The Western Cape Department of Health is committed to supporting the delivery of standardised, efficient primary care during the COVID-19 outbreak. This PACK COVID-19 package has been developed by the Knowledge Translation Unit from the various policies developed by the Department and has drawn on the input of clinical and health system leads in the province. It reflects and complies with latest NICD guidance and Western Cape Department of Health circulars:

- 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 safely (OHS) policy. Western Cape Government Health (29 April 2020)
• Circular H56/2020: Cleaning and disinfectant guideline for COVID-19 infections. Western Cape Government Health (25 April 2020)

Designed for use by professional health workers – nurses and doctors – working in primary care facilities, it contains an approach to screening, evaluating and managing both the patient suspected of COVID-19 and the contact of someone with COVID-19, administrative detail around contact tracing, advice giving around isolation/quarantine and procedures for infection prevention and control (IPC) both in facility and on arriving home, including the use of protective personal equipment (PPE). It also covers an approach to managing the health worker who has been exposed to coronavirus.

While our health facilities are likely to be increasingly drawn into caring for those with COVID-19 over the coming months, it is crucial that we still pay attention to delivering routine care to those with chronic conditions. This package includes a page covering the de-escalation of care for stable patients with TB, HIV, NCDs and chronic mental health disorders.

This COVID-19 package is accompanied by two online training modules which support familiarity with the content and uptake in health facilities and clinical practice. We encourage you to access this training which is available at no cost, and data-free from: https://knowledgetranslation.co.za/resources/covid-19-trainings/.

We hope this package will be a support to you as you work on the frontline of the response to the pandemic, to bring care to the many who need it. We thank you for your commitment, courage, and professionalism.

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.

Yours sincerely

DR KEITH CLOETE
HEAD OF DEPARTMENT
WESTERN CAPE GOVERNMENT HEALTH
DATE: 18 MAY 2020
COVID-19

Updated 15 May 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](http://www.knowledgetranslation.co.za/resources) for latest versions.
Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Isolation</td>
<td>Isolation is when a person with confirmed COVID-19 is separated from others.</td>
</tr>
<tr>
<td>Quarantine</td>
<td>Quarantine is when a person is separated from others because s/he:</td>
</tr>
<tr>
<td></td>
<td>• is waiting for COVID-19 test results OR</td>
</tr>
<tr>
<td></td>
<td>• has been in close contact with someone with COVID-19. S/he may have been infected and could spread it to others without knowing.</td>
</tr>
<tr>
<td>PUI stands for &quot;Person under investigation&quot;</td>
<td>This refers to a person who has symptoms that meet the criteria for testing for COVID-19. This person is suspected of having COVID-19.</td>
</tr>
<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
<tr>
<td>Vulnerable person</td>
<td>A vulnerable person is a person at increased risk of developing severe COVID-19 and includes the elderly (≥ 60 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromised, diabetes, hypertension).</td>
</tr>
</tbody>
</table>

Contents

- Screen all patients for COVID-19 symptoms ........................................... 4
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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 symptoms

- Ensure triage staff wear a surgical mask and keep 1.5m apart from patients. Ensure queuing patients keep 1.5m apart from each other.
- Have 70% alcohol-based hand sanitiser or soap and water handwashing stations available for all patients entering the facility.
- Ensure facility has separate streams/patient flows for patients who are suspected of having COVID-19 and those who are not.
- Ensure triage station has a supply of surgical masks to give patients with respiratory or COVID-19 symptoms and patient information leaflets for the patients’ 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 →5.

<table>
<thead>
<tr>
<th>If patient known with COPD or asthma, has cough or breathing significantly worsened in the last 14 days?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider patient a COVID-19 close contact.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Give patient a surgical mask to wear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Send patient to separate waiting area identified for emergency care of COVID-19 patients for urgent attention →5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In last 14 days, has patient been in close contact(^1) with anyone who has confirmed COVID-19?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Consider patient a Person Under Investigation (PUI) for COVID-19.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>• Give patient a surgical mask to wear.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Send patient to separate waiting area for PUIs and close contacts of COVID-19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure patients sit 1.5m apart.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advise on cough and hand hygiene.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If patient considered a PUI, continue to assess and manage →5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If patient is a COVID-19 close contact, continue to assess and manage →9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does patient have shortness of breath?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In last 14 days, has patient been in close contact(^1) with anyone who has confirmed COVID-19?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Consider patient a Person Under Investigation (PUI) for COVID-19.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• If patient is a COVID-19 close contact, continue to assess and manage →9.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Close contact means face-to-face contact or being in a closed environment (like a vehicle or aeroplane). Close contacts may be those in the same household or workplace or health care workers who have managed a COVID-19 case without using personal protective equipment.
Assess and manage the patient with suspected COVID-19

- When working in close contact with a PUI, ensure you are wearing appropriate personal protective equipment.  
- After each patient, clean and disinfect all equipment used. Change gloves and wash hands between each patient. Change apron if wet/dirty/damaged.

