

REVISED
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COVID-19 PRIMARY CARE FACILITY PREPAREDNESS GUIDE

How to prepare
healthcare facilities for operation
during the Coronavirus pandemic

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ACRONYMS

ANC	Antenatal care
ART	Antiretroviral therapy
CHC	Community health centre
FP	Family planning
GDO	Gate designated official
HCWs	Healthcare workers
IPC	Infection prevention and control
MCH	Maternal and child health
MOU	Maternal Obstetric Unit
NDOH	National Department of Health
NHLS	National Health Laboratory Service
COVID-19	Novel coronavirus disease-2019
OPD	Out patient department
PPE	Personal protective equipment
PHC	Primary care centre
SDO	Sanitation designated official
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SOP	Standard operating procedure
TB	Tuberculosis

COVID-19 PRIMARY CARE FACILITY PREPAREDNESS GUIDE

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All care has been taken to ensure that the information is correct as of 25 April 2020. Clinical and Infection Prevention and Control guidelines are fast evolving as more becomes known about SARS CoV 2 and COVID-19. Ensure updated guidelines are adhered to.

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Endorsed by:



COVID-19 EQUIPMENT REQUIRED AT FACILITY

EQUIPMENT LIST

In order to prepare COVID-19 facility set up and manage patients through appropriate service pathways required, the facility requires the equipment and consumables identified in **Annex 1**.

PROCUREMENT SUPPORT

Sub-District managers are to ensure availability and procurement of equipment list in **Annex 1**.

TRAINING REQUIRED BY FACILITY STAFF

ON-SITE TRAINING

1. IPC including hand hygiene, PPE (who to wear and when, which PPE to wear, donning and doffing – see Annex 11 and 12) and HCW screening and self-isolation if symptomatic	All facility staff	Facility Manager/Facility doctor or nurse/Referral site doctor or nurse/sub-district doctor or nurse
2. COVID-19 symptom screening and adapted patient service pathways	All facility staff	Facility Manager/Facility doctor/Head professional nurse once set up
3. Clinical management of patients with COVID-19 symptoms	Doctors and nurses working in 2nd Screening & Management Station	Facility head clinician/ sub-district doctor
4. COVID-19 testing	Nurses or doctors designated at facility to perform testing	Facility doctor or nurse/Referral site doctor or nurse/sub-district doctor or nurse
5. Referral protocols into facility (from community), within facility (between services) and to referral sites (for emergency care and any government provided isolation facilities)	All clinicians – especially 2nd Screening & Management Station	Facility Manager or Head professional nurse
6. Decontamination and waste management refresher training including: decontamination of hard surfaces, medical devices and equipment and ensuring PPE managed and disposed of appropriately	All staff	Facility Manager or designate
7. Facility cleaning refresher training including: appropriate use of disinfectants and detergents, frequency of cleaning stations set out below	Cleaners	Facility Manager or designate

ON-SITE MONITORING

Facility manager or designated administrative staff member must keep an updated list of training required and received by each staff member for reporting to and inspection by sub-district.

SUPPORT TO PROVIDE TRAINING

Where the facility team requires support to provide the required training, the sub-district manager should be contacted and training support requested.

OTHER TRAINING RESOURCES

“This guide is accompanied by training powerpoint slides, a webinar using the training slides and a poster series

*These resources are available at:
bit.ly/DSDCOVID*

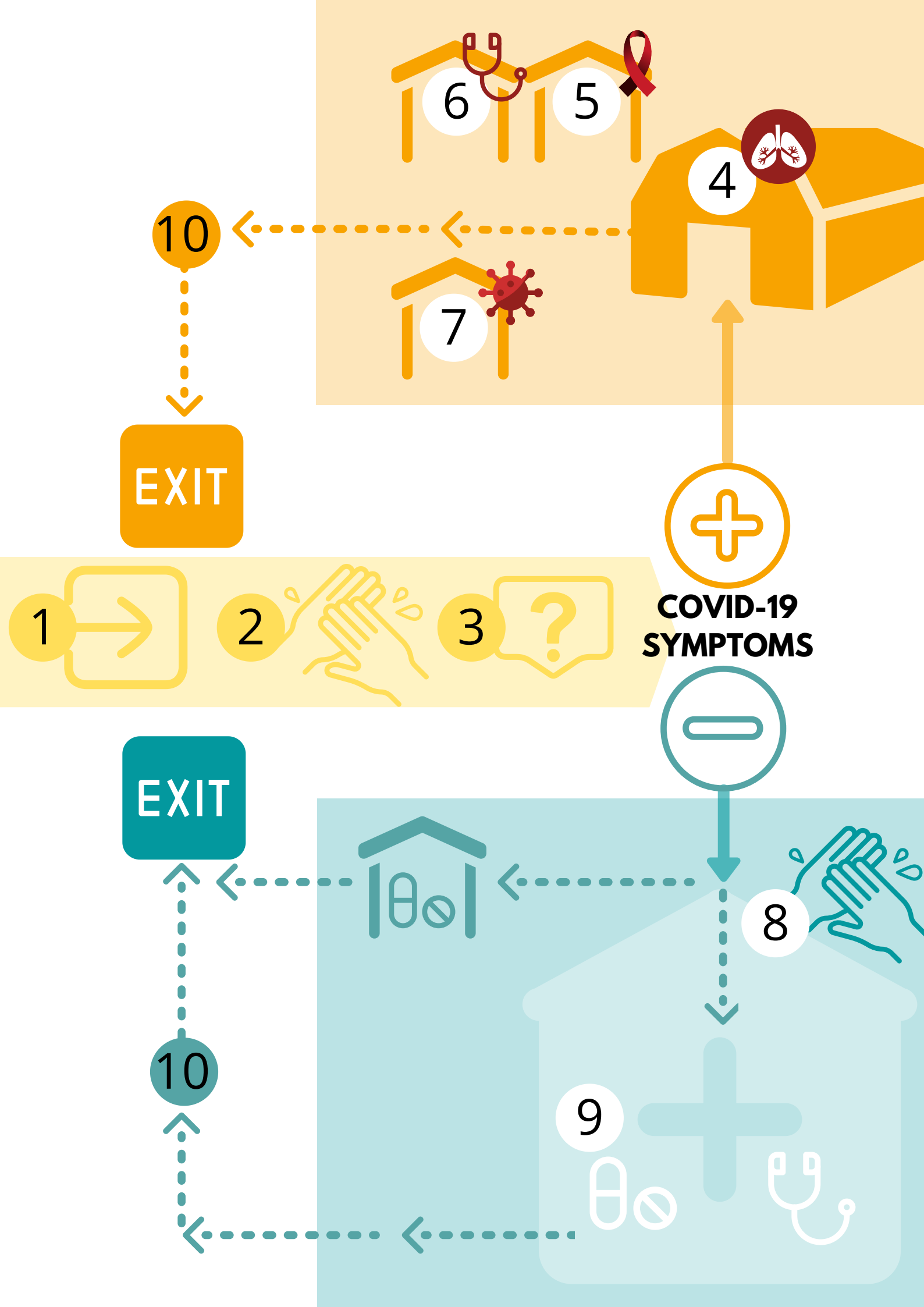
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ESSENTIAL COMPONENTS OF FACILITY SET-UP FOR COVID-19

Table 2 below sets out **10 essential components** of facility set up. Each component is discussed in more detail below. Zones should be labelled according to their colour to make it clear to staff which zone they are entering or exiting. A diagram providing an example of how a primary healthcare facility could be set up is illustrated in the diagram opposite.

