

Frequently Asked Questions

COVID-19 health facility preparedness training

QUESTIONS ABOUT COVID-19

1. How long after possible exposure can one take a test for COVID-19? What's the incubation period?

Answer: Maximum is 14 days, range from 2-14 with median of 5-6 days.

2. Why is there still a decision to be made whether to test in the 2nd screening? I thought everyone in Orange is by definition a patient under investigation (PUI) - so should be tested.

Answer: The Yellow screening is done by CHW so some patients turn out not to be PUI when the clinician delves a bit deeper. E.g. yesterday a patient complained of cough but turned out to have taken an overdose. Also the current PUI definition does not include loss of smell or taste. However, we are trying to get this added to national guidelines. Most patients in Orange will qualify for a test.

3. Regarding collection of sputum for Covid-19, is it only applicable for presumptive tuberculosis or we can collect it for all Covid-19 suspected.

Answer: Sputum is the best sample you can send for COVID from a PHC. So please send these instead of a swab for any patient who has a properly productive cough.

4. Between the swabs and sputum which one is cost effective and gives the most accurate test results?

Answer: Sputum is better than a swab of any kind. This is the optimal specimen, can be sent in the sputum container (i.e a second sputum container to TB sputum). This is ideal (not just). Next best is nasopharyngeal and then oropharyngeal.

5. How do you transport the sputum?

Answer: As you would the dry swabs - room temperature in standard sputum container. It does not need to be cooled.

6. What is the specificity and sensitivity of the Covid tests in symptomatic and asymptomatic patients?

Answer: Lots here to cover - specificity is strong (except in those who are recently recovered). Sensitivity is variable - in summary, highest is for sputum at around 80+%.

7. If patients have symptoms, tested negative for Covid-19, but need follow-up, do the patients move to Blue Zone or return to Orange Zone?

Answer: This is an interesting area as we know that none of the tests are perfect. If they still screen positive, the suggestion is to go to the Orange Zone again for re-assessment. We don't want to routinely re-test, but need to be cognizant that if patients return and still have symptoms and they've worsened, consider it. If a patient has a negative COVID-19 result, do they need to

be screened again? Depends when the result was (could be newly infected) - patient should be rescreened.

8. Can someone who has tested positive and recover be reinfected?

Answer: No one is sure yet. Active research question. Viruses that are self-limiting, almost always provide some degree of protection.

9. Would you recommend a baseline COVID test for all healthcare workers?

Answer: Yes, recommending HCWs have one test. All HCWs should be tested from all zones - should be tested whether symptomatic or asymptomatic. Clearly those at significant risk are those who are older and have comorbidities. This should be considered when deciding who works in the Orange Zone.

10. When do you recommend the testing for health workers in the Orange Zone?

Answer: No guidance on how often HCWs should be tested. Could be one month or 2 weeks dependent on resources. In Gauteng - endorsed that HCWs (including asymptomatic) should be tested. Managing this is not easy, especially at big facilities. We separate patients testing hours from HCWs testing hours - strongly recommended to do this so that HCWs are not unnecessarily exposed. Also, get the HCWs to complete their own forms (to speed this process up).

11. How are we to give the Covid results to the patient? Do they come back for their results? Do we contact them telephonically?

Answer: Patient should not be coming back to receive results, they should be contacted telephonically with their results. All the forms are submitted with the sample to NICD for contact tracing – ideally this should be centralized but has to be assessed by district. Where it is not functioning correctly, it may be necessary for facility team to set up tracking results and communicating results with patients.

QUESTIONS ABOUT HIV AND OTHER CHRONIC DISEASES

12. If there's a patient needing an HIV test in the Orange Zone being seen by a Medical Officer or Professional Nurse, should they proceed with HIV testing?

Answer: Depends on facility volume, in higher volume facilities, you need a gazebo with a separate HIV testing service in the Orange Zone. In low volume facilities, the clinician can test for HIV if not delaying other Orange Zone patients.

13. Do we have any guidance on HIV self-testing?

Answer: HIV self-testing was not practical in the Orange Zone as the HIV testing gazebo was not busy and a self-test would take longer as would also require confirmation testing. However, you can adapt these guidelines to your own facility if for example you don't have an HIV testing gazebo available for some reason. This could help triage Orange Zone patients that require confirmatory testing by the clinician.

14. Of the 20-30 people coming to the Orange Zone per day, how many come for HIV testing?

Answer: Just a few, around 5 (those who do not know their status/not tested in the last 12 months and agree to test).

15. Has 6 month dispensing of ART been approved by DoH?

Answer: No, you'll see the NDoH has endorsed 2 months refills with 3 months consideration for TLD (because TLD stock is stronger). We are suggesting people are scripted for the full 6 months, but supply follows national guidance. Also note in South Africa, legislation has been passed to extend validity of 6 month scripts to 12 months.

16. For PUI who test HIV positive same day as testing is done for Covid-19, do we delay ART start, or still do same-day initiation for this patient?

Answer: Yes we delay ART, because they need to be tested for TB before starting ART. We should take CD4 count and a CrAG and a TB test and if those are positive, call the patients back. Otherwise wait 14 days so they're not a COVID PUI.