Consider severe COVID-19 as well as other causes. Give urgent attention to the patient with suspected COVID-19 and any of:

- Breathless at rest or while talking
- Respiratory rate ≥ 25
- BP < 90/60
- Pulse rate > 120
- Confused or agitated
- Oxygen saturation < 95%
- Sudden breathlessness, more resonant/decreased breath sounds/pain on 1 side, deviated trachea, BP < 90/60: tension pneumothorax likely
- Coughs ≥ 1 tablespoon fresh blood

Manage and refer urgently:

- If short of breath or oxygen saturation < 95%, give oxygen:
  - Ideally use nasal prongs, start 1–4L/min. If only facemask available, give 6–10L/min. Aim for oxygen saturation ≥ 90%.
  - If BP < 90/60, give slowly sodium chloride 0.9% 250mL IV over 30 minutes, repeat until systolic BP ≥ 90. Continue 1L 6 hourly. Stop if breathing worsens.

If known asthma/COPD and wheeze:

- Avoid nebulisers. Give inhaled salbutamol via spacer 400–800mcg (4–8 puffs) every 20 minutes PACK Adult to see how to use inhaler with spacer.
- 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 remains 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 IV). Avoid using insulin needle to give IM insulin. Use 22-25 gauge needle depending on weight of patient.

If known heart problem:

- If difficulty breathing worse on lying flat and leg swelling, treat for heart failure:
  - Sit patient up.
  - If systolic BP > 90: give furosemide 40mg slow IV. If no response after 30 minutes, give further furosemide 80mg IV. If good response, give 40mg IV over 2-4 hours.
  - If systolic BP > 90: give sublingual isosorbide dinitrate 5mg even if there is no chest pain. Repeat once if pain relief needed. Then repeat after 4 hours. If BP ≥ 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 known asthma/COPD and wheeze:

- Avoid nebulisers. Give inhaled salbutamol via spacer 400–800mcg (4–8 puffs) every 20 minutes PACK Adult to see how to use inhaler with spacer.
- 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 remains distressed whilst waiting for transport, give magnesium sulphate 2g in 100mL sodium chloride 0.9% IV slowly over 20 minutes.

Other causes may include influenza, TB, bacterial pneumonia, Pneumocystis pneumonia (PCP or PJP) if immunocompromised. Nebuliser use is discouraged as it is considered an aerosol-generating procedure that can spread coronavirus. Avoid giving insulin intravenously (IV) as it may cause low potassium and heart dysrhythmia and needs in-hospital electrolyte monitoring.

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

| Tygerberg: | Groote Schuur: | NICD hotline on 0800 11 1131 or 082 883 9920 or 066 562 4021 or Provincial hotline on 021 928 4102 | If unable to reach any of adjacent, send an SMS with your name and query to NICD on 066 562 4021 |
| 083 419 1452 or 021 938 4911 or 021 938 9645 | 021 404 9111 | |

If temperature ≥ 38°C, give ceftriaxone 1g IV/IM and azithromycin 1g orally to treat for possible severe bacterial pneumonia.

If unsure of manage, consult a specialist according to referral pathway:

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

1Other causes may include influenza, TB, bacterial pneumonia, Pneumocystis pneumonia (PCP or PJP) if immunocompromised. Nebuliser use is discouraged as it is considered an aerosol-generating procedure that can spread coronavirus. Avoid giving insulin intravenously (IV) as it may cause low potassium and heart dysrhythmia and needs in-hospital electrolyte monitoring.
Approach to the patient with suspected COVID-19 not needing urgent attention

• When working in close contact with a PUI, wear appropriate personal protective equipment → 15.

Screen for chronic conditions, especially:

• If 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.

Screen for 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.

Screen for diabetes:

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

Screen for TB:

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

Screen for diabetes:

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

Screen for chronic conditions, especially:

• If unknown or tested negative > 6 months ago, test for HIV → PACK Adult.

Manage other symptoms and chronic conditions

• Consider that symptoms may have another cause. Use PACK Adult to manage symptoms as on symptom pages.
• If patient has a chronic condition, check that it is well controlled and give routine care on chronic condition page in PACK Adult.

