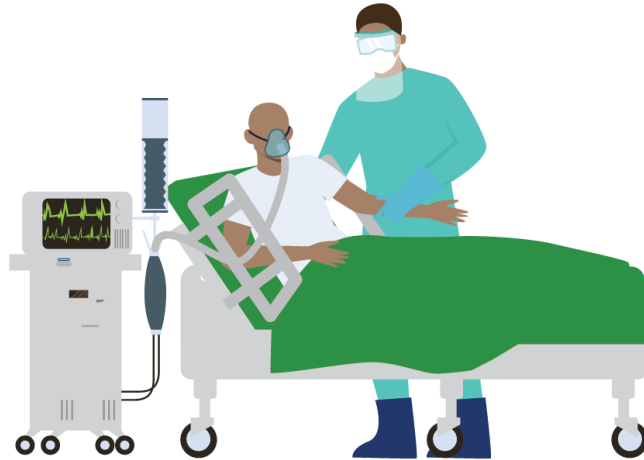# COVID-19 MANAGMENT

## CURRICULUM FOR COMMUNITY HEALTH WORKERS

SUMMARY

This Curriculum is designed to help community health workers (CHWs) in identifying, triaging, isolating and managing COVID-19 patients in their communities.

Provide guidance on categorizing patient into mild/moderate/severe group.

Guidance for follow-up and management of self-isolating patients

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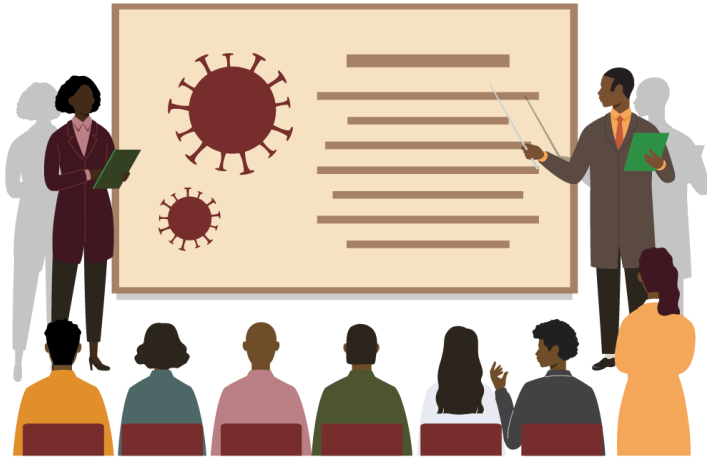
CHWs to be given certificate of completion after the training.

Provide guidance on when to escalate patients with worsening conditions.
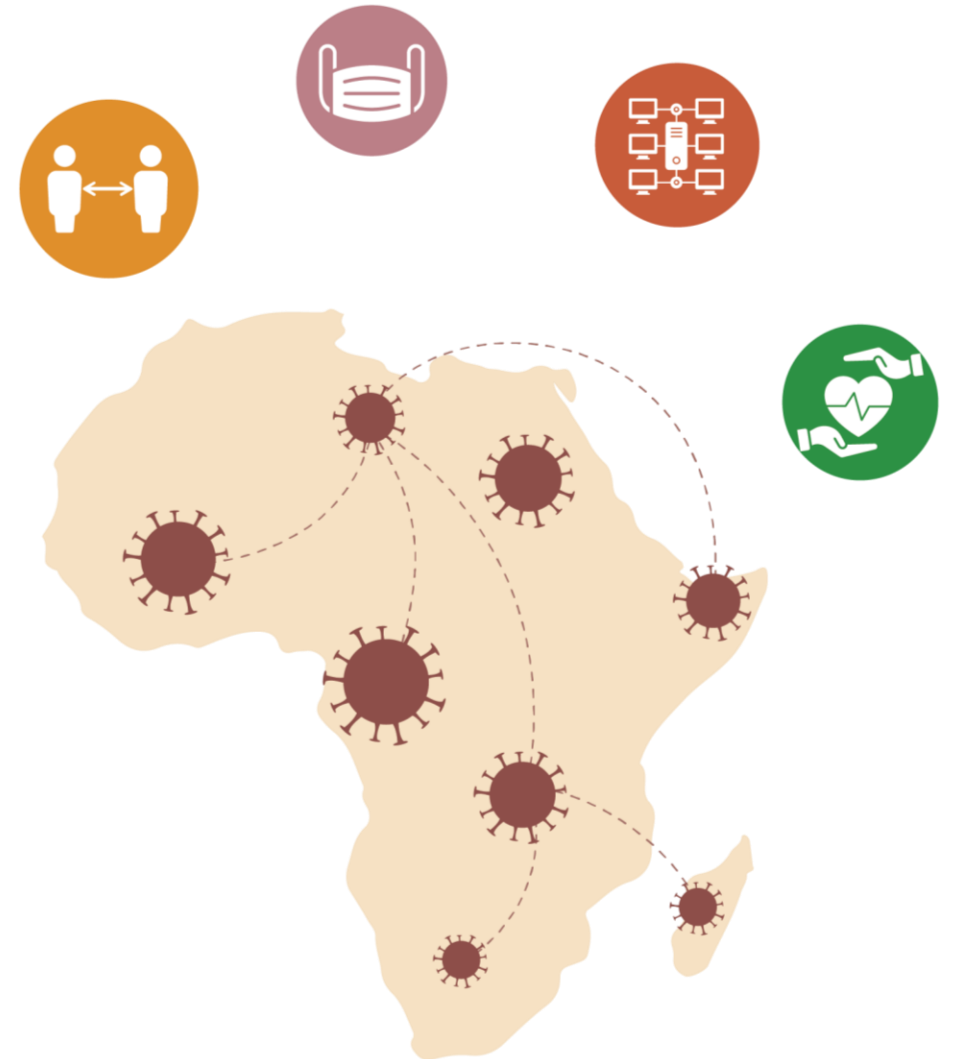
This will serve a complementary guide to other curriculum being developed by other technical working groups (TWGs).

