PRACTICAL GUIDELINE OF WESTERN CAPE DEPARTMENTS OF SOCIAL DEVELOPMENT AND HEALTH IN THE MANAGEMENT OF COVID-19 IN LONG-TERM CARE FACILITIES (LTCF)

Date: 23 July 2020
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2. Introduction

Long-term care facilities (LTCFs), e.g. nursing homes and rehabilitation centres, are facilities that care for people who are advanced of age, who suffer from physical or mental conditions. People living in LTCF are vulnerable populations who are at a higher risk for infection with the SARS-CoV-2 virus (COVID-19) due to living in close proximity to others, and for adverse outcomes due to their age and co-morbidities. Thus, LTCFs must take special precautions to protect their residents and employees.

3. Legislative Mandate

The Older Persons Act, No. 13 of 2006 was operationalised by Presidential Proclamation on 1 April 2010, and aims at the empowerment and protection of Older Persons including their status, rights, well-being, safety, security and the combating of abuse against Older Persons.

The South African Policy on Older Persons and the South African Plan on Ageing of 2005 also mandates intergovernmental responsibilities for both Departments on the wellbeing and health of Older Persons. Department of Health’s mandates are also mandated by the National Health Act no 61 of 2003 as amended by the National Health Amendment Act 12 of 2013.

In terms of the Older Persons Act, the Department of Social Development is mandated to register all residential facilities for older persons. This excludes Private Retirement Villages, since they are regulated by the Housing Development Schemes for Retired Persons Act no 65 of 1988. This Act is mandated by the Department of Trade and Industry.

Section 3 (1)

“Subject to the Act allocating roles and responsibilities, the Act must be implemented by all organs of state rendering services to older persons in the National, Provincial and where applicable, local sphere of government in an integrated, co-ordinated and uniform manner.” For the full ACT, follow the link Older Persons Act 13, 2006

4. Roles and responsibilities – Provincial Level

Section 3 (3)

To achieve the implementation of the Older Persons Act no 13 of 2006, all organs of state must co-operate in the development of a uniform approach aimed at co-ordinating and integrating the services delivered to older persons.

The Departments of Social Development (DSD) and Department of Health (DOH) have a joint responsibility regarding the monitoring of compliance to norms and standards in residential facilities for older person.

The monitoring of health norms and standards is regarded as the responsibility of DOH since the appropriate human resources with specialised knowledge to give effect to implementation are in their employment.

Due to the lack of skills capacity at DSD to conduct health audits and monitoring, a service provider was appointed to perform and deliver on these functions for the registration of residential facilities. The
necessary training regarding infection, prevention control measures and adherence to other health related protocols is being implemented since 2012 by the service provider.

All residential facilities which are funded by DSD are registered as Non-Profit Organisations (NPO) in terms of Non-Profit Act, 71 of 1997 or a Non-Profit Company (NPC) in with the Companies and Intellectual Properties Commission. These organisations/companies are governed and managed by Board members and Directors who are responsible for decision making and administration in terms of the operations and governance of these facilities. DSD can advise and provide guidance but cannot make decisions on their behalf.

There are other good guidance documents for the prevention and management of COVID in LTCF which, provide implementation details. This document’s specific focus will be on the operationalisation of the guidelines in terms of roles and responsibilities, lines of communication and governance, between the DOH and DSD.

It is therefore important that this document is read in conjunction with the Practical guidelines for the prevention and management of coronavirus infection in Long-Term Care Facilities; follow the link to access the document Practical guidelines for the prevention and management of coronavirus infection in LTCF

Other good guidance documents exist (refer here) so this is not a detailed step-by-step guidance document. Rather, a documentation of agreed roles and responsibilities, and lines of communication and governance, between DOH and DSD when it comes to performing the specific activities mentioned in the detailed guidance documents.

Very broadly, the activities mentioned under prevention will tend to fall under the responsibility of DSD and the LTCF itself, while the DOH will take more responsibility for the activities that fall under case/outbreak management. But this will depend on local capacity and resources too.

