled out the form: 23. HPCSA Registration No. _____

24. Surname _____

25. Forenames _____

26. Name of Health Facility / Practice _____ 27. Facility / Practice No. _____

28. Business Address: Street _____
 Town _____ Province _____

Telephone No. (Office) _____ Postal Code _____

Office stamp of health facility or practice

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Place signed _____
 Date signed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Signature _____

Continue to complete the section for Medical certificate of cause of death

- Use "COVID-19" as official terminology. As there are many types of coronaviruses, avoid the term "coronavirus" to reduce classification/coding uncertainty and correctly monitor deaths.
- Record "COVID-19" on the medical certificate of cause of death for all deceased patients if:
 - COVID-19 caused death (SARS-CoV-2 test positive) or
 - COVID-19 is assumed to have caused death (SARS-CoV-2 not identified but clinical picture compatible with COVID-19) or
 - COVID-19 contributed to death, along with other causes.

Complete cause of death Part 1:

- Specify the chain of events leading to death in Part 1. For example, in cases when COVID-19 causes pneumonia and fatal respiratory distress, both pneumonia and respiratory distress should be included, along with COVID-19, in Part 1.

Immediate cause:

- This is the final disease, injury or complication directly causing the death. It is not the mechanism of death or terminal event (e.g. heart failure, cardiac arrest, respiratory arrest).
- For example, complete this section with "Acute Respiratory Distress Syndrome" and/or "Pneumonia".

Underlying cause:

- This is the disease that started the sequence of events leading directly to death.
- Complete this section with:
 - "Confirmed COVID-19" if SARS-CoV-2 test positive.
 - "Suspected COVID-19" if clinical picture compatible with COVID-19 but SARS-CoV-2 not identified.
 - "Probable COVID-19" if clinical picture compatible with COVID-19 but SARS-CoV-2 test result pending or inconclusive.

Complete particulars of deceased:

- Personal details
- Demographic details

Complete details of contact person at facility

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH
 Instructions: Section G is to be filled out by Medical Practitioner /Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner)

68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable

69. Surname

70. Forenames

71. Population Group 71.1 African 71.2 White 71.3 Indian/Asian 71.4 Coloured 71.5 Other (specify) _____

72. Place of Death 72.1 Hospital/Inpatient 72.2 ER/Outpatient 72.3 DOA 72.4 Nursing Home 72.5 At Home 72.6 Other (specify) _____

73. Name of Health Facility/Practice

74. Facility Contact Telephone No. incl. Area Code

75. Patient File No.

76. Contact Person at Facility: Surname
 Forenames
 Role/Rank

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH
 Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1	Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line	Approximate interval between onset and death (Days / Months / Years)	For office use only
Part 1	IMMEDIATE CAUSE (final disease or condition resulting in death) a) _____ Due to (or as a consequence of) _____	_____	ICD-10 <input type="text"/>
	Sequentially list conditions, if any, leading to immediate cause. b) _____ Due to (or as a consequence of) _____	_____	
	Enter UNDERLYING CAUSE (last) (Disease or injury that initiated events resulting in death) c) _____ Due to (or as a consequence of) _____	_____	
	d) _____	_____	
Part 2	Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 _____		

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? () 82.1 Yes 82.2 No

79. Method used to ascertain the cause of death (tick all that apply):

79.1 Autopsy 79.2 Post mortem examination 79.3 Opinion of attending medical practitioner 79.4 Opinion of attending medical practitioner on duty

79.5 Opinion of registered professional nurse 79.6 Interview of family member 79.7 Other (specify) _____

Complete particulars of deceased Part 2:

- Complete co-morbidities that may have contributed to the death, but not part of the direct cause. Include length of time that patient has had each co-morbidity e.g. "Coronary artery disease (5 years), Type 2 diabetes (14 years), Chronic obstructive pulmonary disease (8 years)"

Complete a death summary for the deceased COVID-19 patient


Western Cape Government
 BETTER TOGETHER.

**DEATH SUMMARY REPORT FOR ALL COVID 19 RELATED CASES
IN THE WESETERN CAPE**

PARTICULARS OF PATIENT

Folder Number: _____ Age: _____ Gender: M F
 Name of patient: _____ Address: _____
 Date of Birth: ____/____/____
DD / MM / YYYY

Date of Summary: ____/____/____ <small>DD / MM / YYYY</small> Facility Name: _____ Date of onset of symptoms: ____/____/____ <small>DD / MM / YYYY</small> Date of admission to facility: ____/____/____ <small>DD / MM / YYYY</small> Medical diagnosis: _____ Known Covid patient: <input type="checkbox"/> Y <input type="checkbox"/> N Date of sample collection: ____/____/____ <small>DD / MM / YYYY</small> Results: <input type="checkbox"/> P <input type="checkbox"/> N Date of positive result: ____/____/____ <small>DD / MM / YYYY</small>	<p>PRESENTING SYMPTOMS</p> <input type="checkbox"/> Fever <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Body aches <input type="checkbox"/> Other (<i>list</i>) _____ _____ _____ _____	<p>COMORBIDITIES</p> <input type="checkbox"/> None <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> HIV <input type="checkbox"/> TB <input type="checkbox"/> Other (<i>list</i>) _____ _____ _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Place of Death: _____ Date of death: ____/____/____ Time: _____
DD / MM / YYYY

<p>TYPE OF WARD</p> Ward: <input type="checkbox"/> ICU <input type="checkbox"/> High Care <input type="checkbox"/> Covid ward <p>LEVEL OF CARE</p> <input type="checkbox"/> Ventilation <input type="checkbox"/> Room air <input type="checkbox"/> Nasal cannula/ High air flow	<p>CLINICAL TREATMENT</p> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

CLINICAL HISTORY

Person Completing report: _____ Contact Number: _____

Complete the particulars of the deceased, including:

- Folder number
- Personal details

Complete details of presenting complaints and co-morbidities, including:

- Date of onset of symptoms
- Date of admission
- Diagnosis
- Presenting symptoms
- Chronic conditions

Complete details of COVID-testing, including:

- Whether or not patient is known with COVID-19
- Date of sample collection
- Result of swab

Complete details of clinical management, including:

- Ward
- Level of care
- Clinical history
- Clinical treatment

Complete your name and contact number