YELLOW ZONE COVID-19 moderate risk zone	1. Single point of entry into facility premises 2. Patient and Healthcare Worker Sanitation Station 3. 1st Screening Station
ORANGE ZONE COVID-19 high risk zone	FOR COVID-19 SYMPTOM POSITIVE PATIENTS: 4. 2nd Screening and Management Station (also called temporary chest clinic) 5. HIV Testing Station 6. Specialized Clinical Service Station 7. COVID-19 and TB Testing Station
BLUE ZONE COVID-19 low risk and protected zone	FOR COVID-19 SYMPTOM NEGATIVE PATIENTS: 8. Healthcare Worker Sanitation Station at Blue Zone entry points 9. Routine primary health services for COVID-19 symptom negative patients
Matches associated zone colour	10. Transfer and exit pathways



YELLOW ZONE

Moderate COVID-19 risk zone

- **Every patient entering the facility must pass through ALL the Yellow Zone stations**
- Patients with COVID-19 symptoms have not been identified or separated out yet
- Managing people outside the facility is as important as inside the facility. Risk of infection outside brings risk of infection inside
- Rapid patient flow in the Yellow Zone is vitally important to ensure that patients do not become frustrated outside the gate and stop observing social distancing
- Aim to allow attendees without COVID-19 symptoms through the Yellow Zone to the Blue Zone as quickly as possible, keeping time spent at facilities to receive health services to a minimum



1

SINGLE POINT OF ENTRY INTO FACILITY PREMISES

LOCATION

This is not into main buildings of the facility but at the gates to the premises. Patients should only be allowed to enter the facility through one gate into the facility. Patients should never be allowed to exit through the single point of entry.

It will be necessary to set up separate exit pathways from the Orange and Blue zones. The single point of entry should be located in the middle i.e. between Orange and Blue exits.

STAFFING

Gate Designated Official (GDO): To manage single entry point into facility – can be a security guard or lay HCW.

Queue marshals: To manage queue, ensure social distancing and explain process to patients as they wait outside the premises – can be security guard, lay HCW or volunteering community member.

APPROPRIATE IPC AND PPE USE FOR STAFF

GDO and queue marshals to wear **surgical mask** and **disposable apron** (one per shift) and can wear non-sterile gloves provided understanding that gloves cannot be sanitized, and similarly to hands, can transfer the virus.

GDO and queue marshals should avoid coming closer than 1.5 meters from any patient while managing the area outside the gate.

SET-UP & PROCEDURE

- Ground to be demarcated outside facility gate by yellow painted lines 1.5m apart on the ground. Lines should be painted for a long enough distance to ensure entire queue has demarcated places to stand. This can be many urban blocks
- Queue marshals to manage patients lining up in the queue outside the gate behind markings demarcated 1.5m apart on the ground.
- Queue marshals to explain to queuing patients process upon entry (see Annex 2), including:
 - the new process at the clinic is to protect you from Coronavirus infection
 - please keep your cloth mask on at all times
 - you will be screened for Coronavirus symptoms
 - please answer the questions honestly for your and everyone else's safety
 - if you do have Coronavirus symptoms, you will receive all your care and treatment in a special area of the clinic – you will not need to queue anywhere else in the facility
 - please leave the clinic through the exits indicated and not through the entrance
- GDO to work at gate ensuring patients only enter one at a time. The GDO must be directed by staff at the Sanitation Station and 1st Screening Station to manage patient flow
- The **single point of entry should not be used by patients exiting** the facility – see detail in section 10 below

2

PATIENT AND HEALTHCARE WORKER SANITATION STATION

LOCATION

Short distance (at least 1.5m) from single entry point, inside gate but outside facility buildings.

STAFFING

Sanitation Designated Official (SDO): To correctly sanitize patient's hands – can be a security guard or lay HCW or admin staff member.

APPROPRIATE IPC AND PPE USE FOR STAFF

SDO to wear **surgical mask** and **disposable apron** (one per shift).

- They can wear non-sterile gloves provided understanding that gloves cannot be sanitized, and similarly to hands, can transfer the virus
- SDO to stay as far away from the patient as possible while sanitizing hands
- SDO to wash/sanitize hands each time they remove gloves when leaving Yellow/Orange Zone. Also wash or sanitize hands when re-entering Yellow/Orange Zone
- SDO should keep exits and re-entries to a minimum during shift

GDO must be directed by staff at the Sanitation Station and the 1st Screening Station to manage patient flow.

SET-UP & PROCEDURE

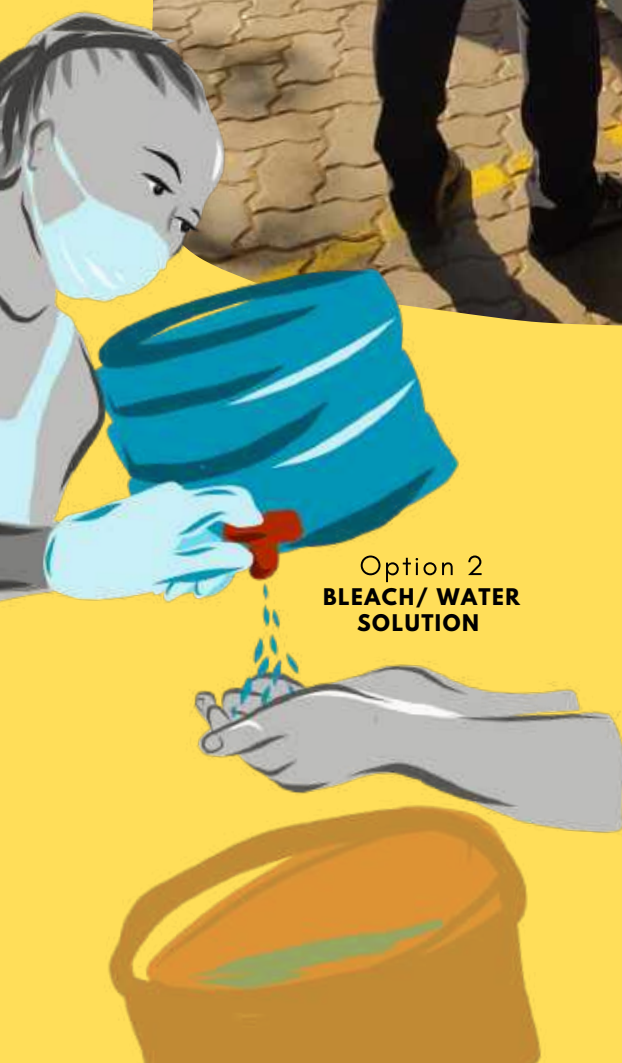
A space for patient to stand in at the Sanitation Station should be marked on the ground in yellow paint.