The document is divided into FIVE thematic areas

1. Governance arrangements (which includes roles and responsibilities)
2. Data arrangements
3. Policy issues (which will include the testing regime)
4. Operational management issues, with specific reference to referral scenarios
5. Prioritization of where to focus interventions based on risk stratification.
# 5.1 Governance: Roles and Responsibilities

## 5.1.1 Prevention

<table>
<thead>
<tr>
<th>Training on prevention tools and methods</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance and Support to prevention of COVID-19 in LTCF</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>EHP can support in this function</td>
</tr>
<tr>
<td>Provision of disinfectant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Promotion of hand hygiene</td>
<td></td>
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<td>X</td>
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<tr>
<td>Provision of masks</td>
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<td></td>
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<td>X</td>
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<tr>
<td>Social distancing amongst staff</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Guidance on staff arrangements to minimise cross-infection</td>
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<td>X</td>
<td></td>
</tr>
<tr>
<td>Monitoring</td>
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</tr>
</tbody>
</table>

Additional notes:
DOH will support prevention efforts by offering guidance and support to OAH staff on prevention and management of covid cases. This can be done in conjunction with EHPs in particular areas.
PPE (masks, gloves, hand disinfectant) should be provided by DSD.
Monitoring of prevention practices at OAH and LTCF should fall under DSD.
5.1.2 Procurement and distribution of staff PPE/masks/face shields/ aprons

<table>
<thead>
<tr>
<th></th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPE</strong></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Additional notes:
DSD hold the LTCF manager accountable with regards to the SLA.
The Private villages have to provide out of their own private funds.

5.1.3. Cleaning, disinfecting, laundry management, waste management

<table>
<thead>
<tr>
<th></th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cleaning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>disinfecting</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Laundry</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Waste</strong></td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Additional notes:
This is the responsibility of the facility with DSD giving support to LTCFs as needed.
LTCF’s need to ensure daily and terminal cleaning.

5.1.4 Managing entry to the facility
Notes: To be done by LTCF

5.1.5 Daily symptom screening - residents
Notes: To be done by LTCF

5.1.6 Daily symptom screening - staff
Notes: To be done by LTCF

5.1.7 Oversight of the above/designated person per LTCF
Notes: To be done by DSD
## 5.2 Case-management / outbreak management

### 5.2.1 Testing

<table>
<thead>
<tr>
<th>Testing</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
</table>

Additional notes:
Testing can be arranged for by contacting local DOH staff. Testing will follow DOH guidelines for testing criteria and not all staff and residents will be tested as per request of LTCF.
In some instances, LTCF staff have been trained to collect swabs and sometimes external providers assisted with testing where this is happening PPE and swabs are provided by DOH.
Some private LTCF have their own private doctors who are able to carry out the testing.

### 5.2.2 Reporting cases

<table>
<thead>
<tr>
<th>Reporting</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
</table>

Additional notes:
OAH to report all cases to DOH
DSD to ensure this is being done across all facilities

### 5.2.3 Managing positive staff

#### Isolation

<table>
<thead>
<tr>
<th>Positive staff</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
</table>

Additional notes:
Staff unable to quarantine in their homes, can be sent to Q and I facilities for quarantine and this would be arranged by local DOH case management teams
### Contact tracing and quarantine

<table>
<thead>
<tr>
<th></th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tracing and quarantine</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>Done together with the LTCF</td>
</tr>
</tbody>
</table>

Additional notes:
Local contact tracing teams to carry out contact tracing and arrange for quarantine were needed. The facility should be empowered to do facility contact tracing for residents and staff. DOH case Managers can assist with household contact tracing.

### Organising relief workers for funded OAH

<table>
<thead>
<tr>
<th></th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relief workers</strong></td>
<td></td>
<td>X</td>
<td></td>
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</tbody>
</table>

Additional notes: To be arranged by DSD for funded OAH at risk. This refers specifically to the standalone Homes that is not part of a mother body such as ACVV, BADISA or CPOA. These mother bodies arrange their own relief staff amongst their OAH.