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OVERVIEW

According to the World Health Organization (WHO), sub-Saharan Africa has only 3% of the world's health workers to cater for 11% of the world population, bearing over 25% of the global disease burden (WHO, 2014). With a steady increase in reported cases on the African Continent, the current COVID-19 pandemic threatens to overwhelm our already taxed health infrastructure. It is, therefore, imperative to take serious and urgent measures towards disease management and monitoring especially as the need for self-quarantine and contact surveillance rises.

In view of the infrastructural and resource gaps, technology should be considered for remote management of healthcare deliver to patients during this period. As it is abundantly clear, even countries with more advanced healthcare infrastructure and resources have struggled to treat COVID-19 and non-COVID-19 patients during this pandemic.

As the populace is being asked to adapt to ever-changing mandates and being afraid to visit hospitals, there is a risk of serious collateral damage to the health of the general population. To mitigate the challenges in the healthcare system, each country needs to adopt a multipronged approach to management of the pandemic.

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SUGGESTED ACTION POINTS

- Deploying a risk assessment and management tool tailored to the needs of the country such that the most vulnerable citizens are most protected.

- Prioritize identification and treatment of high-risk individuals especially those with pre-existing medical conditions through COVID-19 surveillance and self-isolation support programme.

  o Teleconsultation services for patients in self-isolation: using video and telephone calls. CHWs can ensure regular monitoring of confirmed cases and contacts in isolation. Daily reports will be made available to the relevant ministries of health and other stakeholders.

  o CHWs should be trained for remote triaging of patients with symptoms and to help differentiate patients requiring escalation and hospitalization from patients likely to recuperate at home.

  o Training of CHWs on the proper use of PPEs and provision of adequate personal protective equipment (PPEs) to CHWs in the field.

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SUSPECT CASE

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) of COVID-19 disease during the 14 days prior to symptom onset.

OR

B. A patient with any acute respiratory illness AND who has been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms.

OR

C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

PROBABLE CASE

A suspect case for whom testing for COVID-19 is inconclusive.

- Inconclusive being the result of the test reported by the laboratory confirmed case.
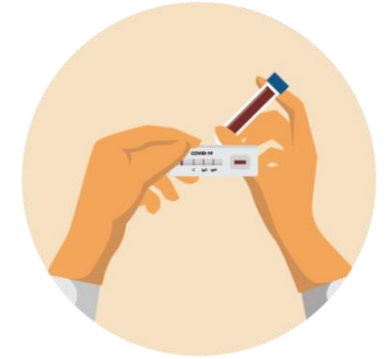
CONFIRMED CASE

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- Information regarding laboratory guidance can be found here.