There are two adequate options for Sanitation Station set-up, detailed in order from best option to adequate option:

Sanitizer spray bottle held by SDO, not requiring a table:

- SDO sprays hand sanitizer on each patient's hands
- SDO ensures patient fully rubs sanitizer over both hands up to wrists
- SDO must not touch patient
- Patient must not touch sanitizer bottle or SDO

Option 1
**SANITIZER
SPRAY**



Option 2
**BLEACH/ WATER
SOLUTION**

Bleach/water solution in water container with tap on the edge of table/chair:

- Details of water/bleach ratio and water container specifications in **Annex 3**.
- Bucket placed below water container tap to catch used solution.
- SDO operates tap to pour solution over patient's hand and ensures patient fully rubs bleach/water solution over both hands up to wrists.
- SDO must not touch patient.
- Patient must not touch table/chair, water container or tap.

SDO works with GDO to allow one person to pass to the Sanitation Station from the gate. Only once sanitation complete, should the next patient be allowed to approach.

3

1ST SCREENING STATION

LOCATION

Within sight of the Sanitation Station, outside facility buildings. There should be sufficient space between the Sanitation Station and the 1st Screening Station to allow for some queuing for screening.

STAFFING

1st Screening **Queue Marshal:**

- To manage the queue between Sanitation Station and 1st Screening Station
- Can be a security guard, lay HCW or administrative staff member

1st **Screener/s:**

- To screen the patients for COVID-19 symptoms
- Can be lay HCW, enrolled nurse, nursing assistant
- Where facility has sufficient professional nurses after staffing 2nd Screening and Management Station and COVID-19 Testing Station, triage at this 1st Screening Station can be run/supervised by a professional nurse
- *At higher volume facilities may need three to five 1st Screeners*

APPROPRIATE IPC
AND PPE USE FOR
STAFF

1st Screening Queue Marshal and 1st Screener/s to wear **surgical mask** and **disposable apron** (one per shift). They can wear non-sterile gloves provided understanding that gloves cannot be sanitized, and similarly to hands, can transfer the virus.

1st Screening Queue Marshal and 1st Screener/s to wash/sanitize hands each time they remove gloves when leaving Yellow/Orange Zone. Also wash or sanitize hands when re-entering Yellow/Orange Zone. Should keep exits and re-entries to a minimum during shift.



SET-UP & PROCEDURE

Ground to be demarcated leading from the Sanitation Station to 1st Screening Station with lines 1.5m apart marked on the ground.

High volume facilities may need three to five sub-stations within 1st Screening Station (at least 1.5m apart). 1st Screeners must also be 1.5m from one another.

1st Screeners will each need a chair and either a clipboard or a small folding table. They require a printed copy of the updated COVID-19 screening questions on their tables/clipboards. They may also need a screening statistics record. Any statistics form should not require named patient details as this will take too long to complete and increase pressure outside the facility premises. Names and patient details for headcount purposes will be taken in the Blue Zone (at registry) and Orange Zone (by clerk or clinician).

There must be a box in front of each 1st Screener with cloth or surgical masks for symptomatic patients who arrive without their own mask/ in adequate mask. Facilities can also consider orange and blue stickers to indicate screening complete and which zone the patient has been triaged to.

There can either be one queue from Sanitation Station to 1st Screening Station or there can be multiple lines in front of each 1st Screening Sub-station.

1st Screening Station should be under cover (if possible) to protect during periods of rain. An open-sided gazebo/tent can be used.

1st Screening Queue Marshal to:

- Ensure patient is standing 1.5 meters apart on the demarcated lines.
- Indicate to the patient when to move to marked place in front of 1st Screener.
- Not to come closer than 1.5 meters from any patient while managing queue.

1st Screener/s to:

Ask COVID-19 screening questions below (also in Annex 4). These questions may change and should be updated as per national guidance.

Where facility runs 24-hour services (see set-up detail for Emergency Department (Annex 5) and Maternal Obstetric Unit (MOU) (Annex 6)):

- 1st Screening Station remains vital, but can be moved to the entrance of the Emergency Department and MOU after-hours. A healthcare worker will come out to screen patient before entry to determine appropriate place of management.
- Symptom-positive patients must be kept separate from symptom-negative patients in Emergency and MOU Departments
- Symptom-positive patients to be attended to in isolation room within Emergency and MOU Departments



HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST 14 DAYS?

Cough or fever or shortness of breath or sore throat
developed in past 14 days

OR

Significant **worsening of chronic cough** in past 14 days

OR

Sudden very obvious **loss of smell or taste** in past 14 days



POSITIVE SCREEN

If answer to ANY screening question is affirmative:

- Patient is strictly prohibited from entering Blue Zone or exiting through single entry point in Yellow Zone
- If patient not wearing an adequate mask: Ask patient to take cloth/surgical mask from the box
- Explain how to put it on. Ensure patient fits it correctly
- Do not touch patient or any patient-held document
- Explain to patient that they will receive all services they have come to the clinic for in the external tented section including any treatment they were collecting
- Direct patient to 2nd Screening and Management Station in the Orange Zone
- If possible have Orange Zone runner assist



ORANGE ZONE

COVID-19
high risk zone



ORANGE EXIT



NEGATIVE SCREEN

Only if answers to ALL screening questions negative:

- Patient is cleared to enter the Blue Zone and should not enter the Orange Zone for any reason
- Ask patient which routine service they are attending in the facility (e.g. OPD, ANC, ART MCH, FP etc) and direct them accordingly
- If there is an external chronic treatment refill station, direct patient to it if they are only attending for treatment refill
- Inform patient of any services that have been closed during the COVID-19 pandemic
- Where patient decides not necessary to attend the facility today – direct patient towards Blue Zone exit



BLUE ZONE

COVID-19 low risk and
protected zone



BLUE EXIT

ORANGE ZONE

High COVID-19 risk zone

- Patients with COVID-19 symptoms screened, assessed, managed and tested in this Zone
- All stations in Orange Zone must be cordoned off from the rest of the health facility premises
- Patients with COVID-19 symptoms triaged into the Orange Zone must not enter any other part of the facility. Healthcare workers see them in the Orange Zone and use runners to collect treatment for them
- Excellent communication and support needed by patients in the Orange Zone. They need to understand why they are receiving services in this part of the facility and that there is no need for them to go anywhere else in the facility
- All health facilities to provide COVID-19 testing in their Orange Zone to avoid need for transfer to testing site
- Patients in the Orange Zone exit directly through Orange Exit OR are transferred to isolation room in the Emergency Department OR referred to another hospital

4

2ND SCREENING AND MANAGEMENT STATION (ALSO CALLED TEMPORARY CHEST CLINIC)

LOCATION

The best option is to locate the 2nd Screening and Management Station in an external tent (if available and facility has external space like a parking lot). Other adequate options listed below.

2nd Screening and Management Station should be connected to 1st Screening Station directly by a cordoned pathway.



