

TO

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CIRCULAR H 89/2020: COVID-19 GUIDANCE FOR HEALTH WORKERS IN PRIMARY HEALTH CARE FACILITIES

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:

- Clinical management of suspected or confirmed COVID-19 disease, Version 4. National Department of Health/National Institute of Communicable Diseases (18 May 2020)
- Coronavirus disease 2019 (COVID-19): Community Screening and Testing Quick Reference for Health Workers. Version 1.3. National Department of Health/National Institute of Communicable Diseases (23 April 2020)
- 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)

- 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.

This content has been updated to guide health care workers in facilities where testing capacity is limited.

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 an online training module which supports 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-training/>.

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.

This circular is an update to Circular H84 of 2020.

Yours sincerely



DR KEITH CLOETE

HEAD OF DEPARTMENT

WESTERN CAPE GOVERNMENT HEALTH

DATE: 27 MAY 2020



Western Cape
Government

Health



PACK
Practical Approach to Care Kit

COVID-19

Updated 21 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 for latest versions.

Practical Approach to Care Kit: Coronavirus

Guidance for health workers in Primary Health Care Facilities
Updated 21 May 2020 · Western Cape Edition

Glossary

IPC	Infection Prevention and Control
Isolation	Isolation is a when a person with confirmed COVID-19 is separated from others.
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 • has been in close contact with someone with COVID-19. S/he may have been infected and could spread it to others without knowing.

PUI stands for "Person under investigation"	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.
PPE	Personal Protective Equipment
Vulnerable person	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).

Contents

Screen all patients for COVID-19	4
Assess and manage the patient with suspected COVID-19	5
Approach to the patient with suspected COVID-19 not needing urgent attention	6
Follow up results	7
Complete a contact list for a COVID-19 PUI	8
Manage the close contact without COVID-19 symptoms	9
Protect the patient with a chronic condition from COVID-19	10
Home care advice	11
Temporary COVID-19 care away from home	12
Practise safely	13
Manage the health worker exposed to a suspected or confirmed COVID-19 person	20



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Screen all patients for COVID-19

- 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.

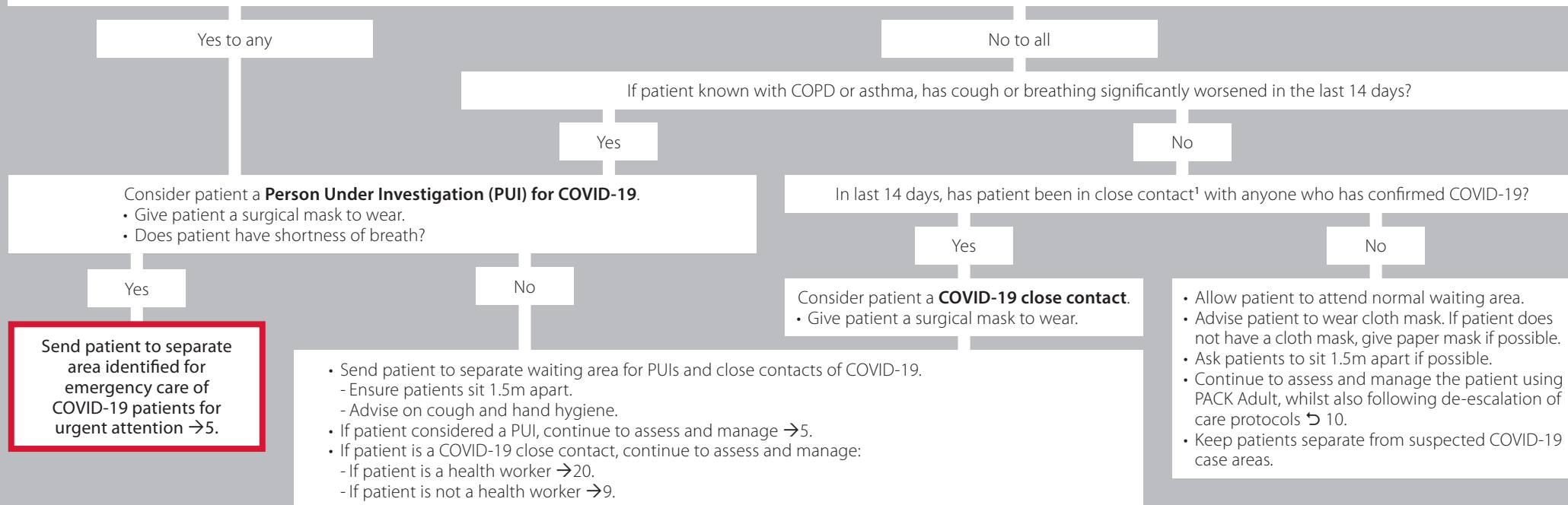
If patient known with COVID-19 and returning with worsening symptoms, fast track this patient:
Give surgical mask and send patient to separate area identified for emergency care of COVID-19 patients for urgent attention →5.