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ONCE A PATIENT IS IDENTIFIED AS A PROBABLE CASE,

AN ASSESSMENT OF THE PRESENCE OF THE FOLLOWING SYMPTOMS SHOULD BE DONE

Persistent dry cough

Signs of fever (feeling feverish, shivering, headache, aching muscles and joints, sweating)

AND two of the following:

Shortness of breath or difficulty breathing

Sore throat
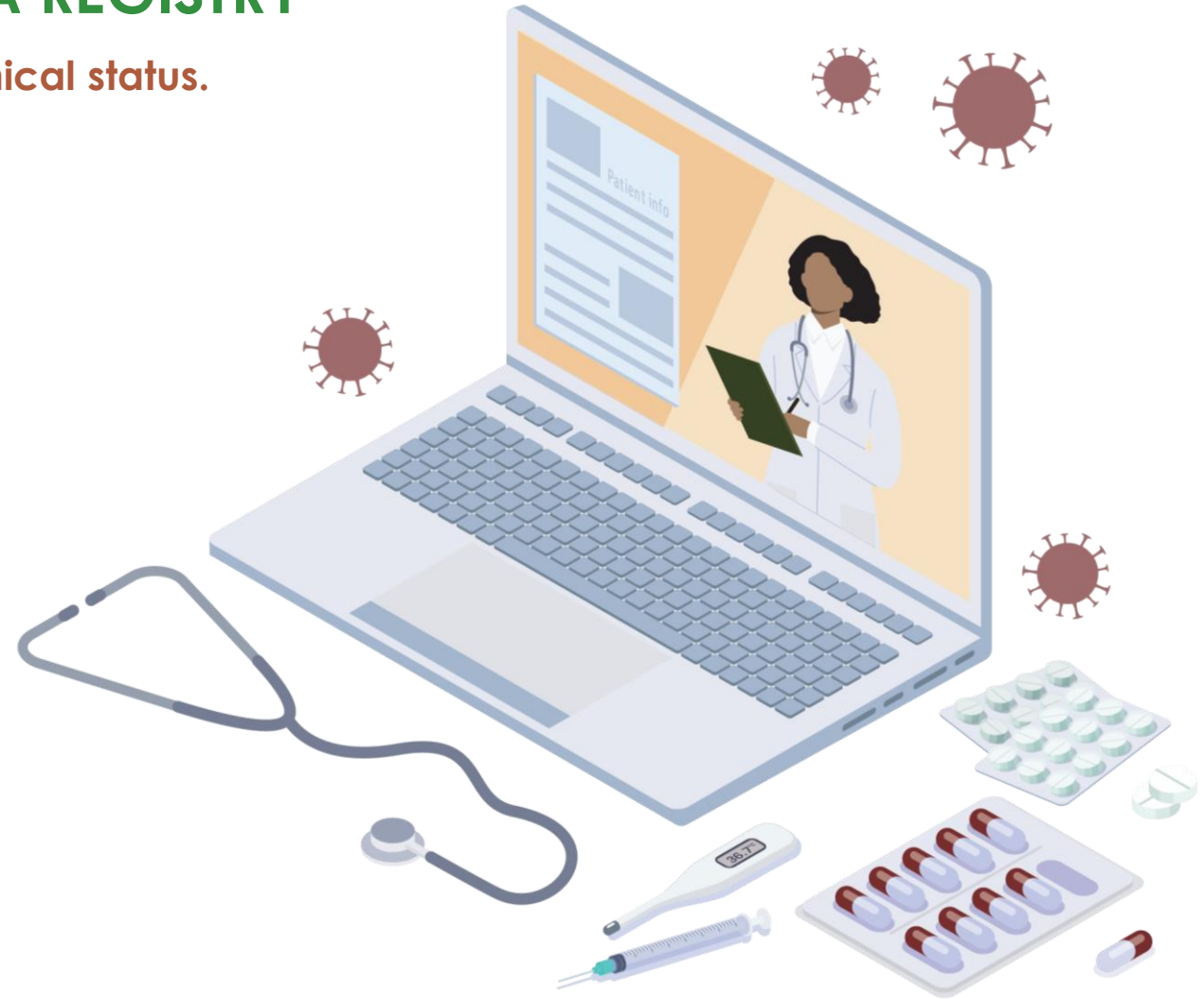
Loss of taste and smell

Tiredness

Headache

Diarrhea

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ALL CASES SHOULD BE ENTERED INTO A REGISTRY

That documents baseline symptoms and categorize clinical status.

**It should include the following information:**

1. Name

2. Cell phone number (or that of next of kin)

3. Address

4. Date of birth or estimated age

5. Gender

6. Date of onset of symptoms (if any)

7. Initial clinic course

8. Date first seen at healthcare facility (PHC)

9. Name of healthcare facility

10. Location of healthcare facility

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ALL CASES SHOULD HAVE INITIAL SYMPTOM SURVEY DONE

The survey should include the following information:

1. Fever (YES/NO, if yes: Mild/Moderate/Severe)
2. SOB (YES/NO, if yes: Mild/ Moderate/Severe)
3. Cough (YES/NO, if yes: Productive/ Dry)
4. Myalgia (YES/NO, if yes: Mild/Moderate/Severe)
5. Chest pain (YES/NO, if yes: Mild/Moderate/Severe)
6. Abdominal pain (YES/NO, if yes: Mild/Moderate/Severe)
7. Generalized weakness (YES/NO, if yes: Mild/Moderate/Severe)
8. Diarrhea
9. Nausea/Vomiting (YES/NO)
10. Loss of Taste/Smell (YES/NO)
11. Sore Throat (YES/NO)
12. Headache (YES/NO, if yes: Mild/Moderate/Severe)
13. Runny Nose (YES/NO)
14. Confusion (YES/NO)
15. Seizure (YES/NO)
16. Diabetes or Hypertension or Asthma? (YES/NO)
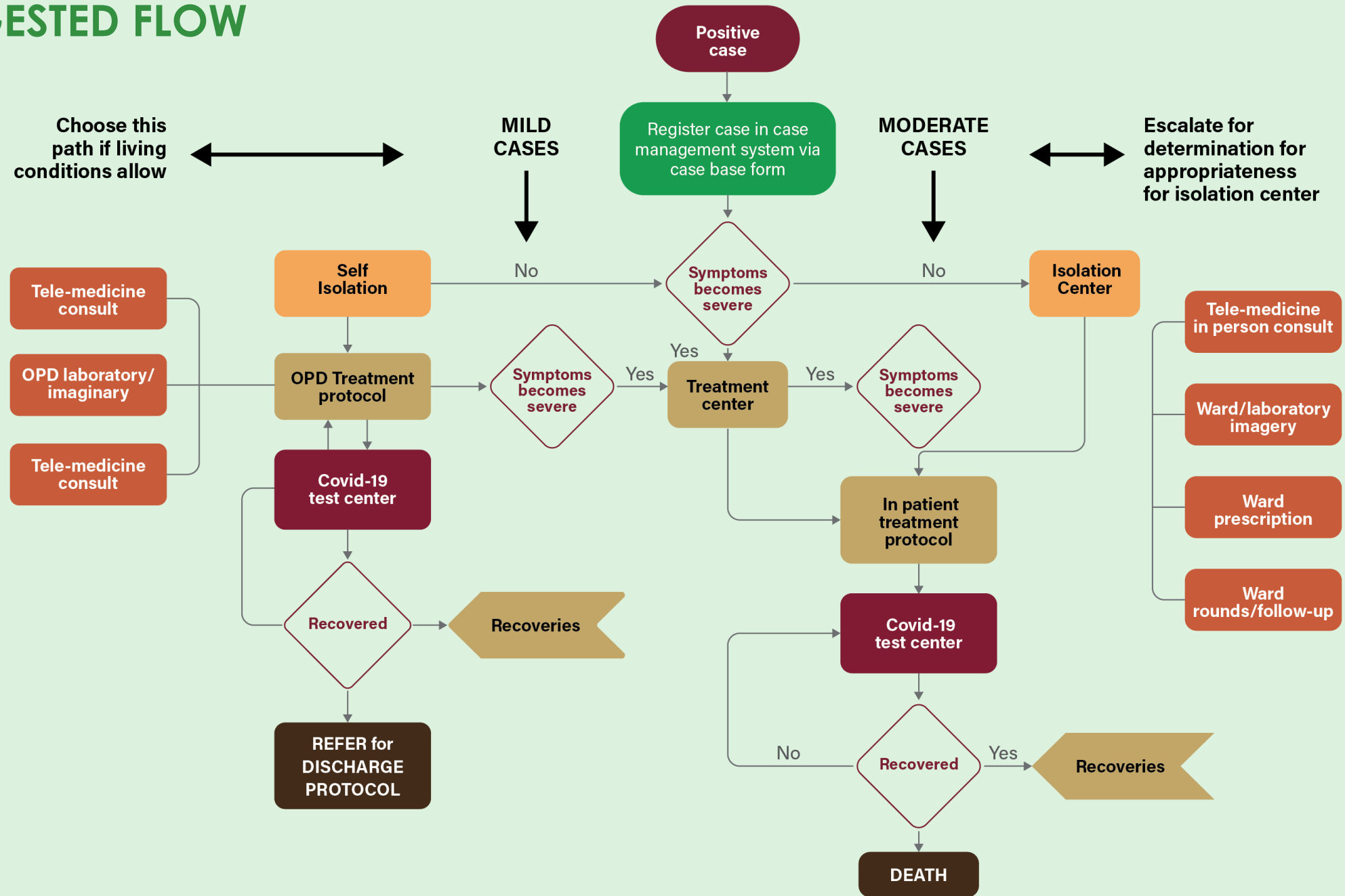17. Is patient pregnant? YES/NO
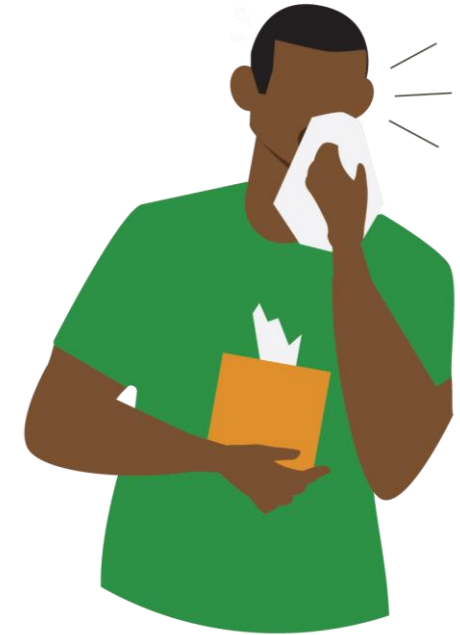
- Document total number of YES answers and track it with each subsequent visit/contact.
- Patients with any of the above symptoms that are severe should be immediately escalated to a designated nurse or doctor for further triage.
- Patient with 2 or more moderate symptoms should be escalated as well.
- Any patient with confusion or seizures should be immediately escalated.
- Any patient who develops sudden onset of weakness or difficulty speaking should be immediate escalated.