Best option

Adequate option

**FIXED TENT OUTSIDE
HEALTH FACILITY
BUILDINGS**

**BUILDING SEPARATE
FROM MAIN FACILITY**

**SECTION WITHIN MAIN
FACILITY BUILDING
WHICH CAN BE
ENTERED FROM
OUTSIDE AND
SEPERATED FROM
MAIN FACILITY**

A ROW OF GAZEBO'S

**CORDONED-OFF AREA
UNDER-COVER
OUTSIDE**

STAFFING

Critical staff are:

Orange Zone Clinician:

- To further screen, assess and manage patients with COVID-19 symptoms
- Should be a primary care nurse or doctor
- *At higher volume facilities may need two Orange Zone Clinicians*



Runner:

- To support Orange Zone clinician and all patients in this station by helping to safely fetch what is needed from the Blue Zone and assist with patient navigation through and out of Orange Zone
 - Welcome patients, explain that they will be attended to in the Orange Zone, and will not need to move around any other part of the health facility
 - Collect patient folders, prescribed treatment from pharmacy, chronic treatment refills or blood results and bring them to the Orange Zone Clinician
 - Call clinicians from the Blue Zone to assist patients who need specialised services when requested to by the Orange Zone Clinician
 - Ensure patients stay in their allocated seats and do not enter other areas in the health facility
 - Escort patient to HIV testing (if requested by Orange Zone Clinician) and out of the facility using Orange Exit pathway
 - Disinfect seats between patients
- *Two to five staff will be needed depending on patient volume*

The following staff members would improve services in the Orange Zone:

Counsellor:

- To counsel all Orange Zone patients on need for and procedures for home isolation
- This can be HIV testing counsellor allocated to Orange Zone

Orange Zone Cleaner:

- To disinfect Orange Zone continually
- Can be shared with Specialised Clinical Services Station and COVID-19 and TB Testing Station

Administrative Clerk:

- Where facility requires opening of files and headcount of patients seen in Orange Zone



APPROPRIATE IPC AND PPE USE FOR STAFF



ORANGE ZONE CLINICIAN
SHOULD DISCARD NON-STERILE
GLOVES

SANITIZE HANDS BETWEEN
EVERY PATIENT INTERACTION

All staff in 2nd Screening and Management Station to wear **surgical mask** and **disposable apron** (one per shift) and can wear **non-sterile gloves** provided understanding that gloves cannot be sanitized, and similarly to hands, can transfer the virus.

Cleaners and Orange Zone Clinician to wear goggles/visor. Goggles/visor to be disinfected per shift.

Staff other than Orange Zone Clinician and HIV tester to discard gloves when leaving Yellow/Orange Zone or at end of shift.

Orange Zone Clinician and HIV tester should discard non-sterile gloves and sanitize hands between each patient interaction

SET-UP & PROCEDURE



Best option

GAZEBO/ROOM NEXT
TO WAITING AREA OF
2ND SCREENING AND
MANAGEMENT
STATION

WAITING AREA

- Chairs in waiting area must be placed 1.5m apart with paint/tape on the floor demarcating spacing
- Patients must not move between chairs in waiting area but stay on one allocated to them on arrival. Facilities can consider a patient collecting a chair on arrival in the Orange Zone, using the same chair through all stations and dropping it off near Orange Exit for disinfection (after which it moves back to the chair pick-up area)

CORDONED OFF CUBICLE
WITHIN 2ND SCREENING
AND MANAGEMENT
STATION TENT

Adequate option

SCREENED OFF DESK
AT LEAST 2M FROM
WAITING AREA
CHAIRS

ORANGE ZONE CLINICIAN CONSULTING AREA

- Requires table, two chairs and all necessary equipment (listed in Annex 1) at hand, including pulse oximeter, thermometer, manual BP cuff and glucometer
- Prescribed treatment to be fetched by runner from pharmacy for patients
AND/OR
have a box of commonly used drugs available in consulting area
- Orange Zone Clinician should have a temporary file or form to complete management plan (example in Annex 14)
- Copies of relevant forms that might be required by Orange Zone Clinician should be on hand - importantly NHLS TB GeneXpert request (N1 form)



FIVE STEP SCREENING, ASSESSMENT & MANAGEMENT APPROACH

Step 1: Assess **severity** of symptoms —→ if needed Emergency Department/hospital referral

Step 2: Determine need for **COVID-19 testing** using current PUI definition

Step 3: Provide **counselling** on home isolation and patient information leaflet

Step 4: Establish **HIV status** to determine TB risk —→ if needed conduct HIV test and collect **TB sputum**

Step 5: Address reason for clinic attendance (including collection of treatment)

PATIENT MANAGEMENT

The Orange Zone Clinician should make use of the Clinical Algorithm (see overleaf) to guide clinical decision-making and to manage patient comprehensively with the following support:

- Using the runner to collect anything needed from the Blue Zone (treatment, files or laboratory results etc) without the patient moving from the Orange Zone
- Scripting treatment for acute illness and using runner to collect treatment from the pharmacy
- Scripting and/or using runner to collect chronic/ART treatment from chronic services (could be external refill station)
- If the Orange Zone Clinician does not have the appropriate skill set, a runner should be used to call a specialised clinician from Blue Zone (ante-natal nurse, dentist or ART prescriber) to attend to the patient in the Specialized Clinical Service Station (in the Orange Zone)
- If HIV status unknown or untested in past 12 months refer to HIV Testing Station located in the Orange Zone for testing
- Where COVID-19 or TB testing is indicated refer to Orange Zone COVID-19 and TB Testing Station to attend last before patient exits facility

