

PACK On-site Training Resources COVID-19

Practical Approach to Care Kit

Primary Care Guide for the Adult· 2020
Western Cape Edition

COVID-19 on-site training outline

Dear PACK Trainer

This is your PACK COVID-19 on-site training resource manual.

In order to complete the COVID-19 PACK on-site training the following sessions need to be covered:

Show Video on COVID-19 by WHO	Page 3
Discuss Facility Readiness Circular H22/2020	Page 4
Familiarise with Relevant forms	Page 5
Cases: 1. Mrs Smith 2. Themba 3. Solomon	Page 10
Run a practice drill	Page 18
Protect yourself from COVID-19	Page 19
Dealing with Occupational Stress	Page 20

Use the training attendance register supplied by the PDC on the intranet.

All the best and keep safe.

Show Video on COVID-19 by WHO

This video is available at https://www.youtube.com/watch?time_continue=13&v=mOV1aBVYKGA&feature=emb_logo



Facility Readiness according to Circular H 22/2020

The following high-level functions have been identified to ensure facility readiness (extracted from Circular H 22/2020):

- a) Ensure a facility IPC (Infection Prevention Control) plan is in place.
- b) Convene a meeting with **all** staff, including clerical, cleaning and security staff to inform them of the contents of this Circular and work through the materials provided.
- c) Ensure that good hand and respiratory hygiene practices are in place at the facility with continued reminders to all staff.
- d) Ensure that all staff are familiar with the Person Under Investigation [PUI] definition for COVID-19.
- e) Ensure that sufficient supplies of protective equipment [gloves, N95 and surgical masks, aprons, gowns if appropriate, eye visors) are available at the facility AND securely stored.
- f) Identify an area of the facility where a person under investigation (PUI) can be isolated and managed immediately on arrival at the facility (see definition of a PUI below).
- g) Run a practice drill for a person presenting to the facility with suspected COVID-19 ensuring that clinic staff are aware how to:
 - Isolate a person with suspected COVID-19
 - Put on protective wear
 - Know which specialist to contact and have this number clearly visible in all consulting areas/ designated isolation area.
 - Provide initial management to the patient, including oxygen if needed.
 - Complete collection of naso- and ore-pharyngeal swabs (including completion of forms)
 - Document close contacts and notify Provincial Communicable Disease Control
 - Arrange for transfer to hospital or discharge as advised
 - Discard protective wear, disinfect and notify Facility Manager
 - Have critical telephone numbers readily available

Discuss this list as a facility and ensure that it is actioned accordingly.

Relevant COVID-19 forms

The forms on the following pages are off the NICD website and are what are meant to be used according to the advice from the NICD specialist and PACK.

Coronavirus disease (COVID-19)

Western Cape Government | PACK

Updated 20 March for Western Cape, SA. NOTE: Information on Coronavirus will change every few days; please check www.knowledgetranslation.co.za/resources for latest versions.

- Screen all patients at a triage station before facility entrance**
 - Ensure triage staff wear a surgical mask.
 - Have soap and water/handwashing stations available for all people entering and working at facility.
 - Screen all patients for acute respiratory symptoms (fever, cough, sore throat) or difficulty breathing; provide a mask and send to separate waiting area for COVID-19 assessment.
- In the separate COVID-19 waiting area, decide if this patient meets criteria for Person Under Investigation (PUI):**

Ask in the wait 15 days:

 - Have you been in close contact (e.g. face-to-face contact, been in a closed room/vehicle) with confirmed (tested positive) or probable case of COVID-19?
 - Have you travelled to an area where there is local community spread of COVID-19 (if unsure, check www.nicd.ac.za)?
 - Have you been to or worked in a facility where a COVID-19 case has been diagnosed?

Yes to any: Consider patient a **Person Under Investigation (PUI)** for COVID-19.

No to all: **COVID-19 unlikely**

 - Reassure the patient.
 - Manage symptoms as per PACK Adult symptom pages.
 - Advise patient to stay home as best and better; Educate about hand and cough hygiene; give information leaflets on this. Advise to wear mask when in contact with others.
 - Advise patient to call General Public hotline on **0800 029 999** or return if condition worsens.
- Ensure you have isolated patient and wear personal protective equipment: see overleaf**

Give urgent attention to a **Person Under Investigation (PUI)** for COVID-19 and any of:

 - Difficulty breathing
 - Breathless at rest or while talking
 - Respiratory rate ≥ 30
 - Oxygen saturation $< 94\%$
 - Confused or agitated

Give oxygen and refer urgently. Inform ambulance and referral hospital that patient is a PUI for COVID-19. If known with heart/lung disease, discuss with referral hospital if any other management needed. Clean and disinfect after patient (see overleaf).