Screen all patients for COVID-19 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
- Cough
- Sore throat
- Anosmia (loss of sense of smell) or dysgeusia (changes in sense of taste)
- Fever (without an obvious cause e.g skin infection)

Screen as at:
19 May 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

- When working in close contact with a PUI, ensure you are wearing appropriate personal protective equipment → 15.

Consider severe COVID-19 as well as other causes¹.

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

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

Manage and refer urgently:

- If short of breath or oxygen saturation $< 95\%$, give oxygen:
 - Ideally use nasal prongs, start 1-4L/min. If only facemask available, give 6-10L/min. Aim for oxygen saturation $\geq 90\%$.
 - If patient remains distressed or oxygen saturation $< 90\%$, give facemask oxygen with reservoir bag (non-rebreather) at 10-15L/min.
- 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 nebulisers². 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 IV³). Avoid using insulin needle to give IM insulin. Use 22-25 gauge needle depending on weight of patient.

If known heart problem

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

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

If tension pneumothorax likely:

- Insert large bore cannula above 3rd rib in 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

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 → 15.

If patient not needing urgent attention, continue to assess and manage → 6.

¹Other causes may include influenza, TB, bacterial pneumonia, Pneumocystis pneumonia (PCP or PJP) if immunocompromised. ²Nebuliser use is discouraged as it is considered an aerosol-generating procedure that can spread coronavirus. ³Avoid giving insulin intravenously (IV) as it may cause low potassium and heart dysrhythmia and needs in-hospital electrolyte monitoring.

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

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

Screen for chronic conditions, especially:

Ask about HIV status:

- 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 if BMI ≥ 25 and any other risk factor¹, check glucose → PACK Adult. If diabetes newly diagnosed, refer to doctor.

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. Use PACK Adult to give routine chronic care. Also check if de-escalation of care possible to protect patient from COVID-19 → 10.

Testing capacity will change daily depending on area and number of tests pending: check with facility manager at start of each day.

Is your facility able and authorised to perform COVID-19 testing today?

Yes

- Wear appropriate PPE → 15.
- 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. Record correct contact details and alternative number.
- If nasopharyngeal swab not possible, do nasal mid-turbinate, oropharyngeal, or anterior nares swab. If unsure, discuss.

No

- Explain that capacity for COVID-19 testing is limited and based on his/her symptoms, it is likely that s/he has COVID-19.
- Treat empirically for likely **COVID-19**:
 - Notify as notifiable medical condition.
 - Report close contacts → 8.
 - Refer to community-based services for follow up if available.

Advise patient to inform his/her close contacts to quarantine themselves and self-monitor for symptoms for 14 days since last contact.

Assess if patient is able to safely isolate at home:

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

Yes to both

Discharge to safely isolate at home for 14 days from date symptoms started.

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

No to either

- Discuss alternate accommodation/isolation facilities that may be available.
- If unsure, contact Provincial hotline 021 928 4102.