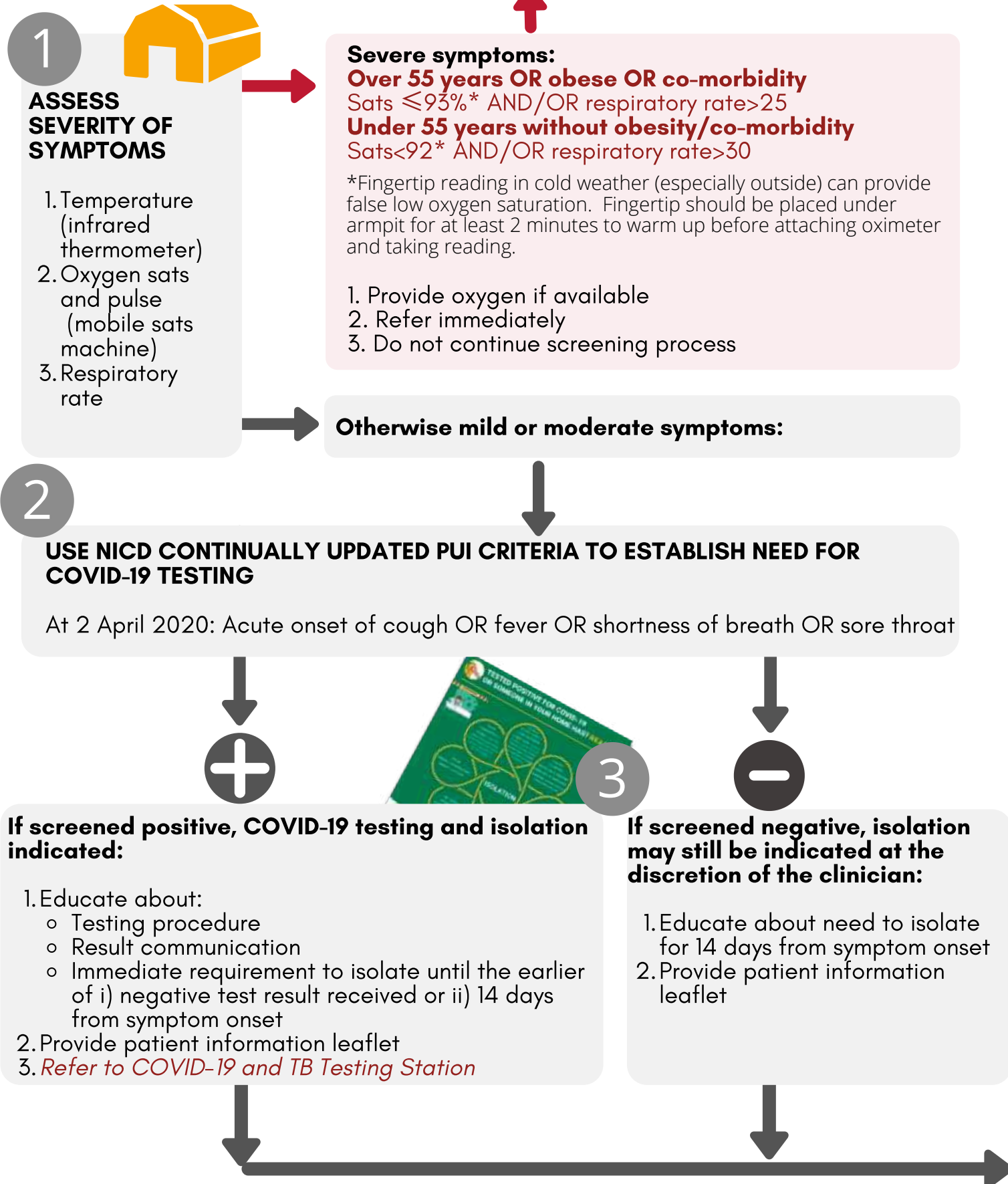
PATIENT COUNSELLING

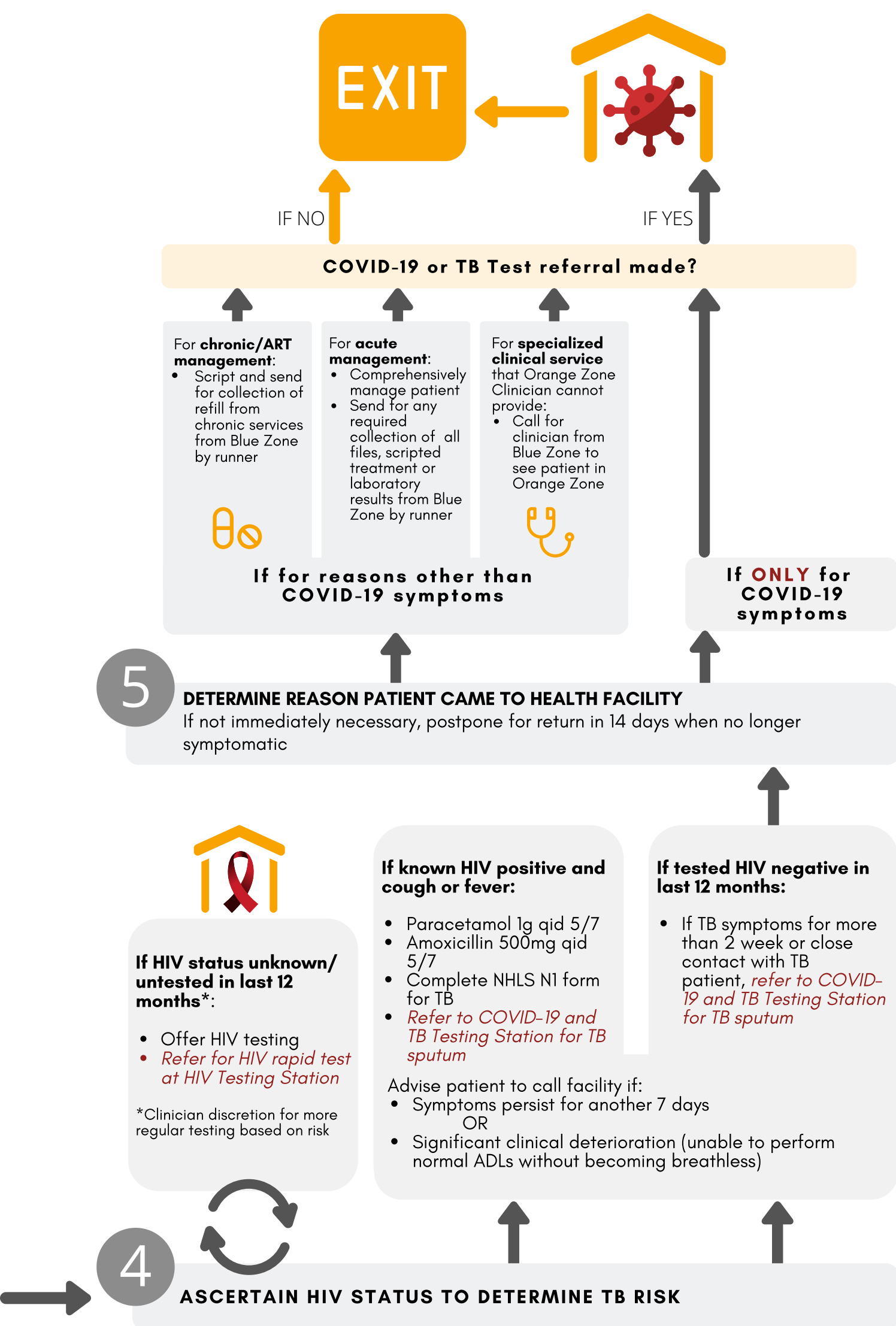
- All Orange Zone patients must be educated on the crucial need for isolation for 14 days
- Either a counsellor or runner should educate patients on Orange Zone procedures, isolation requirements and test results communication (detailed education in Annex 7)

CLEANING

- 2nd Screening and Management Station should be cleaned at a minimum, every three hours
- All chairs must be disinfected between use by patients – no patient should sit on chair that has not been disinfected
- Disinfect all hard surfaces, including chairs and surrounding floor area with disinfectant (can use bleach/water solution – see Annex 3)
- All waste from Orange Zone stations discarded as medical waste
- Detergent or disinfectant solutions should be safely discarded at disposal point

5 STEP SCREENING ASSESSMENT & MANAGEMENT APPROACH CLINICAL ALGORITHM







5

HIV TESTING STATION

LOCATION

Inside Orange Zone, easily accessible from 2nd Screening and Management Station.

STAFFING

HIV test provider: Trained lay healthcare worker.

APPROPRIATE IPC
AND PPE USE FOR
STAFF

HIV test provider to wear **surgical mask** and **disposable apron** (one per shift). **Non-sterile gloves** to be changed between every patient tested.

Hard surfaces (table, patient chair) in HIV Testing Station to be disinfected between every patient by HIV Test Provider.