17. Is there any opportunity, in these changing times to recommend that all known chronically ill clients be sent refills to homes or use the CDUs, lockers and community pickup points than come to facility?

Answer: Implementation is moving forward - can request home delivery, additional pick up points being set up. From being at facilities - big facility in Joburg have the Sha'p Left containers, use could be optimized (few patients using these at present and not well distributed between days of the week). When patients come for facility refill model, we should be referring them to an alternate model that is outside the health facility. We want to move in facility patients into out of facility collection models. When Blue Zone patients attend, we want to evaluate if they're eligible for decanting - which is now from 6 months on ART. We want to give them the longest refill possible. USAID endorses that all partners continue decanting - now is the time. Fast track this.

QUESTIONS ABOUT THE ORANGE ZONE

18. For clients in severe respiratory distress with a strong suspicion for COVID-19, do we have to have emergency equipment (for example oxygen) in the Orange Zone?

Answer: Either Orange isolation room within Emergency department or isolation tent in Orange Zone with a couch and oxygen for these patients to be kept comfortable while awaiting an ambulance. Yes, oxygen is necessary.

19. What amount of time on average does it take the Orange Zone clinician to manage a case in the Orange Zone screening and management station?

Answer: 10 minutes on average.

20. How often should an Orange station be disinfected during a shift?

Answer: Cleaning is often a challenge. One answer is for Orange patients to carry a chair with them right through all Orange stations and then chair is disinfected for re-use near the exit. Otherwise the bare minimum is disinfecting a chair every time a patients moves on. Disinfecting Orange desks on a regular basis along with frequent hand hygiene is important.

21. Can common medication be kept in the Orange Zone, so that runners do not have to fetch medication for each patient?

Answer: Liaise with your pharmacist - but yes. In some facilities, they are keeping a range of commonly used drugs in the Orange Screening and management station.

QUESTIONS ABOUT SPACE AND WEATHER

22. How can these adaptations be made possible in facilities that do not have a lot of space?

Answer: Every facility has challenges. So far we have been able to make a plan at all the clinics we have visited but it can be difficult at some clinics such as urban clinics with no parking areas. We would be happy to try to advise but it basically comes down to making the best plan you can within your facility. You can also consider using sections of facility or rooms with external entrance that can be cut off from the remainder of the facility as part of the Orange Zone.

23. How would you arrange the exits for small clinics with only one entry and exit point?

Answer: It can be a challenge. Not every clinic has 1 entry and 2 exits. We have to make the best plan we can to keep people apart. If exit queues have to cross at some point then sometimes we have to live with that. Essentially, we have to make the most practical plan we can at each facility while understanding that it will not always be perfect.

24. How can the health facility building be used for this model, with winter coming outside set-up is not advisable other than for Covid screening, TB and Covid testing.

Answer: If you can keep Orange and Blue Zones separate, you can use the inside of buildings. Winter is a reason to try and procure proper outside tents to protect from the elements. If we separate out symptomatic and do physical distancing, then we can support them inside.

25. Seeing that the COVID19 management plans are forecasted for 3 to 24 months, are there any plans of providing more feasible spaces and sustainable structures unlike structures being used currently (Gazebo)?

Answer: We are temporarily setting up plans while we work on procurement for the long term. Looking at the video for hospital - you can see the two types of tents.

QUESTIONS ABOUT DISINFECTING AND CLEANING

26. Who would be responsible for disinfecting the chairs as patients would be moving one after another?

Answer: Someone allocated to do this in the Orange Zone - cleaner or runner.

27. Are the gazebos disinfected?

Answer: Disinfect daily on surfaces exposed to cough/touching.

OTHER

28. Who did the paint markings?

Answers: We did them ourselves with donated paint. However, the relevant roads authority may help.

29. Given the current situation and risk of having patients leaving facilities without being seen due to long queues and standing for long time, is it possible to push for appointment system using Mhealth?

Answer: If your system is set up correctly, the flow will be quick. With no triage in a big CHC, finished by 11h30/12. Important to continually manage patient flow from outside the gates ensuring passing through Yellow screening station as quickly as possible. Purpose is to flow into Blue Zone as per normal and not clog the gate.

30. What happens to child health services, immunizations and others, ANC and repeat visits, where are they classified?

Answer: All services should be offered as per the guide. They can happen in Blue or Orange Zones. Complicated questions are around children. We know that many children display a COVID-19 symptom. Caregiver attending with the child, either symptomatic, the "unit" goes to Orange. If you have huge children numbers, one facility decided to have an IMCI station within Orange to work through children as quickly as possible. This is a facility decision.

31. What happens to new patients who need to register and get a file?

Answer: We use the runner to get a file for opening. In some clinics there is a clerk in the Orange Zone to open files. Important that the patient never touches the file and patient never goes into Blue Zone.

32. At what point do we now triage very ill patients and how do we then do it?

Answer: Walking patients who look relatively well will be triaged for severity by the clinician at Orange Zone. However, in real life it might be very obvious that someone sitting in the Orange queue does not look well and it would then be sensible to fast track that patient to the Orange Zone clinician. We find that those patients are fairly obvious if we keep an eye on the Orange seated area.

33. What is the standard social distance?

Answer: Typically considered 1.5m.