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 (≥ 65 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

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

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

SARS-CoV-2 positive

Patient has **COVID-19**.

Notify

Notify using NMC² app or web portal or download hard copies from: <https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/>

Report close contacts³

If not already done, complete contact line list form, focussing on vulnerable persons⁴ ↷ 8 and send to relevant co-ordinator.

Decide if patient able to continue home management

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

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

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

Yes to both

Continue with home management

- Advise to take [paracetamol](#) 1g 6 hourly orally as needed. Avoid NSAIDS (like ibuprofen) unless using for other condition/s.
- Check patient understands how to isolate ↷ 9 and give information leaflet.
- Check patient understands when to call/return (see red box below).
- Refer to community-based services for follow up if available.
- If patient is a vulnerable person⁴ or a smoker, explain that s/he is at increased risk of severe disease:
 - Advise to monitor carefully for worsening symptoms (red box) and to call health facility (give number) if these develop.
 - If diabetes, advise to monitor sugars at home, if possible.
- Advise to call ambulance if s/he becomes severely ill and to inform staff that s/he has COVID-19.

No to either

- Discuss alternate accommodation/ isolation facilities that may be available.
- If unsure, contact Provincial hotline 021 928 4102.

Explain when to end isolation

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

SARS-CoV-2 negative

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


- Advise patient to phone health facility (give number) or return if no better in 5 days, or develops shortness of breath.
- Then discuss the need for retesting and further management with NICD hotline 082 883 9920 or Provincial Hotline 021 928 4102.

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.

¹If possible, doctor to phone and assess clinically. ²Notifiable Medical Conditions - electronic submission available from NICD website: <https://www.nicd.ac.za/notifiable-medical-conditions/>. ³A 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. ⁴Vulnerable persons include elderly (≥ 65 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 persons¹.
- 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 treating empirically for likely 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) <i>If Yes, facility/school name</i>
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				
9						DD/MM/YYYY				

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

2 Then record contact's first name.

3 Fill in sex and age of contact.

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

5 Fill in the date of when the patient last had contact with the close 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 an alternative number if possible.

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

Continues on reverse

Version 8, 25 April 2020

¹Vulnerable 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 without COVID-19 symptoms

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

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

When managing a close contact, wear appropriate personal protective equipment → 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. Use PACK Adult to give routine chronic care. Also check if de-escalation of care possible to protect patient from COVID-19 → 10.

Advise the patient who is a COVID-19 close contact

- Patient needs to quarantine 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?

Yes to both

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

No to either

- Discuss alternate accommodation/isolation facilities that may be available.
- If unsure, contact Provincial hotline 021 928 4102.

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.

Clean and disinfect after patient has left facility → 15.

Explain how to safely isolate or quarantine at home

If patient 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 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 doorknobs, tabletops, 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 ($\geq 60^{\circ}\text{C}$) and detergent. Dry well as usual and if possible, iron.
- Dispose of waste carefully: put rubbish bags in second rubbish bag and store for 5 days, if possible, before putting out for collection.

Protect the patient with a chronic condition from COVID-19

- The patient with a chronic condition is at risk of severe coronavirus disease.
 - Emphasise the need to adhere strictly to physical distancing, 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 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.

COVID-19 Caring at home

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 these people to separate rooms or sections of a home. They should have no contact with others in the home.
- Homes with more than one person needing to be separated need to house people separately. If this is not possible contact your healthcare provider or Provincial Hotline.
- For people awaiting results, this will be about 2 days.
- 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.



Home care is only recommended if you:

- Have mild-moderate symptoms
- Have a separate room
- Have someone 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.**



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

Home care advice

Everyone

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



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

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



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. Wash used items in hot water. Heat helps disinfect items. Where available, use hot machine cycles (60-100 degrees), tumble-drying and ironing.