SET-UP &
PROCEDURE

Requires separate gazebo with privacy, a small table, two chairs and all HIV testing equipment.

HIV test provider to carry out HIV test for all patients referred by Orange Zone Clinician from 2nd Screening and Management Station. HIV self-screening not recommended for the Orange Zone.



HIV test provider to record HIV test result for Orange Zone Clinician. Patient needs to return to waiting area with runner or HIV test provider. They should be directed to return to their seat in the waiting area. Orange Zone Clinician to review result and decide further management including whether TB test indicated.



6

SPECIALIZED CLINICAL SERVICE STATION

LOCATION

Inside Orange Zone, easily accessible from 2nd Screening and Management Station. Ideally positioned alongside main tent.

STAFFING

No permanent staffing. Used by specialized clinicians from the Blue Zone to see patients for any clinical service that cannot be provided by Orange Zone Clinician. This might include the dentist, ante-natal or ART nurse.

APPROPRIATE IPC
AND PPE USE FOR
STAFF

Specialized clinician to wear **surgical mask** (one per shift), **disposable apron** (to discard when leaving Orange Zone in facility or one per shift), **goggles/visor** (disinfected when leaving Orange Zone) and **non-sterile gloves** to be changed between every patient examined.

SET-UP &
PROCEDURE

Requires separate gazebo with privacy, an examination bed and two chairs.

Hard surfaces (examination bed) in Specialized Clinical Service Station to be disinfected between every patient.

7

COVID-19 & TB TESTING STATION

LOCATION

Easily accessible from 2nd Screening and Management Station, but at **least 5m from any other station.**

THIS MUST BE THE LAST STATION BEFORE EXITING THE FACILITY THROUGH THE ORANGE EXIT

STAFFING

Testing Clinician:

- Professional nurse or doctor
- *Can be the same person as the Orange Zone Clinician in very low volume facility*

Form Completers:

- To complete all the forms (see below) to ensure that PUIs and their contacts can be reached should their results confirm COVID-19 infection
- *One to four lay HCWs or admin clerks per tester depending on volume*

Orange Zone Cleaner:

- Can be shared with 2nd Screening & Management Station and HIV Testing Station

APPROPRIATE IPC AND PPE USE FOR STAFF

Testing Clinician:

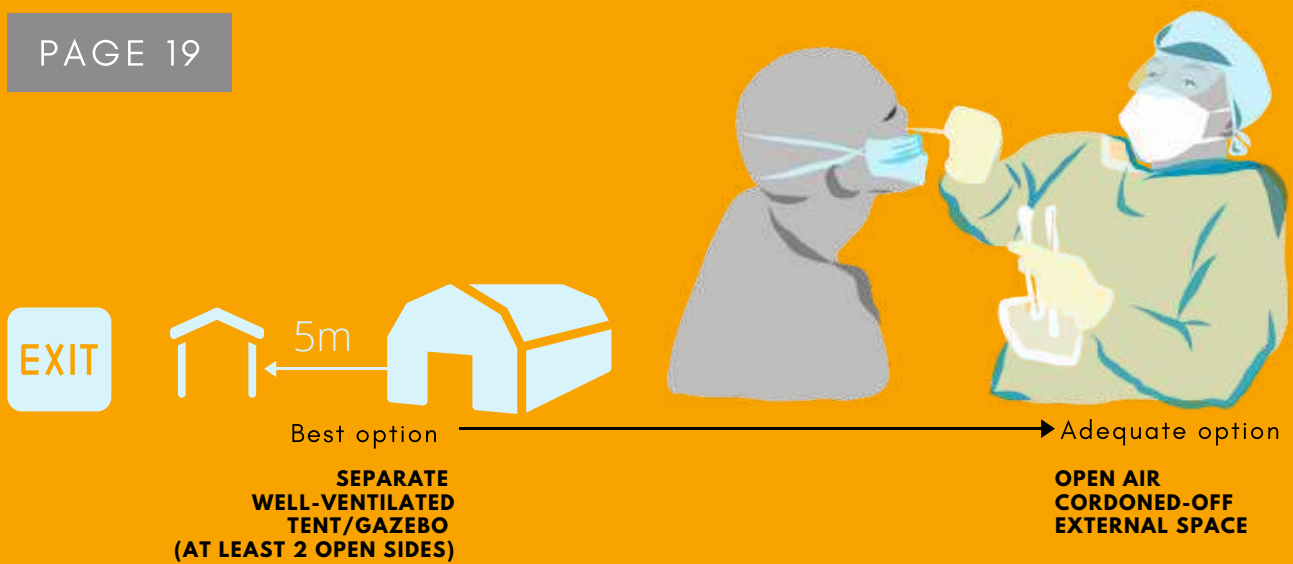
- **N95 mask, goggles/visor, non-sterile gloves and disposable gown** with plastic **apron** over gown
- Change N95 mask and disposable gown after every shift
- Disinfect visor frequently
- Change gloves and plastic apron between each patient
- Wash/sanitize hands between every patient

Orange Zone Cleaner:

Guidelines listed above in 2nd Screening & Management Section

An area for donning and doffing of PPE for healthcare workers is described in Set-up and Procedure section below





SET-UP & PROCEDURE

TESTING SPACE

Requires well-ventilated space either a chair outside or in gazebo (should have at least two sides/walls open) for carrying out COVID-19 test and/or producing sputum.

Must be more than 5m away from any other station or facility building. If 2nd Screening and Management Station is in a building, the COVID-19 and TB Testing Station must be outside facility building.

Outside testing space or in an attached gazebo:

- PPE supply and donning and doffing space required
- Table
- Box of collated specimens and requisite forms for laboratory collection required

FORM COMPLETION SPACE

- Separate space for specimen form completion. Ideally this should be under cover of gazebo/ tent or parking shade with a set of a single table and chair per Form Completer
- Form Completers must be seated at least 1.5m from any other person in all directions with lines marked in front of their table for patients to stand 1.5m apart while waiting their turn
- Boxes of blank forms that require completion should be located in between tables. See Annex 8 for current forms requiring completion per test





PATIENT MANAGEMENT

- Patients that Orange Zone Clinician sends for COVID-19 testing or TB sputum should be directed to 1.5m apart demarcated queue for the COVID-19 and TB Testing Station after form completion
- COVID-19 and TB testing should be the last stop for patients before exiting through the Orange Exit
- Testing Clinician to fetch completed forms when ready to test next patient. Forms should not be given to patient but transferred from Form Completers to Testing Clinician
- Where Orange Zone Clinician has indicated a TB sputum needs to be taken, this can either be taken in Testing Station or appropriate open space away from all staff and other patients
- Testing Clinician should take a specimen for COVID-19 testing (see detailed testing procedure in **Annex 9**) in the following order, based on best sensitivity:
 - Sputum (if patient has a productive cough)
 - Nasopharyngeal swab
 - Oropharyngeal swab
- Once testing is completed, patient must be shown directly to the Orange Exit by runner