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INSPECT AND DOCUMENT HOUSEHOLD LIVING CONDITIONS

1. How many people in the household?

2. Single family home? (YES/NO)

3. Multi-family home? (YES/NO)

4. How many rooms in household?

5. Is there a room for patient to be isolated? (YES/NO)

6. Is living space well ventilated? (YES/NO)

7. Is there an elderly person in the household? (YES/NO)

8. Is there a person with the following in the household: hypertension, asthma, diabetes, CVA, other respiratory condition? (YES/NO)

9. Is there someone available to attend to patient? (YES/NO)

10. Is common toilet used by multiple people? (YES/NO)

11. Does the primary caretaker have DM, asthma, hypertension? (YES/NO)

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SUGGESTED FLOW

FOR MILD CASES ASSESSED TO HAVE THE RIGHT LIVING CONDITION FOR SELF-ISOLATION

The following should be done and documented:

1. Daily check via phone and video or in person.

2. Repeat of symptom survey.

3. Note any worsening of existing symptoms. If symptoms worsen >>Escalate to nurse or doctor.

4. Note any improvement or resolution of existing symptoms.

5. Note when all symptoms are resolved and recommend/escalate for discharge evaluation.

6. Evaluate and provide information and sourcing for essential or palliative medication for patient.

7. Encourage hydrations.

8. Re-enforce principles of physical distancing.

9. Ask if any member of household has developed symptoms.

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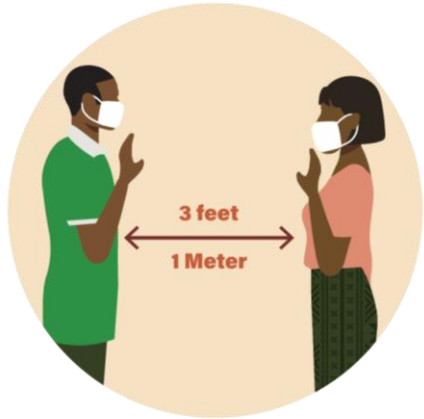Safeguarding Africa's Health

ASSESS FOR NEED FOR MENTAL COUNSELING

1. Are you feeling depressed? (YES/NO)
2. Are you being abused? (YES/NO)
3. Are you feeling anxious? (YES/NO)
4. Are you being bullied? (YES/NO)
5. Presence of any of the above should trigger referral for counseling.
6. CHWs to stay up-to-date on the latest rumors and misinformation and provide correct information whenever possible.

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IF CHW IS TO VISIT PATIENT AT HOME FOR FOLLOW-UP:

Practice physical distance
of 1 meter or more.

Wear mask at all times.

Wash hands with soap and water for
20 seconds or use alcohol-based hand rub.

Continuously assess if patient's
living condition has changed.

Observe waste management conditions and
counsel on use of separate toilet/latrine for
suspected or confirmed case.

Assess for accuracy of the
severity of patient's symptoms.

Observe for other members of
household exhibiting
symptoms.

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PPE GUIDELINES

Do not wear the same mask continuously for more than 4 hours. A CHW who will be in the field all day should have at least 2 masks.

CHWs should perform hand hygiene when touching the mask after having contact with a patient and when changing masks.

If gloves are to be used, CHW must remove and discard gloves after ending each household interview. perform hand hygiene.

Gowns and/or aprons as well as gloves should be removed after each encounter with a patient.

Removed gowns/aprons/gloves should be properly disposed at a healthcare facility.