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



Stay in a separate room and use a separate bathroom if possible. Open doors and windows. If well enough, make your bed, and set aside rubbish and dirty laundry.



Wear a mask as advised by a healthcare provider.

Document your symptoms (difficulty breathing, chest pain, diarrhoea) and temperature twice a day. If symptoms worsen or persist beyond 7 days, contact your healthcare provider or Provincial Hotline.



Only stop separation in consultation with your healthcare provider or Provincial Hotline.

Temporary COVID-19 care away from home

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.

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.



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

Separation from your families is a difficult experience, but necessary to prevent spreading the virus to your loved ones and community. Your health worker and social services will advise you on the benefits of being cared for away from home.



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



LET'S **STOP** THE SPREAD

FOR MORE INFORMATION:
www.westerncape.gov.za

What should I bring with me?

This is like going away for a period



Clothes and pyjamas

Favourite snacks or treats



Toothbrush, toothpaste and other toiletries

Towels, face cloths, soap

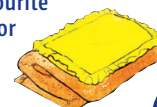


A phone and charger



Chronic medication

A favourite pillow or blanket



Something that reminds you of your loved ones e.g. family photo

Books, magazines or crafts (e.g. knitting, sewing, wood whittling/carving)



Please leave valuables at home

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.



LET'S **STOP** THE SPREAD

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.

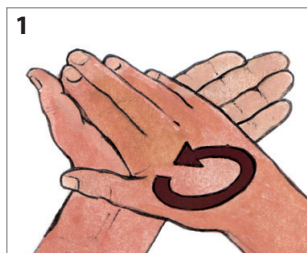
Administrative staff:

- 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.

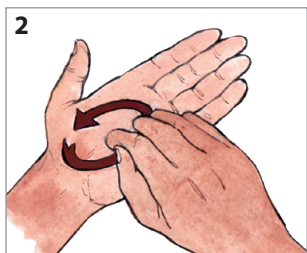


3. Practise good hand hygiene

- 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:
 1. Before touching a patient
 2. After touching a patient
 3. After touching patient surroundings
 4. After exposure to body fluid
 5. Before doing a procedure
- Use 70% alcohol-based hand rub or soap and water to clean hands. If hands visibly soiled, ensure you use soap and water.
- Follow these steps to clean your hands:
 - If using hand rub, apply palmful to cupped hand. If using soap and water, roll up sleeves, rinse hands in clean water and apply soap to palm.
 - Clean your hands for at least 20 seconds using steps 1- 6 below.
 - If using soap and water, rinse your hands with clean water and dry on paper towel or allow to dry on their own.



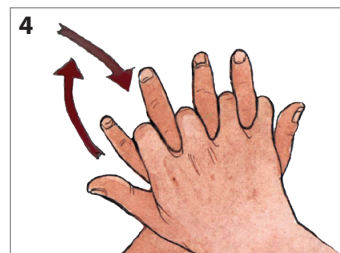
1 Rub palms together.



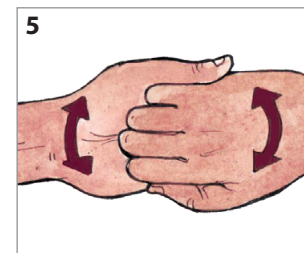
2 Rub tips of nails against palm. Swap hands.



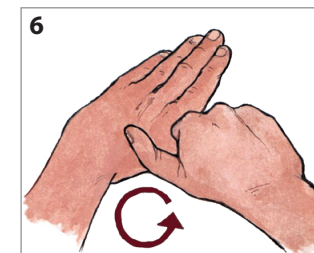
3 Rub fingers between each other.



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



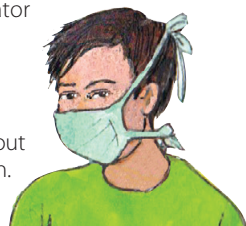
5 Grip fingers and rub together.