Test for SARS-CoV-2 (COVID-19)

• Wear appropriate PPE: an N95 respirator/FFP2 mask, goggles/visor, apron/gown and non-sterile gloves.
• Collect a single upper respiratory swab, preferably a nasopharyngeal swab: send NHLS request form with 'SARS-CoV-2 testing (PCR)' under other tests (all disciplines) section.
• If nasopharyngeal swab not possible, do oropharyngeal, nasal mid-turbinate, or anterior nares swab. If unsure, discuss.
• Advise patient to inform his/her close contacts to quarantine themselves and self-monitor for symptoms until results known, especially if vulnerable persons2. Record reliable contact details3 for follow-up.

If facility is able to perform SARS-CoV-2 testing:

• Arrange for patient transport to designated testing facility or arrange for trained staff to come and take specimen.
• If unsure, consult: Provincial hotline 021 928 4102 or NICD hotline 0800 11 1131 or 082 883 9920 or 066 562 4021 or SMS name and query to 066 562 4021.

If facility is not able to perform SARS-CoV-2 testing:

• Arrange for patient transport to designated testing facility or arrange for trained staff to come and take specimen.
• If unsure, consult: Provincial hotline 021 928 4102 or NICD hotline 0800 11 1131 or 082 883 9920 or 066 562 4021 or SMS name and query to 066 562 4021.

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

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

Yes to both

No to either

Discharge to safely isolate at home while awaiting results.

• Give paracetamol 1g 6 hourly orally as needed for fever or pain. Avoid NSAIDS (like ibuprofen) unless using for other condition/s.
• Explain how to safely isolate at home → 9. Explain what symptoms patient should monitor for and when to return (see red box below).
• If vulnerable person4, explain that s/he is at increased risk of severe disease if COVID-19 positive. Advise to contact facility urgently if red box signs.
• Advise that facility will phone patient with results – no need to return unless condition worsens. Ensure correct contact details3.

Advise to call health facility (give number) or Provincial hotline on 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.

Clean and disinfect after patient has left facility → 15.

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.
2Vulnerable persons include elderly (≥ 60 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes, hypertension).
3Include an alternative phone number.
### Follow up results

<table>
<thead>
<tr>
<th>Phone patient to provide test results and follow up his/her condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Check SARS-CoV-2 result. Also check if TB sputums, CD4 count/CrAg were sent: recall patient if Xpert or CrAg positive.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SARS-CoV-2 positive</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient has COVID-19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notify</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consider a TB test if not done already if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cough ≥ 2 weeks (any duration if HIV positive), weight loss ≥ 1.5kg, drenching night sweats, fever ≥ 2 weeks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SARS-CoV-2 negative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Notifiable Medical Conditions - electronic submission available from NICD website: <a href="https://www.nicd.ac.za/notifiable-medical-conditions/">https://www.nicd.ac.za/notifiable-medical-conditions/</a>.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Close contact refers to those with whom patient has had face-to-face contact (&lt; 1 m) or has been in a closed environment (like a vehicle). Close contacts may be those in the same household or workplace.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Assess if patient is able to continue safely isolating at home:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is patient able to isolate in a separate room?</td>
</tr>
<tr>
<td>• Is patient able to contact or return to health facility urgently if his/her condition worsens?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes to both</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Decide if patient able to continue home management</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>No to either</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Explain when to end isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain that no repeat testing needed. Patient may discontinue isolation 14 days after the start of symptoms.</td>
</tr>
<tr>
<td>• If symptoms are not resolved after 14 days, advise to contact facility to discuss before ending isolation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advise to call health facility (give number) or Provincial hotline on 021 928 4102 or National hotline on 0800 029 999 or return urgently to health facility if:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortness of breath, difficulty breathing, persistent chest pain/pressure, new confusion or worsening drowsiness.</td>
</tr>
</tbody>
</table>

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*If possible, doctor to phone and assess clinically. **Notifiable Medical Conditions** - electronic submission available from NICD website: [https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/](https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/). *Close contact refers to those with whom patient has had face-to-face contact (< 1 m) or has been in a closed environment (like a vehicle). Close contacts may be those in the same household or workplace. *Vulnerable persons include elderly (≥ 60 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes, hypertension).
Complete a contact list for a COVID-19 PUI

- Complete a list of COVID-19 patient's close contacts, especially vulnerable persons.
- A close contact means face-to-face contact (usually < 1m) or being in a closed space (like a vehicle/household).
- 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/](https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/)
- Ask patient to tell you about the people s/he has been in close contact with from the date s/he developed symptoms until now. Ask about household members, work colleagues and friends.
- If test result positive: send completed form to the relevant co-ordinator according to facility protocol.