Approach to a **Person Under Investigation (PUI)** not needing urgent attention
- Consult a specialist**
 - Contact Infectious Disease specialist according to drainage area: Tygerberg: **083 419 1452** or 021 938 4911 or 021 938 9645; Gerste Schuur: **021 404 9111**
 - If difficult to reach specialist, phone NICD hotline at **0800 11 1131** or **062 883 9920** or **066 562 4021**, or phone provincial hotline on **021 928 4102**
 - If unable to reach any of above, send an SMS with your name and query to NICD on **066 562 4021**.
- Follow advice from Infectious Disease specialist/NICD**

Manage further at facility or refer according to drainage area.

 - Collect naso- and oro-pharyngeal swabs and/or other specimens (e.g. bloods).
 - Complete request forms (see box).
 - If discharged home, ensure you have patient's correct address and contact details (including backup phone number), and:
 - Advise patient to self-isolate for 14 days and educate about hand and cough hygiene: give relevant information leaflets.
 - Advise to wear mask when in contact with others.

Forms to complete

 - If not available, find these under "COVID-19 technical resources" on www.nicd.ac.za
 - Scan and email to ncov@nicd.ac.za before sending specimens

Person Under Investigation (PUI) form:
 Request for 2019-nCoV Testing
 Centre for Respiratory and Meningitis Specimen Submission form
 2019 nCoV contact line list form

Scan QR code to access NICD website: nicd.ac.za
- Notify and report close contacts¹ using contact line list form (see box)**

Phone Provincial Communicable Disease Control (CDC) on any of:

021 483 9964 | 021 483 3156 | 021 483 6878 | 072 356 5146 | 073 177 4735
- Clean and disinfect after patient: see overleaf**

¹Close contacts and/or those in the same household or workplace, health care workers that wearing personal protective equipment, those with whom patient has had face-to-face contact or been in a closed environment. Present at same indoor or outdoor community and public events.

Watch the video on your flash drive or on the intranet on how to complete the forms.

- Follow advice from Infectious Disease specialist/NICD**
 - Manage further at facility or refer according to drainage area.
 - Collect naso- and oro-pharyngeal swabs and/or other specimens (e.g. bloods).
 - Complete request forms (see box).
 - If discharged home, ensure you have patient's correct address and contact details (including backup phone number), and:
 - Advise patient to self-isolate for 14 days and educate about hand and cough hygiene: give relevant information leaflets.
 - Advise to wear mask when in contact with others.
- Notify and report close contacts¹ using contact line list form (see box)**

Phone Provincial Communicable Disease Control (CDC) on any of:

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Forms to complete

- If not available, find these under "COVID-19 technical resources" on www.nicd.ac.za.
- Scan and email to ncov@nicd.ac.za before sending specimens.

- Person Under Investigation (PUI) form: Request for 2019-nCoV Testing)
- Centre for Respiratory and Meningitis Specimen Submission form
- 2019 nCoV contact line list form

Person under investigation (PUI) form for coronavirus disease 2019 (COVID-19):
Request for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing

Tel: (+27) 386 6392/ (+27) 386 6410 | Fax: (+27)11 882 9979 | Hotline: (+27)82 883 9920 | (+27)66 562 4021
Forward original forms with the specimen collected.

Email completed specimen submission form and PUI form to ncov@nicd.ac.za

Today's date: DD/MM/YYYY Form completed by (Name, Surname): _____ Contact number(s): _____

All suspected COVID-19 cases are Category 1 **notifiable medical conditions** under "Respiratory disease caused by a novel respiratory pathogen". Notify as per NMC procedures. If using NMC app provide case ID indicated on alert email.

Case ID : _____

Is this a: **New clinical query** **Contact of a known case** **If contact of a known case, provide case details:** _____

Known case first name: _____

Known case surname: _____

Known case DOB: DD/MM/YYYY

Detected at point of entry? Yes No Unkn If yes, date: DD/MM/YYYY Please specify the point of entry: _____

Internal use
CRDM unique no: _____

PATIENT DETAILS	DOCTOR'S DETAILS
Patient hospital number (if available): _____	First name: _____
First name: _____ Surname: _____	Surname: _____
DOB: <u>DD/MM/YYYY</u> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Facility name: _____
Residency: SA resident <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Specify: _____	Contact number(s): _____
Current residential address: _____	Email address: _____
Patient's contact number(s): _____ Include alternative number	
Please indicate occupation (tick all that apply): Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Working with animals <input type="checkbox"/> Health laboratory worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Facility name: _____ Other <input type="checkbox"/> Specify: _____	

NEXT OF KIN CONTACT DETAILS (alternative contact details)

First name: _____ Surname: _____

Relationship to the patient: _____ Contact number(s): _____

CLINICAL PRESENTATION AND HISTORY

Date of symptom onset: DD/MM/YYYY Date of current consultation/admission: DD/MM/YYYY

Fever (≥38°C) Yes No Sore throat Yes No Myalgia/body pains Yes No

Symptoms (tick all that apply):
History of fever Yes No Shortness of breath Yes No General weakness Yes No
Cough Yes No Nausea/vomiting Yes No Irritability/confusion Yes No
Chills Yes No Diarrhoea Yes No Other Yes No Specify _____