6 Rub each thumb with opposite palm. Swap hands.

4. Practise good respiratory hygiene

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



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



- Perform hand hygiene if contact with respiratory secretions.



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



Who should wear a cloth mask?

- All staff working in non-clinical areas (like administration, finance, canteen).
- All patients without respiratory symptoms or suspected/confirmed COVID-19.
- All health workers if 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.

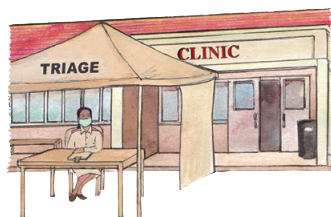


- Let the mask slip or pull it down so that your nose or mouth is exposed.



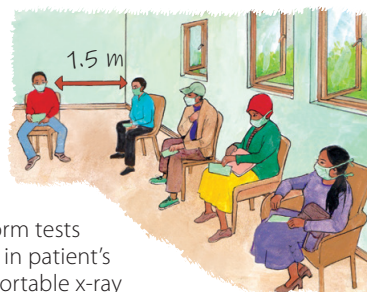
5. Manage patient flow within facility

- 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. If essential, ensure visitor cleans hands thoroughly on arriving and leaving, and wears surgical mask.



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



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

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

6. Practise good environmental infection control

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



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



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

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

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



7. Wear appropriate Personal Protective Equipment (PPE)

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

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 procedure¹ in patient with suspected or confirmed COVID-19:

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



When do I change my PPE?

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

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

How do I put on PPE correctly?

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



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



1 Clean hands for at least 20 seconds

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

2 Put on gown/apron

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



3 Put on mask/respirator

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



4 Put on goggles/visor

- Place over face and adjust to fit.



5 Put on non-sterile gloves

- Extend gloves to cover wrists/end of gown.



How do I remove PPE safely?

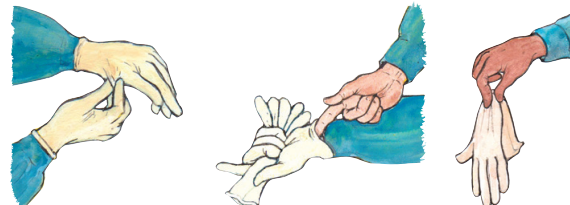
- Before leaving patient's room, remove all PPE except mask/N95 respirator.
- After leaving patient's room, close door and then remove mask/N95 respirator.
- When removing PPE, remember that outside of gloves, goggles/visor, gown/apron and mask/respirator is contaminated: if your hands touch the outside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



See a video on how to remove PPE correctly here: www.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.

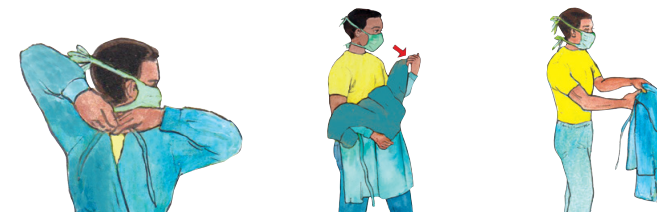


2 Clean hands for at least 20 seconds

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

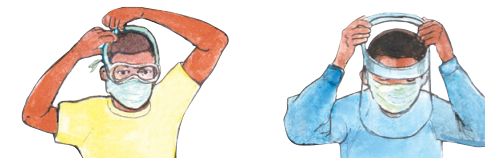
3 Remove gown/apron

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



4 Remove goggles/visor

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



5 Remove mask/respirator

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



6 Clean hands for at least 20 seconds

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



8. What to do before leaving home



Clothes

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



Phone, wallet and keys

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



Food and drink

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



9. How to take a break safely

- Stagger breaks to avoid crowded tearooms. Take break outside if possible.
- Keep 1,5 metres apart from colleagues.



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



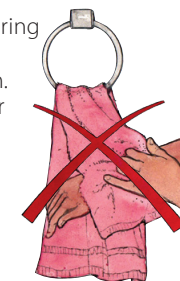
- Avoid sharing food and drink.
- Avoid bought lunches from canteen/tearoom, and water coolers, kitchens and bought drinks.