**COVID-19 CONTACT LINE LIST**

<table>
<thead>
<tr>
<th>RSA Identity number / Passport number</th>
<th>Residential address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>First name</th>
<th></th>
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<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th></th>
</tr>
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</table>

| Contact number                       |                     |
|                                      |                     |
|                                      |                     |

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Date of sample collection</th>
<th>Testing laboratory</th>
</tr>
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<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Surname</th>
<th>First name(s)</th>
<th>Sex (M/F)</th>
<th>Age (Y)</th>
<th>Relation to case</th>
<th>Date of last contact with case</th>
<th>Place of last contact with case (Provide name and address)</th>
<th>Residential address (for next month)</th>
<th>Phone number(s), separate by semicolon</th>
<th>HCW or school-going/teacher? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

*Vulnerable persons include elderly (≥ 60 years old), those known with lung/heart/other chronic disease (e.g. cancer, on TB treatment, immunocompromise, diabetes, hypertension).
# Manage the close contact with no COVID-19 symptoms

A close contact has had face-to-face contact (usually < 1m) or been in a closed space (like a vehicle or household) with someone who has been diagnosed with COVID-19.

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

When managing a close contact, wear appropriate personal protective equipment ➔ 15. 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 and give routine care on chronic condition page in PACK Adult.

## 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, then 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?
- If patient develops symptoms, is s/he able to contact or return to health facility urgently if s/he develops severe symptoms?

<table>
<thead>
<tr>
<th>Yes to both</th>
<th>No to either</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Discharge to safely quarantine at home.</td>
<td></td>
</tr>
<tr>
<td>• Explain how to safely quarantine at home (below).</td>
<td></td>
</tr>
<tr>
<td>• Discuss alternate accommodation/isolation facilities that may be available.</td>
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<tr>
<td>• If unsure, contact Provincial hotline 021 928 4102.</td>
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</tr>
</tbody>
</table>

Patient may stop quarantine 14 days from date of last exposure.

## Advise to call health facility (give number) or Provincial hotline on 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 able to safely isolate or quarantine at home, explain how and give an patient information leaflet if available:

- Stay in own room and use own bathroom (if possible). Avoid unnecessary contact with others. If contact unavoidable, wear mask if possible, and keep 1.5m away from others.
- Clean hands with soap and water frequently or use 70% alcohol-based hand sanitiser. Clean and disinfect all high-touch surfaces like door knobs, table tops, counters, toilets, phones, computers, etc.
- Cough/sneeze in to elbow or a tissue. Immediately discard tissue in waste bin and wash hands.
- Avoid sharing household items like dishes, cups, eating utensils and towels. Wash these well after use.
- If laundry needs to be done: if hand washing, use soap and if possible, hot water. If using washing machine, use highest temperature permitted (≥ 60°C) and detergent. Dry well as usual and if possible, iron.
- Dispose of waste carefully: put rubbish bags in second rubbish bag and store for 5 days, if possible, before putting out for collection.
Protect the patient with a chronic condition from COVID-19

- The patient with a chronic condition is at risk of severe coronavirus disease.
  - Emphasise the need to adhere strictly to physical distancing, and good hand and respiratory hygiene.
  - Educate about symptoms of COVID-19 and encourage to seek healthcare urgently if s/he develops difficulty breathing.
  - 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:

<table>
<thead>
<tr>
<th>HIV</th>
<th>Adjust and review prescribing</th>
<th>Adjust medication supply</th>
<th>Rearrange routine visits</th>
<th>Adjust advice giving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Try to start ART same day wherever possible, ideally with TLD.</td>
<td>If on TLD, give up to 4 months’ supply.</td>
<td>Follow up at 1 week via phone or at facility if patient is unwell or likely to have adherence problems.</td>
<td>Counselling session 1 at facility/by phone, session 2 by phone, omit session 3.</td>
</tr>
<tr>
<td></td>
<td>Switch patient on TEE to TLD if possible1,2.</td>
<td>If on TEE, give up to 2 months’ supply.</td>
<td>Stick to monthly visits.</td>
<td>Ensure adherence support from family or CHW.</td>
</tr>
<tr>
<td></td>
<td>Give influenza vaccine.</td>
<td>Check that medication delivery process is maintained.</td>
<td>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.</td>
<td>Emphasise infection prevention at home. Give a mask for 1st 2 weeks if DS-TB or until culture conversion if DR-TB.</td>
</tr>
<tr>
<td></td>
<td>Switch the patient failing ART promptly.</td>
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<tr>
<td>TB</td>
<td>If HIV not on ART: start ART at 2 weeks of TB treatment, if tolerating TB treatment. Consider PredART3 if CD4 &lt; 100.</td>
<td>Do not do clinic DOTS.</td>
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<td></td>
<td>If on linezolid, check fingerprick Hb monthly: if Hb &lt; 8g/dL, do FBC + differential count. If unable to do fingerprick Hb, do FBC + differential count and inform patient of result by phone.</td>
<td>At diagnosis, give medication for 2 weeks.</td>
<td>At 2-week visit, give medication for 2 weeks.</td>
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<td></td>
<td></td>
<td>At 4-week visit, give monthly supply for remainder of treatment.</td>
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<tr>
<td>NCD (Non-Communicable Diseases)</td>
<td>Review and optimise treatment.</td>
<td>Give adequate medication supply.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Give influenza vaccine if heart disease, stroke, hypertension, diabetes, asthma or COPD4.</td>
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</tr>
<tr>
<td>Mental Health</td>
<td>If on clozapine, decrease frequency of FBC + differential count checks from weekly to monthly, or monthly to 2-monthly if stable.</td>
<td>Give adequate medication supply.</td>
<td>Monthly visits if on injectable or clozapine, consider 2-monthly if stable.</td>
<td>Advise the patient on clozapine to return urgently if sore throat or fever, to exclude a clozapine-related neutropenia.</td>
</tr>
</tbody>
</table>

1 TDF/3TC/DTG is also known as TLD. TDF/FTC/EFV is also known as TEE. 2 Patient 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). 3 This refers to giving prophylactic prednisone to prevent TB-IRIS (see p45. of WC ART guideline 2020 for eligibility/exclusion/dosing/duration). 4 Give the patient a influenza vaccine if at risk of severe influenza. Follow the order of priority for at risk groups: health carer workers, > 65 years, CVD, hypertension, diabetes, asthma, COPD, pregnancy, HIV.
COVID-19
Caring at home

Home care advice

Home care advice is only recommended if you:
- Have mild-moderate symptoms
- Have a separate room
- Have access to a bathroom, kitchen and washing machine
- Have someone healthy to care for you
- Can easily stay in touch with your healthcare provider

5 Golden Rules
1. Wash hands
2. Don’t touch face
3. Keep apart
4. Cover your cough
5. Sick? Stay home

Seek healthcare urgently if anyone develops:
- Difficulty breathing
- Persistent pain or pressure in the chest
- Confusion or unable to wake
Call ahead. Avoid public transport. If necessary use an ambulance.

Person separated because of COVID-19

Rest, drink plenty of fluids, eat healthy food and use paracetamol for fever or pain.

Caregiver

Clean frequently touched objects and surfaces.

Leave food for person separated because of COVID-19 at the door. Ask about symptoms regularly. Remove waste and dirty laundry.

Use dedicated items like dishes, towels and bedding for the ill person. After use, wash well. Wash clothing, linen and cloth masks at 60-100 degrees. Iron or tumble dry.

‘Double-bag’ rubbish and store for 5 days before putting out for collection.

FOR MORE INFORMATION:
www.westerncape.gov.za

National Hotline: 0800 029 999
Provincial Hotline: 021 928 4102
National WhatsApp: 0600 123 456

FOR MORE INFORMATION:
www.knowledgetranslation.co.za/resources

Everyone

Wash your hands often for at least 20 seconds with soap and water.

Cough or sneeze into a tissue or your elbow. Throw away the tissue into a closed bin.

Look after your mental health. Stay in touch with family and friends via phone.

Caregivers and others should monitor themselves for symptoms.
- Symptoms include cough, fever, aching muscles, sore throat and difficulty breathing.
- If any symptoms develop, contact your healthcare provider or phone the Provincial Hotline.

FOR MORE INFORMATION:
www.westerncape.gov.za

Please don’t panic. Most people with COVID-19 have mild-moderate symptoms and can be safely treated at home. People with severe symptoms or who can’t safely isolate at home will be referred to a facility.

This information applies to:
- A person with confirmed COVID-19
- A person awaiting test results
- A person who has been identified as a close contact with someone with COVID-19

Move all these people to separate rooms or sections of a home. They should have no contact with others in the home.

If the results are positive they can move around freely.

If the results are negative they can move around freely.

If the results are positive the person needs to be separated from the rest of the household for 14 days. This also applies to contacts.