Face shields should be cleaned and disinfected at the end of the day at a healthcare facility.

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PATIENT EDUCATION: WHAT A PATIENT SHOULD DO

Stay entirely at home – this is quarantine.

1. Do not receive visitors.
2. Do not prepare or serve food to others.
3. If there are people living with you who are not contacts, try to find somewhere else for them to stay.
4. Stay at least 1 metre from other people living in the home unless they are also in quarantine.
5. If possible, stay in a separate, well ventilated room and use a separate bathroom and use separate utensils.
6. Wash hands with soap or use hand sanitizer regularly.
7. Use disinfectant wipe to wipe surfaces that you touch.
8. Use a face mask or face covering if you have any symptoms.
9. Call the CHW or healthcare worker immediately if new symptoms develop or if symptoms worsen.
10. Cough or sneeze into a disposable tissue or the inner part of your elbow.

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AVOIDING TOUCHING

Sensitize the household and patient to:

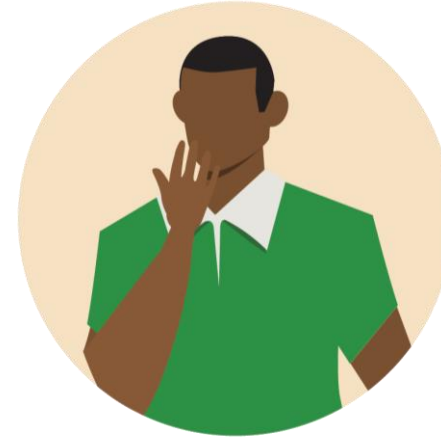## Avoid touching nose, mouth and eyes

o   Keep hands below shoulder level whenever possible.

Avoid close contact greetings

o   Develop and use alternative greetings, e.g. elbow bumping, head bowing.

o   Explain why you are not engaging in close contact greeting to make it normal and acceptable.

Avoid touching high-touch surfaces to reduce the risk of contamination

o   Find ways to avoid commonly touched surfaces where possible.

o   Avoid handling other people's personal objects, e.g. phones, keys, pens,

o   Keep hands away from face, and wash your hands with soap and water or use alcohol-based hand rub immediately.

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AVOIDING TOUCHING

Only touch the tie pat when putting on or removing your mask.

Make sure mask covers both nose and mouth even when talking.

Do not share mask with others.

Wash your hand before and after touching the mask.

Wash reusable mask after each use. Discard disposable masks after each use.

Do not touch face mask while it is on your face.

PATIENT HAND HYGEINE

1 Wash hands for 20 seconds or more after touching an unclean surface.

2 Use soap.

3 Make sure both hands are thoroughly washed.

4 Avoid turning off tap with your hands.
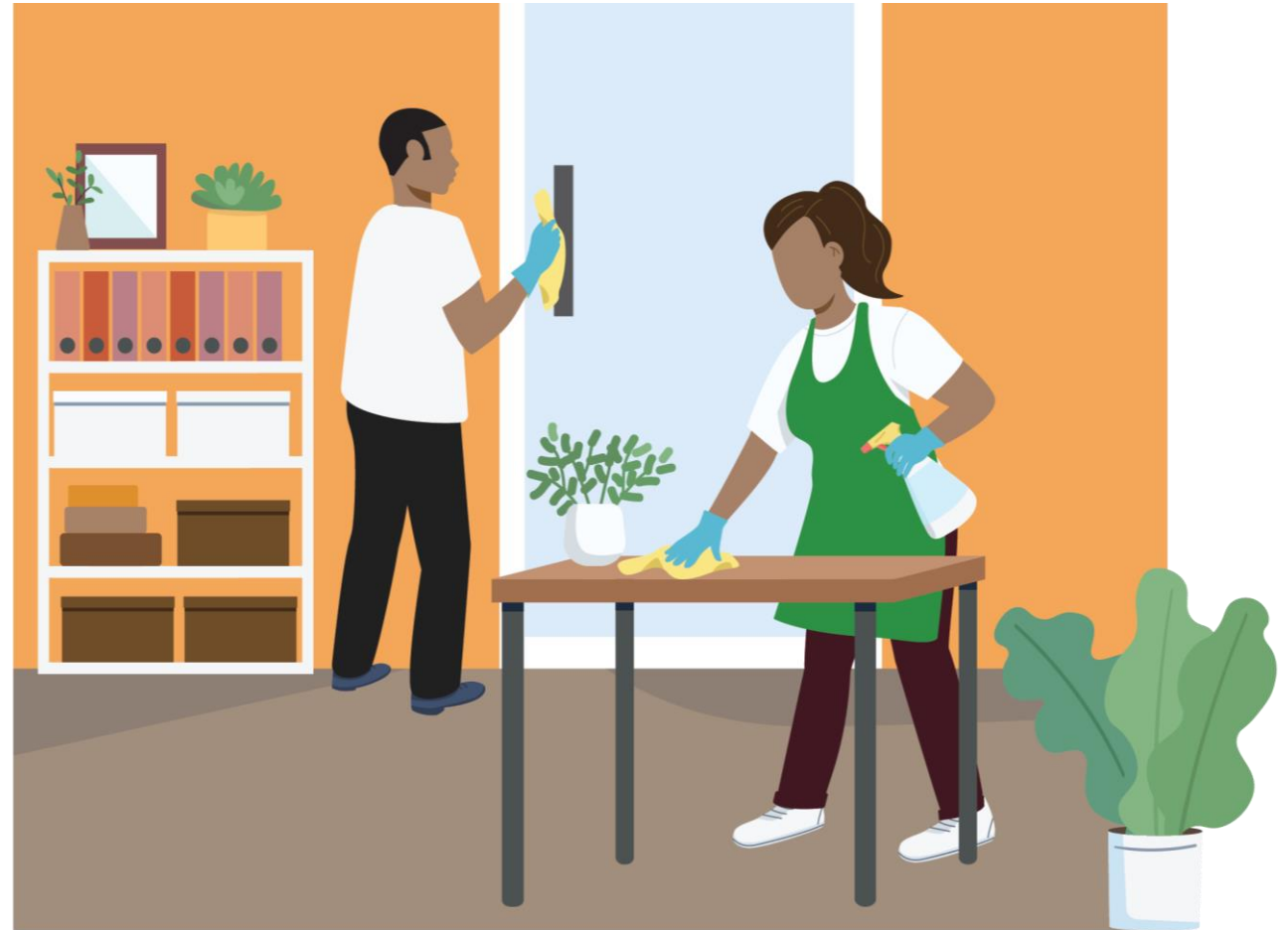
5 Use clean tissue to wipe hands or let air dry.