SPECIMEN SUBMISSION TO LABORATORY

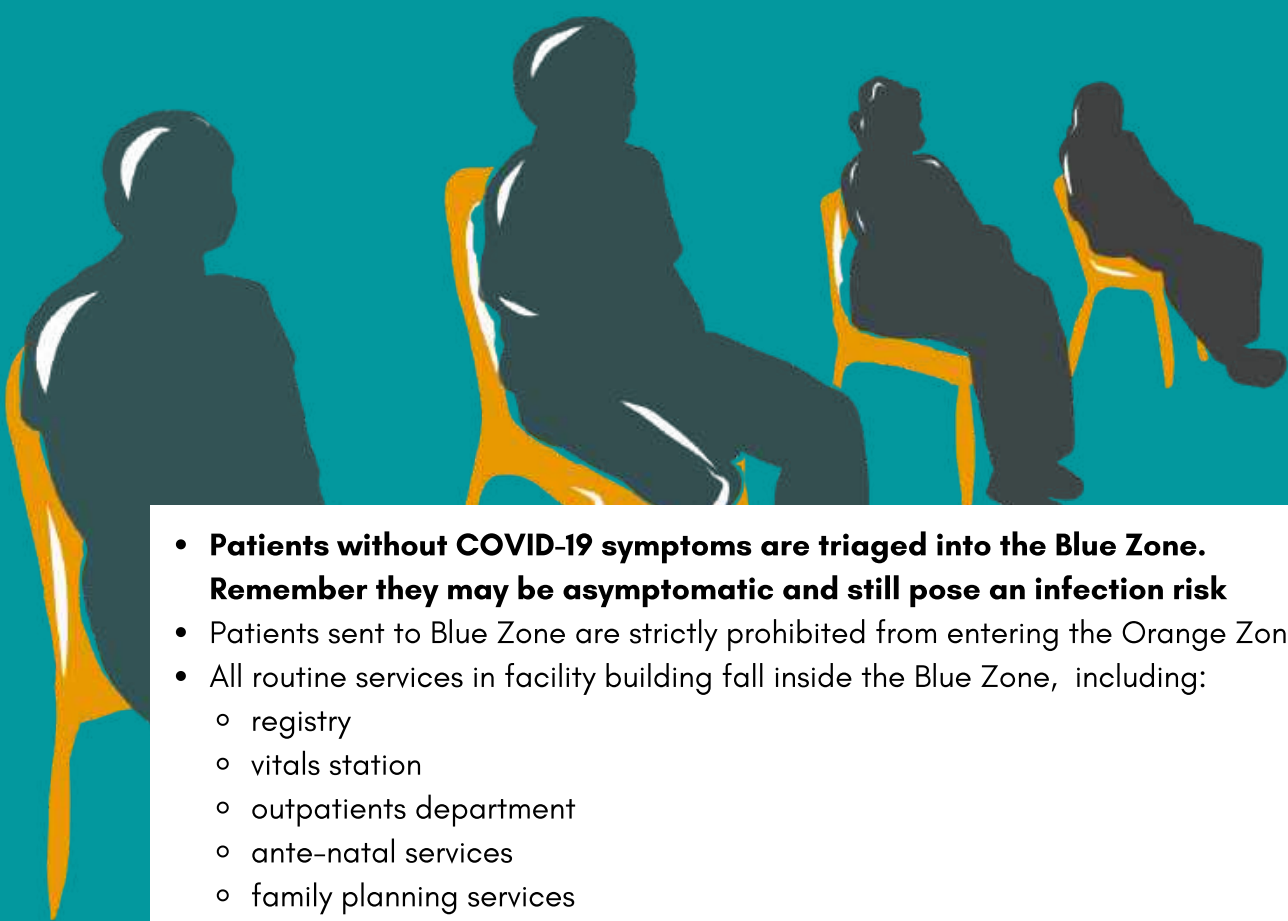
- Send TB sputum sample with a runner to the TB section in facility for registration and submission to laboratory
- Collate COVID-19 specimen with requisite forms in box. Where the specimen is a dry swab it need not be kept on ice but at room temperature
- COVID-19 specimens to be collected by courier and sent to laboratory preferably on the same day but if not possible, can be sent the next day

CLEANING PROCEDURE

- Disinfect all hard surfaces, including chairs and surrounding floor area with disinfectant (can use bleach/water solution – see Annex 3) minimum three hourly (in addition to Testing Clinician disinfecting Testing Station between patients)
- Ensure Testing Clinician has supply of cleaning materials to disinfect area, visor and sanitize hands
- Disinfect all hard surfaces, including chairs and surrounding floor area with disinfectant (can use bleach/water solution – see Annex 3) between each patient
- Manage waste

BLUE ZONE

Low COVID-19 risk + protected zone

- 
- **Patients without COVID-19 symptoms are triaged into the Blue Zone. Remember they may be asymptomatic and still pose an infection risk**
 - Patients sent to Blue Zone are strictly prohibited from entering the Orange Zone
 - All routine services in facility building fall inside the Blue Zone, including:
 - registry
 - vitals station
 - outpatients department
 - ante-natal services
 - family planning services
 - mother and child services
 - chronic care services including ART services
 - HIV testing services
 - TB services
 - emergency department
 - maternal and obstetric unit
 - dentistry
 - ophthalmology
 - other routine health services
 - Strict social distancing (in queue and seated waiting areas) must be enforced
 - Facility interior must be disinfected at least three hourly
 - Patients must leave through Blue Zone Exit

8

SANITATION STATION AT ENTRY INTO BLUE ZONE FOR HEALTHCARE WORKERS

LOCATION

At entrances into facility building, and thresholds between Zones. Especially important where healthcare workers enter the Blue Zone from either the Yellow or Orange Zones.

STAFFING

Sanitation stations for healthcare workers are not staffed.

SET-UP & PROCEDURE

Set up up a table or utilize existing surface for sanitizer bottle or bleach/water concentration container. Also locate a bin for doffing any required PPE.

All Blue Zone Sanitation Stations to be maintained and disinfected at least three hourly by Blue Zone Cleaner/s.

9

ROUTINE SERVICES FOR COVID-19 SYMPTOM NEGATIVE PATIENTS

STAFFING

Queue marshals can help to enforce social distancing management in waiting areas and queues. All healthcare workers working in these areas should also be actively involved in managing social distancing by patients and other healthcare workers at all times.

APPROPRIATE IPC AND PPE USE FOR STAFF

For current guidelines see **Annex 12**.

- Healthcare worker staff coming within 1 metre of patients: **Surgical mask** (or if not sufficient **cloth mask** plus **visor**) and hand sanitize/wash regularly
- Healthcare worker staff and other facility staff not coming within 1 metre of patients: **Cloth mask** and hand sanitize/wash regularly
- Staff providing care during the second stage of labour in a Maternal Obstetric Unit (MOU) must wear a **surgical mask**, disposable **apron**, non-sterile **gloves** (for each delivery) and **goggles/visor**

Healthcare worker examining patients should use and change non-sterile gloves between patients

All surfaces in Blue Zone to be disinfected twice daily (see **Annex 10**).

Blue Zone Cleaners to wear surgical mask, non-sterile gloves, disposable apron (one per shift) and goggles/visor. Goggles/visor to be disinfected per shift.