Do not leave the home. Arrange with friends and your community to drop groceries, meals and medicines at the door. If not possible, then a healthy caregiver may leave the home for essential trips only, using the 5 Golden Rules of Good Hygiene and a mask.

FOR MORE INFORMATION:
www.westerncape.gov.za

National Hotline: 0800 029 999
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Temporary COVID-19 care away from home

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

Please don't panic. Most people with COVID-19 will have mild-moderate symptoms and can be safely treated outside of hospital. The reason you have been asked to stay at a facility is because you don't have a separate room at home or it's not safe for you to do so. The Western Cape Government and municipalities are providing comfortable facilities where you can be separated from your families until it is safe for you to return.

Temporary COVID-19 facilities:
- Isolation facilities for mild-moderate symptoms where you can recover from COVID-19 (usually 14 days)
- Hospitals - for severe symptoms
- Transitional facilities when results are awaited (usually 1-2 days)
- Longer term quarantine facilities for people who have been close contacts (usually 7-14 days)

It's important that all people affected by COVID-19 are separated to limit spread of the virus. People with confirmed COVID-19 will be in separate facilities. People awaiting tests and contacts may be at the same facility but will be separated.

5 Golden Rules
1. Wash hands
2. Don't touch face
3. Keep apart
4. Cover your cough
5. Sick? Stay home

National Hotline: 0800 029 999
Provincial Hotline: 021 928 4102
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What should I bring with me?
This is like going away for a period

Favourite snacks or treats
Clothes and pyjamas
Toothbrush, toothpaste and other toiletries
A phone and charger
A favourite pillow or blanket
Towels, face cloths, soap
Books, magazines or craft(e.g. knitting, sewing, wood whittling/carving)

What can I expect?
- Transport to and from the facility
- A room and access to a bathroom
- Regular meals
- To monitor and report your symptoms
- To stay in touch with your loved ones using your own phone
- To clean your room
- Laundry facility
- Rules to protect other guests and staff e.g. not leaving your room
- No visitors will be allowed
- No alcohol or drugs will be allowed
- Advice from your health and social worker on returning home

What can my household expect?
- Health Teams will assess level of risk in each household and recommend testing and quarantine as needed.
- Young children will not be separated from their mothers or caregivers.
- Health staff will work with community leaders to ensure your household is not victimised. All threats are taken seriously and if necessary your household members will be accommodated elsewhere until it is safe to return. All changes will be clearly communicated to you.

FOR MORE INFORMATION:
www.westerncape.gov.za

LET'S STOP THE SPREAD
Western Cape Government
FOR MORE INFORMATION:
www.westerncape.gov.za
Practise safely

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

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

2. Maintain physical distancing
   - Avoid shaking hands, hugging, kissing, high fives. Greet instead with a smile, nod or wave.
   - Keep a distance of 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:
   - Use 70% alcohol-based hand rub or soap and water to clean hands. If hands visibly soiled, ensure you use soap and water.
   - Follow these steps to clean your hands:
     - If using hand rub, apply palmful to cupped hand. If using soap and water, roll up sleeves, rinse hands in clean water and apply soap to palm.
     - Clean your hands for at least 20 seconds using steps 1-6 below.
     - If using soap and water, rinse your hands with clean water and dry on paper towel or allow to dry on their own.

   1. Rub palms together.
   2. Rub tips of nails against palm. Swap hands.
   3. Rub fingers between each other.
   4. Place one hand over back of other, rub between fingers. Swap hands.
   5. Grip fingers and rub together.
   6. Rub each thumb with opposite palm. Swap hands.

4. Practise good respiratory hygiene

- Cover mouth and nose with a tissue or elbow (not hands) when coughing or sneezing. If using a tissue, discard immediately and wash hands.
- 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 healthcare workers if not needing a surgical mask or N95 respirator.
- All staff in tea rooms and canteens.

Who should wear a surgical mask?

- 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.

4. Practise good respiratory hygiene

- Wear a cloth mask, surgical mask or N95 respirator according to your task and location in facility.
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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. If essential, ensure visitor cleans hands thoroughly on arriving and leaving, and wears surgical mask.
- Only one escort to accompany a patient and only if patient needs assistance.
- If possible, implement an appointment system. Only allow patients to enter facility at appointment time.
- Increase time between patients’ follow-up visits and avoid unnecessary visits.

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.
- 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.