DIAGNOSIS

• Did the patient have clinical or radiological evidence of pneumonia Yes No

• Were chest X-rays (CXR) done: Yes No If yes, CXR Findings: _____

• Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)? Yes No

This section is a prerequisite for testing, therefore, please fill out the below section to the best of your ability.
Laboratory testing will be delayed if forms are incomplete or were filled in incorrectly.
In the 14 days before symptom onset did the patient (mark all that apply):

- Have close physical contact² with a known COVID-19 case? Yes No Unkn
- If the patient has been in a close physical contact with a known COVID-19 case, please indicate contact setting:
Healthcare setting Family setting Work place Public transport setting Other Specify: _____
- Patient is a healthcare worker (HCW) who was exposed to patients with severe acute respiratory illness, unless another aetiology has been identified to explain the clinical presentation of the HCW? Yes No Unkn
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Yes No Unkn
- Patient has visited a health care facility (as a patient or visitor) in a country where hospital-associated COVID-19 cases have been reported? Yes No Unkn (if yes, complete travel section)
- Has the patient travelled to/from China or area/s with evidence of sustained SARS-CoV-2 (cause of COVID-19) human-to-human transmission, or a declared outbreak? Yes No Unkn (if yes, complete travel section)

TRAVEL HISTORY

If patient traveled outside South Africa in the last 14-days, please complete section below for countries visited

Country and city or cities visited	Date of departure (travel to area)	Date of return (travel from area)
1. _____	<u>DD/MM/YYYY</u>	<u>DD/MM/YYYY</u>
2. _____	<u>DD/MM/YYYY</u>	<u>DD/MM/YYYY</u>

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma: Yes No Unkn Cardiac disease: Yes No Unkn Chronic kidney disease: Yes No Unkn Chronic liver disease: Yes No Unkn

Chronic neurological/neuromuscular disease: Yes No Unkn COPD/ Chronic pulmonary disease: Yes No Unkn Diabetes: Yes No Unkn Immuno-deficiency (excluding HIV): Yes No Unkn

HIV: Yes No Unkn Is the patient virally suppressed? Yes No Unkn Recent viral load: _____ On ARVs: Yes No Unkn

Obesity: Yes No Unkn Pregnancy: Yes No Unkn Trimester: _____ Tuberculosis: Yes No Unkn

Other: Yes No Unkn Specify: _____

TREATMENT/MANAGEMENT

Patient hospitalised: Yes No Unkn Admitted to ICU: Yes No Unkn Ventilation: Yes No Unkn On ECMO: Yes No Unkn

Antibiotics: Yes No Unkn if Yes, list: _____ Tamiflu/ other antiviral drugs: Yes No Unkn

White cell count total: _____ Differential neutrophils/lymphocytes%: _____

Has the patient been isolated at: Home Healthcare facility Not isolated Other Specify: _____

If patient has been isolated at home or at a healthcare facility, please provide date of isolation: DD/MM/YYYY

OUTCOME (at time of specimen submission)

Currently hospitalised:

Discharged: Discharge date: DD/MM/YYYY

Transferred: Name of facility: _____


Died: Date of death: DD/MM/YYYY

Other: Specify: _____

¹If patient is not a permanent resident, please provide their current residential address while residing in South Africa. ²Close contact: A person having had face-to-face contact or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE. A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ³Areas with presumed ongoing community transmission of SARS-CoV-2: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/>

Please also complete the contact line list provided and submit with specimen submission form and PUI form to ncov@nicd.ac.za

CRDM unique no: CRDM lab no: Trak no: Date received:

 Centre for Respiratory Diseases and Meningitis Specimen Submission form			
Patient Information		Submitter Information (contact person for results)	
Identifier or Hospital no		Surname	
Surname		First name	
First name		Laboratory	
Age/Date of birth		City, Country	
Gender		Contact number (country code)+ ()	
Facility/Hospital		Email address	
Specimen Details			
Specimen collection date:	dd-mm-yyyy		
Specimen type:	<input type="checkbox"/> Combined NP/OP swab <input type="checkbox"/> Nasopharyngeal (NP) aspirate <input type="checkbox"/> Nasal swab <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Sputum <input type="checkbox"/> Oropharyngeal (OP) swab <input type="checkbox"/> Pleural fluid <input type="checkbox"/> CSF <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Blood culture <input type="checkbox"/> Serum <input type="checkbox"/> Whole blood <input type="checkbox"/> Other, specify: _____		
Laboratory Test Details (please consult with CRDM if testing other than influenza, RSV or B. pertussis is required)			
Tests requested:	<input type="checkbox"/> Avian influenza <input type="checkbox"/> Influenza / RSV <input type="checkbox"/> MERS-CoV <input type="checkbox"/> Neonatal sepsis* <input type="checkbox"/> <i>Bordetella pertussis</i> <input type="checkbox"/> <i>Legionella</i> spp. <input type="checkbox"/> Atypical pneumonia* <input type="checkbox"/> Bacterial meningitis* *Refer to page 2 for test panel details <input type="checkbox"/> <i>C. diphtheriae</i> <input type="checkbox"/> Respiratory panel (bacterial & viral)* <input type="checkbox"/> Viral meningitis* <input type="checkbox"/> Group A streptococcus <input type="checkbox"/> Community-acquired pneumonia (bacteria)* <input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> Group B streptococcus <input type="checkbox"/> Hospital-acquired pneumonia (bacteria)* <input type="checkbox"/> Other, specify: _____		
Clinical Presentation and Outcome		Date of symptom onset: dd-mm-yyyy	
Clinical diagnosis:	<input type="checkbox"/> Acute rheumatic fever <input type="checkbox"/> Meningococcal disease <input type="checkbox"/> Lower respiratory tract infection <input type="checkbox"/> Diphtheria <input type="checkbox"/> Influenza-like illness <input type="checkbox"/> Upper respiratory tract infection <input type="checkbox"/> Pertussis <input type="checkbox"/> Meningitis <input type="checkbox"/> Other, specify: _____		
Symptoms:	<input type="checkbox"/> Fever (≥38°C) <input type="checkbox"/> Sore Throat <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> Stiff neck <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Paroxysmal cough/inspiratory whoop <input type="checkbox"/> Apnoea <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None		
Underlying Risk Factors:	<input type="checkbox"/> Asthma <input type="checkbox"/> Chronic Lung Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> HIV <input type="checkbox"/> Pregnancy <input type="checkbox"/> TB <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None		
Hospitalisation:	<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient— not admitted ICU <input type="checkbox"/> Inpatient— admitted to ICU <input type="checkbox"/> Unknown		Outcome:
		<input type="checkbox"/> Still hospitalised <input type="checkbox"/> Survived <input type="checkbox"/> Died <input type="checkbox"/> Unknown	
Exposure History			
Did the patient travel in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Area/Country travelled to:	Date of travel to this area	Date of travel from this area	
1.	dd-mm-yyyy	dd-mm-yyyy	
2.			
Did the patient have animal contact in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Animal type		Date of exposure	Exposure type
<input type="checkbox"/> Swine <input type="checkbox"/> Wildbirds <input type="checkbox"/> Poultry (eg. chickens, ostrich, ducks)		dd-mm-yyyy	
Other, specify _____			
Tel: +27 (0)11 555 0315 0317 NICD Hotline: 082 883 9920 Email: lindad@nicd.ac.za/orienkah@nicd.ac.za Please attach any relevant information			

CRDM Specimen Submission Form V3 Feb 2020

Date entered:

Initials:

CRDM PCR Diagnostic Test Panels:

Test name:	Pathogens:
Respiratory panel	<p>Viruses:</p> <p>Influenza A, influenza B, influenza C, rhinovirus, human coronavirus, parainfluenza virus, human bocavirus, human metapneumovirus, enterovirus, adenovirus, parechovirus, respiratory syncytial virus (RSV)</p> <p>Bacteria:</p> <p><i>Mycoplasma pneumoniae, Chlamydia pneumoniae, Haemophilus influenzae, Haemophilus influenzae type B, Staphylococcus aureus, Klebsiella pneumoniae, Legionella spp., Salmonella, Bordetella pertussis, Moraxella catarrhalis</i></p> <p>Fungi:</p> <p><i>Pneumocystis jiroveci</i></p>
Community-acquired pneumonia	<i>Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Moraxella catarrhalis</i>
Hospital-acquired pneumonia	<i>Klebsiella pneumoniae, Pseudomonas aeruginosa</i>
Atypical pneumonia	<i>Mycoplasma pneumoniae, Chlamydia pneumoniae, Legionella spp.</i>
Neonatal sepsis	Group B streptococcus, <i>Listeria monocytogenes, Staphylococcus aureus, Chlamydia trachomatis, Ureaplasma urealyticum/parvum, cytomegalovirus</i>
Bacterial meningitis	<i>Streptococcus pneumoniae, Neisseria meningitidis, Haemophilus influenzae</i>
Viral meningitis	Adenovirus, cytomegalovirus, epstein barr virus, herpes simplex virus 1, herpes simplex virus 2, varicella zoster virus, enterovirus, parechovirus, human herpesvirus 6, human herpesvirus 7, parvovirus B19, mumps virus

COVID-19 CONTACT LINE LIST

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

Details of person under investigation/confirmed COVID-19 case			
NICD Identifier	_____	Date Symptom Onset	DD/MM/YYYY _____
Surname	_____	Name	_____
Contact number	_____	Alternative number	_____
Travel (provide details of all: 7 days before onset)		Travelled by	Bus <input type="checkbox"/> Plane <input type="checkbox"/>
Air/bus line	_____	Flight/bus #	_____
		Seat #	_____