OR

6 **ALTERNATIVE** Use alcohol-based hand sanitizer as an alternative.

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CLEANING SURFACES

Sensitize the patient's household to:

1. Beware of high touch surfaces such as door handles, TV remotes, keys, elevator buttons, etc. and other surfaces that may have been contaminated.

2. Understand that the virus can remain alive on some surfaces for several hours to days.

3. Using disinfectants or disinfectant wipes on surfaces can kill the virus.

4. Use household disinfectant, water and detergent to wipe high-touch surfaces regularly.

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PHYSICAL DISTANCING

Physical distancing is an intervention that aims to reduce the speed that the virus is passed from person to person by reducing the number of contacts people have, the closeness of the contact, and how long the contact is.

Avoid crowds where possible e.g.

1. Shop and travel at less busy periods.
2. Avoid crowded transport or use other forms of transportation like walking or bicycle.
3. Wear a face covering.
4. Don't plan work, social or recreational activities that involve physical gathering. Avoid gatherings with people from different households.
5. Postpone family gatherings or limit numbers and observe physical distancing.

Maintain personal distance

1–2 m
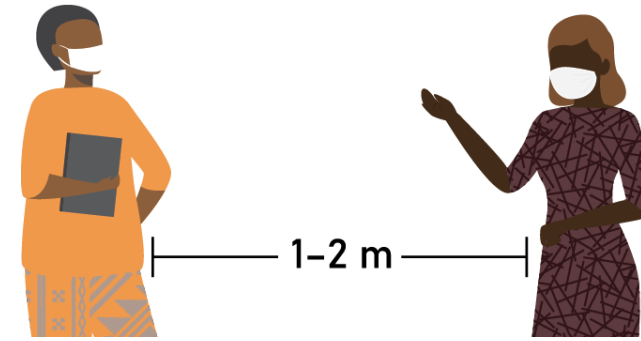
1. Keep a distance of at least 1 metre from patient.
2. Where this is not possible, wear a face covering.
3. Avoid standing or sitting in an area with someone who has signs of COVID-19.

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Empowering patients to seek good and affordable help when they are sick.