- Always wash hands well before eating or drinking.



- Avoid sharing towels in bathroom. Use paper towel.



10. What to do when leaving work and arriving home

When leaving work

- Leave pen at work. Frequently 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.

Step 1

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



Step 4

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

When arriving home:

Step 2

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



Step 3

- Thoroughly wash hands and arms.



Step 5

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

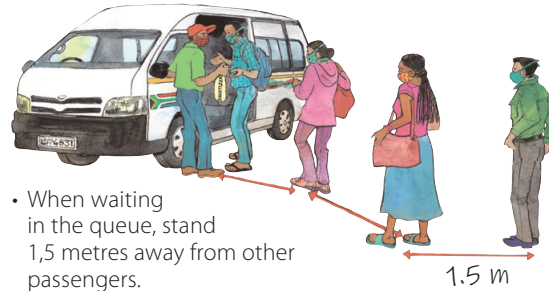


11. How to travel safely using public or staff transport



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

- Ensure all windows are kept open.



- When waiting in the queue, stand 1,5 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.



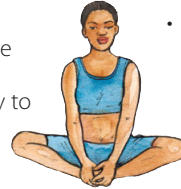
- Talk to family, friends and colleagues.



- 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 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

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 → 5.

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

Has health worker had any of:

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

Yes to any

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.

- 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 oropharyngeal swabs), chest physiotherapy, nebulisers, sputum induction, endotracheal intubation. Avoid nebulisers and sputum induction if suspected/confirmed COVID-19.

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

During contact was health worker wearing appropriate PPE?
If unsure → 15.

Yes

No

Minimal risk exposure

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

Close contact

Casual contact

Moderate risk exposure

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

Low risk exposure

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

PUI negative

PUI positive

PUI positive

PUI negative

Advise to:

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

Health worker now has **high risk exposure**.

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

Advise to:

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

Advise to continue strict mask use and hand hygiene.

No symptoms develop within 14 days¹

Symptoms develop within 14 days

No symptoms develop within 14 days

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

Test health worker for COVID-19:

Advise to end quarantine and resume normal work activities.

Health worker positive

Health worker negative

Advise to resume normal work activities.

Health worker has **COVID-19**
Provide surgical mask, isolate and manage → 5.

Advise to:

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

- Ensure the cause of the health worker's exposure is known and reported appropriately in order to improve infection control procedures in facility.
- Advise health worker to monitor him/herself for COVID-19 symptoms daily before coming to work. If symptom/s develop, stay home and inform supervisor.
- Ensure health worker knows how to use PPE correctly → 15.
- Manage occupational stress → PACK Adult.

¹If health worker is considered with scarce skills and s/he has no symptoms after 8 days, test health worker for COVID-19 on day 8. If tests negative, s/he can resume normal work activities. If positive → 5. If unsure, discuss with Infectious Disease specialist.

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

During contact was health worker wearing appropriate PPE?
If unsure → 15.

Yes

No

Minimal risk exposure

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

What type of contact did the health worker have with the confirmed COVID-19 person as determined on page 20?

Close contact

Casual contact

High risk exposure

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

Low risk exposure

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

No symptoms develop within 14 days¹

Symptoms develop within 14 days

No symptoms develop within 14 days

Advise to end quarantine and resume normal work activities.

Test health worker for COVID-19:

Advise to resume normal work activities.

Health worker tests positive

Health worker tests negative

Health worker has **COVID-19**
Provide mask, isolate and manage →5.

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 → 15.
- Manage occupational stress → PACK Adult.

¹If health worker is considered with scarce skills and s/he has no symptoms after 8 days, test health worker for COVID-19 on day 8. If tests negative, s/he can resume normal work activities. If positive →5. If unsure, discuss with Infectious Disease specialist.