Details of health official completing this form	Today's date
Surname _____	DD/MM/YYYY _____
Role _____	Name _____
Email address _____	Facility name _____
	Telephone number(s) _____

Details of contacts (With close contact¹ 7 days prior to 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 (Y/N) if Yes, facility name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

¹ Close contact: A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

Details of contacts (With contact¹ 7 days prior to 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 (Y/N) If Yes, facility name
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				

¹ Close contact: A person having had face-to-face contact (≤2 metres) or was in a closed environment with a COVID-19; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

Overview of COVID-19 PACK cases

Case	Name	Symptom	Diagnosis	Urgent?	Learning aim
Person Under Investigation: urgent					
1	Mrs Smith	Difficulty breathing	PUI- COVID-19	Yes	<ul style="list-style-type: none"> • Approach to a COVID-19 suspect needing urgent attention <ul style="list-style-type: none"> ○ How to screen for COVID-19 ○ Familiarise HCW with criteria for Person Under Investigation (PUI) ○ Importance of correct use of personal protective equipment ○ Understanding which COVID-19 patients are at increased risk of severe disease • Dealing with occupational stress
Person Under Investigation: non-urgent					
2	Themba	<ul style="list-style-type: none"> • Cough • Fever 	PUI- COVID-19	No	<ul style="list-style-type: none"> • Approach to a COVID-19 suspect not needing urgent attention <ul style="list-style-type: none"> ○ How to screen for COVID-19 ○ Familiarise HCW with criteria for Person Under Investigation (PUI) ○ Who to consult when you have a PUI for COVID-19 ○ Protocols on: <ul style="list-style-type: none"> ▪ Specimen collection including which forms to complete ▪ How to notify and report close contact ▪ What to tell a patient a patient who has been discharged home and is awaiting results ▪ How to clean and disinfect after seeing a patient with COVID-19 • Familiarising HCW on how to protect him/herself and facility from COVID-19 • Relevant Patient information leaflets • Dealing with occupational stress
Respiratory condition other than COVID-19					
3	Solomon	<ul style="list-style-type: none"> • Cough • Runny nose 	Common cold	No	<ul style="list-style-type: none"> • Remembering the importance of other conditions in the context of COVID-19 • Patient information leaflet appropriate

Case 1: Mrs Smith



Outline of case for facilitator preparation:

Symptom	Diagnosis	Routine care	Urgent?	Learning aim
Difficulty breathing	PUI- COVID-19		Yes	<ul style="list-style-type: none"> • Approach to a possible COVID-19 patient needing urgent attention <ul style="list-style-type: none"> ○ How to screen for COVID-19 ○ Familiarise HCW with criteria for Person Under Investigation (PUI) ○ Importance of correct use of personal protective equipment • Understanding which COVID-19 patients are at increased risk of severe disease • Dealing with occupational stress

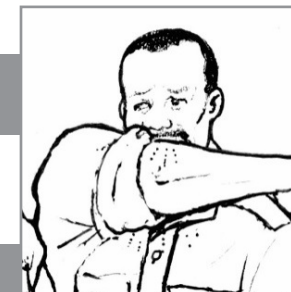
Mrs Smith is 65-year-old lady who has come in complaining of difficulty breathing. On arrival at the clinic she was screened at the designated COVID-19 triage station. She has an acute respiratory symptom.

How would you manage Mrs Smith?

1	FACILITATOR to ask these questions to prompt using the guide:	2	As the PARTICIPANTS use the guide give these details to help answer their questions about the case:	3	Page/s to follow in the GUIDE :
CORONAVIRUS DISEASE (COVID-19)					
1	What are the appropriate actions to take with a patient presenting with an acute respiratory symptom?	Page 1- Step 1	<ul style="list-style-type: none"> • As she has an acute respiratory symptom, you give her a mask and send her to a separate COVID-19 waiting area. 	Separate COVID-19 resources:	Coronavirus disease (COVID-19). Updated on 13 March 2020.
2	How would you decide if the patient presenting with acute respiratory symptoms meets the criteria for Person Under Investigation (PUI)?	Page 1 -Step 2	<ul style="list-style-type: none"> • Mrs Smith tells you that her daughter who lives with her has recently come back from an international business trip. Her daughter developed a fever and cough this week and has had a test for COVID-19 yesterday. Her daughter has been told to stay at home while waiting for her test result. • Mrs Smith has not travelled recently. • She has not been to or worked in a facility where COVID-19 has been diagnosed. 		
3	Is this patient considered a PUI?				
4	What do you do next before managing this patient further?	Page 1 -Step 3			