DO

- Only touch straps to remove it.
- Wash hands immediately after removing it.
- Wash hands before use.
- Ensure mask covers mouth and nose.
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- 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. If essential, ensure visitor cleans hands thoroughly on arriving and leaving, and wears surgical mask.
- Only one escort to accompany a patient and only if patient needs assistance.
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Updated 15 May 2020 for use in Primary Healthcare Facilities in Western Cape, SA. Note that COVID-19 guidance is evolving. Check [www.knowledgetranslation.co.za/resources](http://www.knowledgetranslation.co.za/resources) for latest versions.

### 6. Practise good environmental infection control

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

- Avoid touching surfaces unless necessary.
- Use feet or hips to open doors instead of using door handles.
- Ensure adequate ventilation by keeping windows and doors open where possible.
- If possible, use disposable or dedicated equipment (like stethoscopes, blood pressure cuffs, thermometers, saturation monitors).
- If sharing equipment between patients, disinfect between each use.
- Avoid performing aerosol-generating procedures, unless essential. If essential, ensure appropriate PPE is worn.

- First clean with soap and water, then wipe with disinfectant like sodium hypochlorite (1000ppm) or 70% alcohol. If surfaces cannot be cleaned with soap and water, wipe carefully with disinfectant.

#### 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:

  **Triaging or screening patients:**
  - Surgical mask

  **Managing a patient with suspected or confirmed COVID-19:**
  - Surgical mask
  - Goggles or visor
  - Apron
  - Non-sterile gloves

  **Performing aerosol-generating procedure** in patient with suspected or confirmed COVID-19:
  - N95 respirator
  - Goggles or visor
  - Gown or apron
  - Non-sterile gloves

- Change gloves and apron/gown between each patient.
- If using Surgical mask:
  - May be used continuously for up to 8 hours because of current supply shortage.
  - If needing to remove mask to eat/drink: carefully remove without touching the outside, and store in a clearly labelled, clean paper bag. Perform hand hygiene after removing and after putting it on again.
  - Discard after 8 hours of use, or sooner if touched by unwashed hands or gets wet/dirty/damaged.

- If using N95 respirator:
  - Ideally, respirator should be used once only and then discarded. However respirator may be reused for up to 1 week because of current supply shortage.
  - Avoid touching outside surface of respirator at all times. If touched, wash/disinfect hands immediately and change gloves.
  - Discard after 1 week of use, or sooner if it gets wet/dirty/damaged.

- If possible, use disposable or dedicated equipment (like stethoscopes, blood pressure cuffs, thermometers, saturation monitors).
- Ensure laundry, food utensils and medical waste are managed according to safe standard procedures.
- Change linen regularly and send to laundry marked as infectious.

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

1. Clean hands for at least 20 seconds
   - Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

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

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

4. Put on goggles/visor
   - Place over face and adjust to fit.

5. Put on non-sterile gloves
   - Extend gloves to cover wrists/end of gown.

How do I remove PPE safely?

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

2. Clean hands for at least 20 seconds
   - Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

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

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

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

6. Clean hands for at least 20 seconds
   - Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

See a video on how to remove PPE correctly here: www.medicine.uct.ac.za/news/covid-19-resources
8. What to do before leaving home

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

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

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

9. How to take a break safely

- Always wash hands well before eating or drinking.
- Avoid sharing towels in bathroom. Use paper towel.
- If needing to remove mask to eat/drink: carefully remove mask without touching the outside, and store in a clearly labelled, clean paper bag.
- Perform hand hygiene after removing and after putting it on again.
- Avoid sharing food and drink.
- Avoid bought lunches from canteen/tearoom, and water coolers, kitchens and bought drinks.
- Stagger breaks to avoid crowded tearooms. Take break outside if possible.
- Keep 1.5 metres apart from colleagues.

10. What to do when leaving work and arriving home

**When leaving work**
- Leave pen at work. Frequently coat it with alcohol hand rub throughout the day.
- 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.

**When arriving home:**
- Thoroughly wash hands and arms.

**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 2**
- As you enter, remove cloth mask without touching the outside.
- Then remove work clothes if not already changed.
- Put mask and work clothes straight into a hot wash or bucket with hot water and soap, along with fabric bags used for lunch and clothes.

**Step 3**
- Immediately have shower/bath/wash.
- Avoid hugs, kisses and direct contact with family members until after shower/bath/wash.

**Step 4**
- Dry cloth mask and work clothes in the sun (or tumble dryer if you have one) and iron to disinfect.

**Step 5**
- Thoroughly wash hands and arms.
11. How to travel safely using public of staff transport

- Wear a cloth mask while travelling.
- Avoid wearing work clothes if possible. Rather change into work clothes after arriving at work.
- 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.
- Ensure all windows are kept open.
- Clean hands with hand sanitiser before entering and after exiting the vehicle.