Sharing of anonymized data on disease trends with stakeholders within country, regionally and continent-wide for better policy-making and allocation of resources.
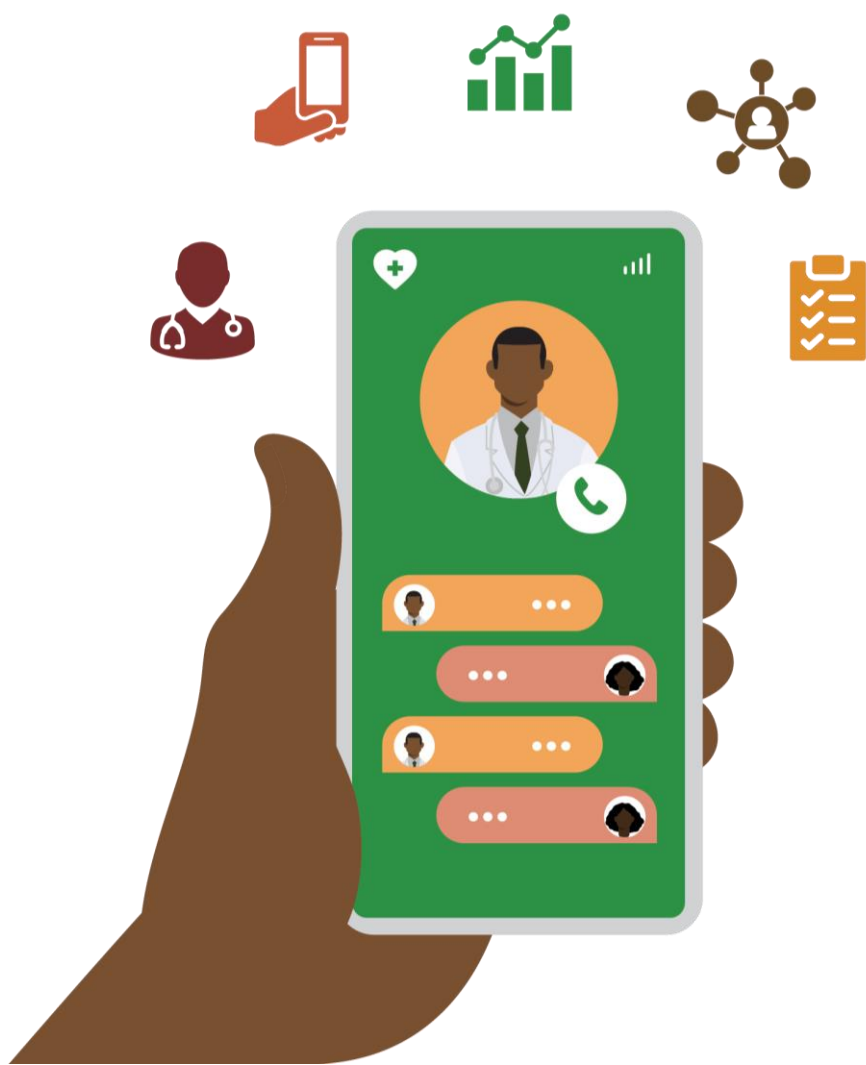
CHW to be sensitized on need to identify potential mental health issues and refer for counselling.

CHW to provide confidential channels for victims of domestic violence and child abuse to seek help.

3 feet
1 Meter

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Designated solution (like talamus or any other) to be used For Documentation And Tracking of Patient Information And Symptoms.

Solution should allow for seamless and organized communication channel between CHW and designated doctors/nurses or supervisor for easy backup support and escalation of cases.

Solution should provide actionable data analytics for decision-makers to institute timely intervention.

Solution should allow for an organized and consistent pathway for CHWs to refer patients for higher level of care.

When paper-based solutions are used, a reporting system should be established for timely reporting and collation of data.

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POTENTIAL USE FOR DIGITAL PLATFORMS

PLAN	PROCESS
Set up health services approved virtual clinics and in-person clinics	Virtual clinics in strategic localities will be setup to receive localized traffic. Health Services will be able to track per location the symptoms, confirmed cases, the spread, treatments protocols that are working etc. Counsellors will be in real-time.
Train CHWs	Get a list of CHW trained by Health Services concerning the virus (COVID-19). CHW who have knowledge about the cause, mode of transmission, symptoms, precautions and first aid options to help the general public to get some clarity of mind concerning the COVID-19. Registration of staff training on the use of chosen technology platform.
Escalation and collaboration via video or chat	Connect CHWs with Nurse/Doctors via secure video, phone calls to remotely collaborate on patient care when case may need escalation.

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PLAN	PROCESS
Setup availability	Set up these Doctor/Nurse schedule and put out their availability out online for CHW to discuss cases that may need escalation.
Facilitate service delivery	Tech support facilitate service delivery by being available to CHW and patients by making established COVID hotlines available to all to call in for any assistance.
Community pharmacies	CHWs to engage select community pharmacies on the platform to facilitate medication delivery.
COVID-19 testing facilities	Testing facilities should be engaged on the same platform for real time submission of test and patient notification with help of counsellors.
Bed availability	Information about space availability at allow for coordinated patient transfer and efficient utilization of limited bed capacity.

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