5	What personal protective equipment would you use? What else must you remember to do before touching the patient?	Page 2: Wash your hands well Page 2: Protect yourself from COVID-19	Separate COVID-19 resources: Protect yourself from COVID-19
6	Does the patient need urgent attention?	Page 1 - Step 3: • She has difficulty breathing and becomes breathless while talking to you. • Her respiratory rate 32. • You do not have an oxygen saturation machine. • She is not confused or agitated.	
7	How do you manage this patient?		
8	Who do you need to inform that patient is a PUI? What is the referral hospital for your facility? What is the contact number?		
9	What do you do after the patient has left?	Page 2: Protect your facility from COVID-19	
DISCUSSION			
10	<p>It is important to remember that patients can have symptoms caused by other conditions:</p> <ul style="list-style-type: none"> • If Mrs Smith was a known diabetic, what else would you do? • If Mrs Smith was known with COPD, what else would do? • If Mrs Smith was known with heart disease, what else would do? <p><i>Answer: Use PACK Adult to check if symptoms may be due to acute worsening of a co-morbid chronic condition and manage as needed.</i></p>		
PREVENT OCCUPATIONAL STRESS			
11	<ul style="list-style-type: none"> • Being the health care worker managing Mrs Smith can be scary and stressful. • We need to take time to acknowledge the stress this situation is causing for us as health care workers. • Discuss some practical ways to help manage this stress? 		
PREVENT OCCUPATIONAL INFECTION			
12	Watch the video on hand washing found on your flash drive or on the intranet.		

Case 2: Themba



Outline of case for facilitator preparation:

Symptom	Diagnosis	Routine care	Urgent?	Learning aim
<ul style="list-style-type: none"> • Cough • Fever 	PUI COVID-19		No	<ul style="list-style-type: none"> • Approach to a COVID-19 suspect not needing urgent attention <ul style="list-style-type: none"> ○ How to screen for COVID-19 ○ Familiarise HCW with criteria used to decide if Person Under Investigation (PUI) ○ Who to consult when you have a PUI for COVID-19 ○ Protocols on: <ul style="list-style-type: none"> ▪ Specimen collection including which forms to complete ▪ How to notify and report close contacts ▪ What to tell a patient who has been discharged home and is awaiting results ▪ How to clean and disinfect after seeing a patient with COVID-19 • Familiarise on how to protect him/herself and facility from COVID-19

Themba is a 30-year-old who comes to the clinic because of a cough and fever. On arrival at the clinic he was screened at the designated COVID-19 triage station.

How would you use manage Themba?

1	FACILITATOR to ask these questions to prompt using the guide:	2	As the PARTICIPANTS use the guide give these details to help answer their questions about the case:	3	Page/s to follow in the GUIDE :
CORONAVIRUS DISEASE (COVID-19)					
1	What are the appropriate actions to take with a patient presenting with an acute respiratory symptom?	Page 1- Step 1	<ul style="list-style-type: none"> • As he has acute respiratory symptoms, you give him a mask and send him to a separate COVID-19 waiting area. 	Separate COVID-19 resources: Coronavirus disease (COVID-19). Updated on 13 March 2020.	
2	How would you decide if the patient presenting with acute respiratory symptoms meets the criteria for Person Under Investigation (PUI)?	Page 1 -Step 2	<ul style="list-style-type: none"> • Themba tells you that last week he sat for a long time, in a communal waiting room at a nearby clinic where 3 COVID-19 cases have recently been confirmed. • He has not travelled recently. 		
3	Is this patient considered a PUI?				

4	What do you do next before managing this patient further?	Page 1 -Step 3	
5	What else must you remember to do before touching the patient?	Page 2: Protect yourself from COVID-19 Page 2: Wash your hands well	Separate COVID-19 resources: Protect yourself from COVID-19
6	Does the patient need urgent attention?	Page 1: Step 3 • Themba has no signs or symptoms indicating he needs urgent attention.	
7	How do you manage this patient? Who do you need to consult?	Page 1: Step 4: • You phone the ID specialist at your referral hospital. - The specialist confirms that patient needs to be isolated, wear a mask and referred for COVID-19 testing. - The specialist confirms that staff at the referral centre will complete the needed specimen request forms, notify the provincial CDC and complete a close contact line list to start tracing other contacts.	
8	Who is considered to be a close contact?	Page 1: Step 6 - footnote	
9	What do you do after the patient has left?	Page 1: Step 7	

INFORMATION LEAFLETS

- 10 • Themba has a test for COVID-19 done at the referral centre and is then sent home to self-isolate while his test results were pending:
- What does self-isolation involve? *Refer to Self-isolation information leaflet.*
 - Why is it important?

DISCUSSION

- 11 • The ID specialist instructs you to manage Themba at your primary care facility – What are the steps you will need to follow?
- What specimens will you take?
 - What forms will you need to complete?
 - Who will you need to notify?
 - How will you report close contacts? What form will you use to do this?
 - What advice will you give Themba?