#### 5.2.4 Managing positive residents

### Isolation

<table>
<thead>
<tr>
<th></th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Isolation</strong></td>
<td></td>
<td>X</td>
<td></td>
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</tr>
</tbody>
</table>

Additional notes:
Residents that require more care and are not independent may benefit from staying in the LTCF and isolating there. Independent residents requiring minimal care can be quarantined in Q and I facilities and arranged by contact tracing teams. Admission to Intermediate Care facilities for COVID positive patients for those residents who need higher level of care
### Escalation/referral pathway if decompensating or co-morbid

<table>
<thead>
<tr>
<th>Referral pathway</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>X</td>
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<td></td>
<td>X</td>
<td>Sometimes patients have their own GPs and can be arranged by LTCF</td>
</tr>
</tbody>
</table>

Additional notes: All LTCFs have point persons whom LTCF call to arrange referral of cases for admission should their condition deteriorate.

### Contact tracing and quarantine

<table>
<thead>
<tr>
<th>Tracing and quarantine</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Additional notes: To be done by local DOH with the help of LTCF staff

### End-of-life management

Current practices of pre-COVID still valid.

### Certifying a COVID death

<table>
<thead>
<tr>
<th>Death certification</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>Private GPs</td>
</tr>
</tbody>
</table>

Additional notes: DOH or private GP

### Managing human remains

<table>
<thead>
<tr>
<th>Human remains</th>
<th>DOH provincial</th>
<th>DOH district</th>
<th>DOH local</th>
<th>DSD</th>
<th>LTCF</th>
<th>Notes</th>
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</tbody>
</table>
6. Data Arrangements

DSD requires non-financial data in terms of their funding agreement from facilities and this is also used to monitor compliance with minimum norms and standards, bed capacity and guides unit cost funding. The data also includes reporting on the number of deaths per quarter.

DSD collects additional data on COVID-19 based on National DSD requirements to indicate total infections, deaths and recoveries. Names and ID numbers are not required, and the data is mostly used to identify hotspots.

It is important to note that the information provided to the DSD from the facilities is completed manually and is data captured on a weekly basis by the department.

The DOH has their own internal systems which is specific to individual client data; diagnostic and intervention statistical data; location data for identification of hotspots and service mapping; is also available.

The data collected by DSD are on Provincial, Regional and Local level and shared/distributed on a weekly basis to the Management of DOH per region in order to track and identify alongside DSD, high risk LTCF.

7. Policy Issues

The Older Persons’ sector is guided by legislative instruments, i.e. the Older Persons Act and National Health Act; including the norms and standards prescribed.

Roles and responsibilities including the testing regime is included by point 5.2.1 of this guideline document.

8. Operational Management Issues

As mentioned before these facilities are NGO owned and operated. The various boards are responsible for all operational and management issues at facilities.

DSD is only able to guide, support and provide monitoring through legislative mandate.

Communication on generic issues with regards to Older Persons and the COVID19 guidelines can be directed to DSD Provincial office who will then liaise with DOH Metro or DOH Rural Regional officials.

DSD Provincial Office will also liaise with DSD 6 Regional offices if interventions are required at LTCF.

DSD Regional offices will liaise with the DOH local structures if needed.

DSD have also appointed an external Health service provider to assist health audits, monitoring and interventions with a specific focus on funded OAH that is not part of a mother body such as ACVV. BADISA or CPOA. The last mentioned mother bodies do have Provincial Nursing Managers that oversee all COVID protocols within their Homes across the Province.
Prioritisation of a specific facility found to be non-compliant with minimum norms and standards during the COVID 19 period is based on the findings of the monitoring process. A service delivery improvement plan is then developed and implemented by DSD.

COVID intervention is prioritised in terms of the weekly COVID data report received from facilities and private retirement villages. Trends and analysis of collective data per Home, Per Region and on Provincial level are monitored and prioritized and identified as High Risk, Medium Risk and Low Risk. These categorisation per local area and region determine the collaborate interventions and support between the 2 departments on an ongoing basis.

Approved by:

Dr Robert Macdonald
Head of Department
Department of Social Development

Date: 23 July 2020

Dr Keith Cloete
Head of Department
Department of Health

Date: 23 July 2020