12. Look after your mental health

- Get enough sleep.
- Talk to family, friends and colleagues.
- Find a creative or fun activity to do.
- Do a relaxing breathing exercise each day.
- Exercise regularly.
- Limit alcohol and avoid drugs.
- Seek help if you are struggling:
  - The Employee Assistance Programme (EAP) for Western Cape Government healthcare workers: 0800 611 093
  - Mental Health helpline: 0800 12 13 14
Manage the health worker exposed to a suspected or confirmed COVID-19 person

The health worker has had potential exposure to COVID-19 if s/he has had any contact with:
• A suspected (not yet confirmed) COVID-19 person i.e. a Person Under Investigation for COVID-19 (PUI) or
• A confirmed COVID-19 person.

First check if the health worker has new onset in the last 14 days of symptoms suggestive of COVID-19:
• Shortness of breath
• Cough
• Sore throat
• Anosmia (loss of sense of smell) or dysgeusia (changes in sense of taste)
• Fever (without an obvious cause)
• If s/he known with asthma or COPD, worsening cough or breathing

Yes to any

No to all

Establish the type of contact with PUI/confirmed COVID-19 person:
Has health worker had any of:
• Contact < 1 meter with PUI/COVID-19 person.
• Direct physical contact with PUI/COVID-19 person
• Direct contact with secretions of PUI/COVID-19 person
• Performed aerosol-generating procedure on PUI/COVID-19 person
• Was in same room when an aerosol-generating procedure was performed on PUI/COVID person

Yes to any

No to all

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

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

Yes to any

No to all

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

Assess risk and manage according to type of contact:
• If health worker had exposure to a suspected COVID-19 person (PUI) → 21.
• If health worker had exposure to a confirmed COVID-19 person → 22.

No to all

• 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 → 15.

1Aerosol-generating procedures include: collecting respiratory specimens (naso- or oropharangeal swabs), chest physiotherapy, nebulisers, sputum induction, endotracheal intubation. Avoid nebulisers and sputum induction if suspected/confirmed COVID-19.
The asymptomatic health worker exposed to a Person Under Investigation (PUI) for COVID-19

During contact was health worker wearing appropriate PPE?
If unsure 15. Yes No

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

Minimal risk exposure

Close contact

Moderate risk exposure

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

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

PUI positive
- Health worker now has high risk exposure

- Advise to:
  - Advise to quarantine and give information leaflet.
  - Advise to continue to monitor for symptoms until 14 days after exposure:

No symptoms develop within 14 days
- Advise to:
  - Resume normal work activities.
  - Continue strict mask use and hand hygiene.

Symptoms develop within 14 days
- Test health worker for COVID-19:
  - Health worker positive
    - Provide surgical mask, isolate and manage 5.
  - Health worker negative

Low risk exposure

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

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

PUI positive

Casual contact

Low risk exposure

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

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

PUI positive

Health worker now has high risk exposure

- Advise to:
  - Advise to quarantine and give information leaflet.
  - Advise to continue to monitor for symptoms until 14 days after exposure:

No symptoms develop within 14 days
- Advise to:
  - Resume normal work activities.
  - Continue strict mask use and hand hygiene.

Symptoms develop within 14 days
- Test health worker for COVID-19:
  - Health worker positive
    - Provide surgical mask, isolate and manage 5.
  - Health worker negative

Health worker has COVID-19

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

Health worker negative

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

• 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 15.
• Manage occupational stress 5 PACK Adult.

If unsure, discuss with Infectious Disease specialist.

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

**During contact was health worker wearing appropriate PPE?**
- Yes
- No

**Minimal risk exposure**
Reassure health worker that s/he is unlikely to have COVID-19.

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

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

<table>
<thead>
<tr>
<th>What type of contact did the health worker have with the confirmed COVID-19 person as determined on page 20?</th>
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<tbody>
<tr>
<td>Close contact</td>
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<tr>
<td>Casual contact</td>
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<tr>
<th>No symptoms develop within 14 days</th>
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<tr>
<td>Advise to end quarantine and resume normal work activities.</td>
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<tr>
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<th>Health worker has COVID-19</th>
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<tbody>
<tr>
<td>Provide mask, isolate and manage → 5.</td>
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</table>

- Ensure the cause of the health worker 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 → 15.
- Manage occupational stress → PACK Adult.

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*If health worker is considered with scarce skills and s/he has no symptoms after 8 days, test health worker for COVID-19 on day 8. If tests negative, s/he can resume normal work activities. If positive → 5. If unsure, discuss with Infectious Disease specialist.*