PREVENT OCCUPATIONAL STRESS

- 12 Think about yourself and how you normally handle stress.
What is one thing you don't normally do that you can choose to start doing now to help you cope with the stress?
For example, practicing deep breathing when you are feeling anxious, or avoiding too much negativity on social media or from friends, or to write just one page a day in a journal.
Choose a colleague who can be your "anti-stress buddy". Decide together how you can check in on each other to help remind each other what you can do to manage the stress.

Case 3: Solomon



Outline of case for facilitator preparation:

Symptom	Diagnosis	Routine care	Urgent?	Learning aim
<ul style="list-style-type: none"> • Cough • Runny nose 	Common cold		No	<ul style="list-style-type: none"> • Remembering the importance of other conditions in the context of COVID-19

Solomon is a 40-year-old man who presents with a 2-day history of cough and runny nose. On arrival at the clinic he was screened at the designated COVID-19 triage station. As he has acute respiratory symptoms, he was given a mask and sent a separate COVID-19 waiting area.

How would you manage Solomon?

1	FACILITATOR to ask these questions to prompt using the guide:	2	As the PARTICIPANTS use the guide give these details to help answer their questions about the case:	3	Page/s to follow in the GUIDE:
CORONAVIRUS DISEASE (COVID-19)					
1	How would you decide if the patient presenting with acute respiratory symptoms meets the criteria for Person Under Investigation (PUI)?	Step 2:	<ul style="list-style-type: none"> • Solomon has not been in close contact with a confirmed or probable COVID-19 case. • He has not travelled recently. • He has not been to or worked in a facility where COVID-19 was diagnosed. 		Separate COVID-19 resources: Coronavirus disease (COVID-19). Updated on 13 March 2020.
2	Is this patient considered a PUI?				
3	How do you manage this patient?		COVID-19 unlikely box		
SYMPTOM – Cough					WC PACK Adult 2020 – cough page 35
4	Does the client need urgent attention?		<ul style="list-style-type: none"> • He does not have a wheeze or tight chest. • His difficulty breathing does not worsen when lying flat and he has no leg swelling. • He is not confused or agitated. • His BP is 120/74. • He is not breathless at rest or while talking. • His respiratory rate is 18 breaths per minute. • His oxygen saturation is 97%. • He is not coughing up blood. 		

		<ul style="list-style-type: none"> • He does not have any calf swelling or pain. • He does not have signs of a tension pneumothorax. 	
5	How do you manage this symptom?	<ul style="list-style-type: none"> • He had an HIV test last month which was negative. • He does not smoke. • He has been coughing for 2 days and denies a recurrent cough. • He is not coughing up sputum. • His pulse rate is 80 beats a minute. • His respiratory rate was 18. • He has no chest pain or difficulty breathing. 	
6	Where next in PACK do you turn?		
SYMPTOM – Nose symptoms			WC PACK Adult 2020: nose symptoms – page 31
7	Does the client need urgent attention?	<ul style="list-style-type: none"> • He does not have a head injury. 	
8	How do you manage this symptom?	<ul style="list-style-type: none"> • He has had a runny nose for 2 days. • He has a sore throat but reports no fever (His temperature is 37.3°C). • He does not have chills or body pain. 	
9	What general advice will you give the patient and what will you advise him about when to return?	<p><i>Note to facilitator:</i></p> <ul style="list-style-type: none"> • <i>You will provide the patient with cough/sneeze hygiene, wash hands regularly, rest, hydration and that antibiotics are not needed.</i> • <i>Normally you would advise to return if symptoms persist > 7 days or fever returns and any of: cough, ear pain or pain over cheeks. However, in the context of COVID-19, you would advise the patient to call the General Public Hotline on 0800 029 999.</i> 	
10	Do you need to report this patient to NICD/CDC?	<p><i>Note to facilitator: as this patient was not considered a PUI you would not need to report to NICD/CDC.</i></p>	
INFORMATION LEAFLETS			
11	<ul style="list-style-type: none"> • Look at the General Advice information leaflet that would be given to Solomon. • Discuss how you would communicate the information to Solomon. 		
DISCUSSION			
12	<p>If Solomon presented with a 3-week history of cough, which important condition would you need to exclude? Which page would you go to? Go back to the cough page and follow the algorithm.</p> <p><i>Note to facilitator: TB is an important differential diagnosis in our context and would need to be excluded using the TB diagnosis page in PACK Adult.</i></p>		

Patient information leaflets

18 March 2020

CORONAVIRUS – COVID-19

General advice


What is COVID-19?

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

How does it spread?


You can pick up coronavirus from:

- Touching an infected surface or object. The virus can enter your body when you touch your nose, mouth and eyes.
- Very close contact (1-2 metres) with a sick patient.







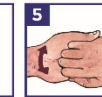

Prevent spread to keep you and your family safe:

- Cover your mouth and nose with a tissue or your elbow (not your hands) when coughing/sneezing. Discard used tissues immediately and wash your hands.
- Avoid close contact with those who are sick. Wearing a mask is unlikely to protect you if you are well. People who are coughing and sneezing who wear a mask are less likely to infect others.
- Avoid touching face, eyes, nose or mouth.
- Clean and disinfect frequently touched objects and surfaces (counters, bedside table, doorknobs, bathroom surfaces, phones).
- Wash hands often, especially before handling food/after using toilet or coughing/sneezing.



Wash your hands well



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

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

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

National Hotline | **Provincial Hotline** | **National WhatsApp** | **Operating 24 hours a day.**
0800 029 999 | **021 928 4102** | **0600 123 456**

For more information:
www.westerncape.gov.za/coronavirus

18 March 2020

CORONAVIRUS – COVID-19

What if I develop symptoms?

What are the symptoms of COVID-19?

The more common symptoms of COVID-19 are the same as flu and include: fever, cough, difficulty breathing, fatigue, body/muscle aches.

When should I be concerned that I may have COVID-19?

Only suspect COVID-19 if you have a fever with a cough or shortness of breath AND have in the last 14 days:

- travelled internationally or to an area where COVID-19 is actively spreading from person-to-person in the community

OR

- had close contact with a confirmed or suspected case of COVID-19

If you are feeling short of breath or have difficulty breathing, seek health care urgently.



Call ahead to your doctor or alert health facility as soon as you arrive:
 tell them about your symptoms and any recent travel/contacts.
Expect to put on a mask before you enter the facility.

What should I do if I think I have COVID-19?

- Do not panic.
- First, phone **National Hotline 0800 029 999** or the **Provincial Hotline 021 928 4102** and follow their advice.
- Stay home, except to get medical care as directed by the helpline. Do not go to work, school, or public areas. Avoid using public transport or taxis.
- Rest, ensure you drink plenty of fluids and use medications (like paracetamol) as needed to reduce fever and/or pain.
- Avoid close contact with those who are sick. When in contact with others, wear a mask if available.
- Avoid sharing dishes, drinking glasses, cups, eating utensils, towels, or bedding – after using these, wash them well.
- Use strict prevention measures listed on the other side of this leaflet.
- Only discontinue isolation in consultation with hotline/health care provider (usually 14 days).

The most important thing you can do is to prevent spread in order to keep you, your family and your community safe.

For more information:
www.westerncape.gov.za/coronavirus

Now that you have completed the cases – run a drill

Run a practice drill for a person presenting to the facility with suspected COVID-19 ensuring that clinic staff are aware how to:

- Isolate a person with suspected COVID-19
- Put on protective wear
- Know which specialist to contact and have this number clearly visible in all consulting areas/ designated isolation area.
- Provide initial management to the patient, including oxygen if needed.
- Complete collection of naso- and ore-pharyngeal swabs (including completion of forms)
- Document close contacts and notify Provincial Communicable Disease Control
- Arrange for transfer to hospital or discharge as advised
- Discard protective wear, disinfect and notify Facility Manager
- Have critical telephone numbers readily available

Protect yourself from COVID-19

Protect yourself at work

- Look at page 2 of the PACK COVID-19 algorithm

Protect yourself in your social space

- Aim to maintain a social distance: avoid handshaking and hugging and kissing casual contacts.

SOCIAL DISTANCING GUIDELINES

Social distancing refers to limiting public gatherings as much as possible

AVOID	USE CAUTION	SAFE TO DO
<ul style="list-style-type: none">Group gatheringsSleep oversPlay-datesConcertsTheatre outingsAthletic eventsCrowded Retail MallsWorkouts and GymsNon-essential workers in your houseMass Transit System	<ul style="list-style-type: none">Visit a local restaurantVisit grocery storeGet take outPick up medicationVisit the libraryReligious servicesTravelling	<ul style="list-style-type: none">Take a walkGo for a hikeGardeningPlay in your gardenClean out a closetRead a good bookListen to musicCook a mealFamily game nightGo for a driveGroup video chatsStream a favourite showCheck on a friendCheck on elderly neighbours

The infographic includes the South African coat of arms on the left and the NDP 2030 logo on the right.

Dealing with occupational stress

Spend 10 minutes in groups of 2 or 3 discussing some practical ways to manage your stress:

1. Turn to the 'protect yourself from occupational stress' page in PACK and discuss how this is relevant to you.

- Please note the advice on spending time with supportive family and friends, in light of COVID-19 should be limited to small groups and should not include those at risk of severe infection. Use social media to stay in touch.

2. Discuss how you could develop a buddy system in your facility

- Each staff member in a clinic has a buddy that they check in on everyday and ask the following 3 questions:
 - a) How are you coping with work?
 - b) How are you managing to protect yourself from COVID-19?
 - c) How are you managing to look after your mental health – taking breaks, stress relief etc?

Practical Approach to Care Kit

© 2020, Department of Health, Western Cape Government, South Africa - PACK Primary Care Guide for the Adult 2020 (Western Cape Edition), as specifically adapted for use in the Western Cape, South Africa in and during 2020.

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