“ Wherever possible, reduce the **number of service points** that patients need to visit and reduce amount of **time spent** at the facility ”

SET-UP & PROCEDURE

PATIENT PROCEDURE

At all places where patients are required to queue, patient seating or standing to be marked to ensure 1.5m social distancing while waiting. This should be managed by queue marshals and all staff working in area to ensure patient compliance.

To avoid patients moving many seats while attending the facility, patients should not move seats in the queue. Facilities should implement and use numbering system to call the patient from their seat.

All patients in the Blue Zone should have their oxygen saturations taken as part of vital signs. Any patients with Sats $\leq 96\%$ should immediately be referred to the Orange Zone for further management. The healthcare worker in the vitals station should disinfect both the medical equipment and any surface touched between every patient.

Where any attending clinician in the Blue Zone determines that a patient may have misunderstood/failed to report a COVID-19 symptom at the 1st Screening Station, the patient should be immediately referred to the Orange Zone.

Where patient coming for chronic treatment/ART refill only:

- implement fast-track system
- stop all group interaction with and between patients (e.g. adherence clubs). Manage one at a time
- consider setting up chronic treatment refill station outside main facility building but still in the Blue Zone (see NDOH ["Response to reduce risk among HIV and TB patients within the context of the COVID-19 pandemic: The South African response to COVID-19"](#))

CLEANING PROCEDURE

- Adherence to cleaning protocols extremely important (see **Annex 10**)
- All floors, hard surfaces including examination beds, desks, chairs and medical equipment to be disinfected frequently. Please note hand sanitizer cannot be used for this purpose. It will be ineffective. Correct disinfectant concentrations are required (see Annex 3 and 10)
- Discard all PPE as clinical waste
- Discard detergent or disinfectant solutions safely at disposal point







STAFF TEA ROOM

UNMANAGED TEA ROOMS A MAJOR RISK FOR COVID-19 TRANSMISSION!



LIMIT NUMBER OF STAFF IN TEA ROOM AT ONE TIME

DO NOT SHARE FOOD, UTENSILS OR TABLE SPACES

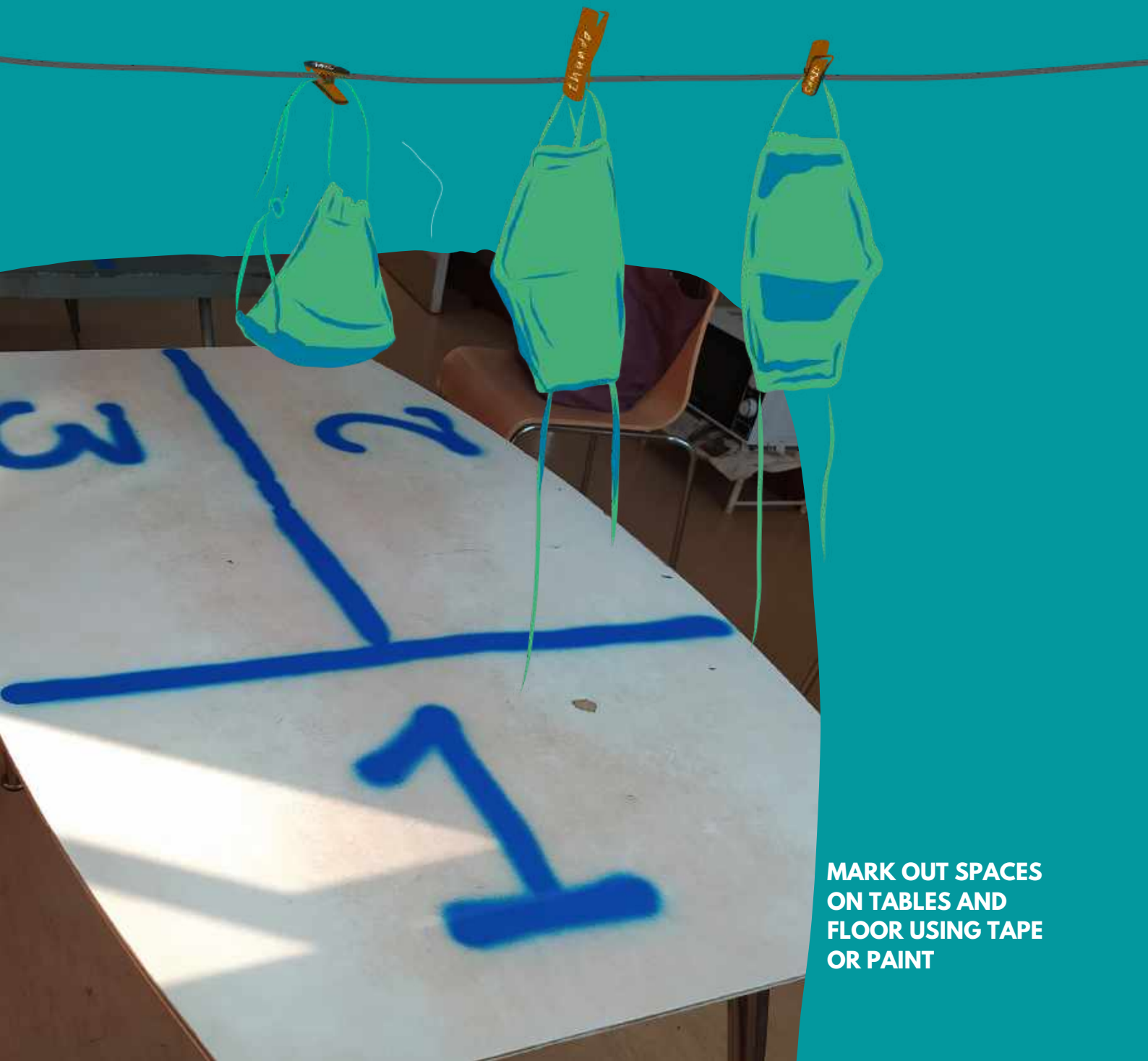
DISINFECT YOUR TABLE SPACE AND CHAIR (AND ANYTHING ELSE TOUCHED IN TEAROOM) BEFORE AND AFTER USE

HANG MASKS UP ON A LINE WITH DESIGNATED, LABELED PEGS WHILE EATING/ DRINKING- DO NOT PUT MASKS ON SURFACES/ TABLES



STAFF TEA AND LUNCH PROCEDURES

- It is critical for staff to observe social distancing from each other at all times while at work including during tea and lunch times
- Tea and lunch times must be staggered to reduce the number of staff utilizing the staff kitchen at any one time
- Depending on kitchen size, the total number of staff allowed at any one time must be indicated on the door with strict adherence to maximum number of staff
- Clear markings must be made on the floor and tables to indicate where seats are to be placed and the specific area of the table allocated to the specific staff member for their tea/lunch
- A washing line with pegs should be set up. Each staff member should attach their mask to a numbered/named peg by the tie on mask while it has been removed for eating/drinking. Masks should not be stored on kitchen surfaces or under a staff members chin or in their pocket
- The surface area used by the staff member should be disinfected after use



**MARK OUT SPACES
ON TABLES AND
FLOOR USING TAPE
OR PAINT**

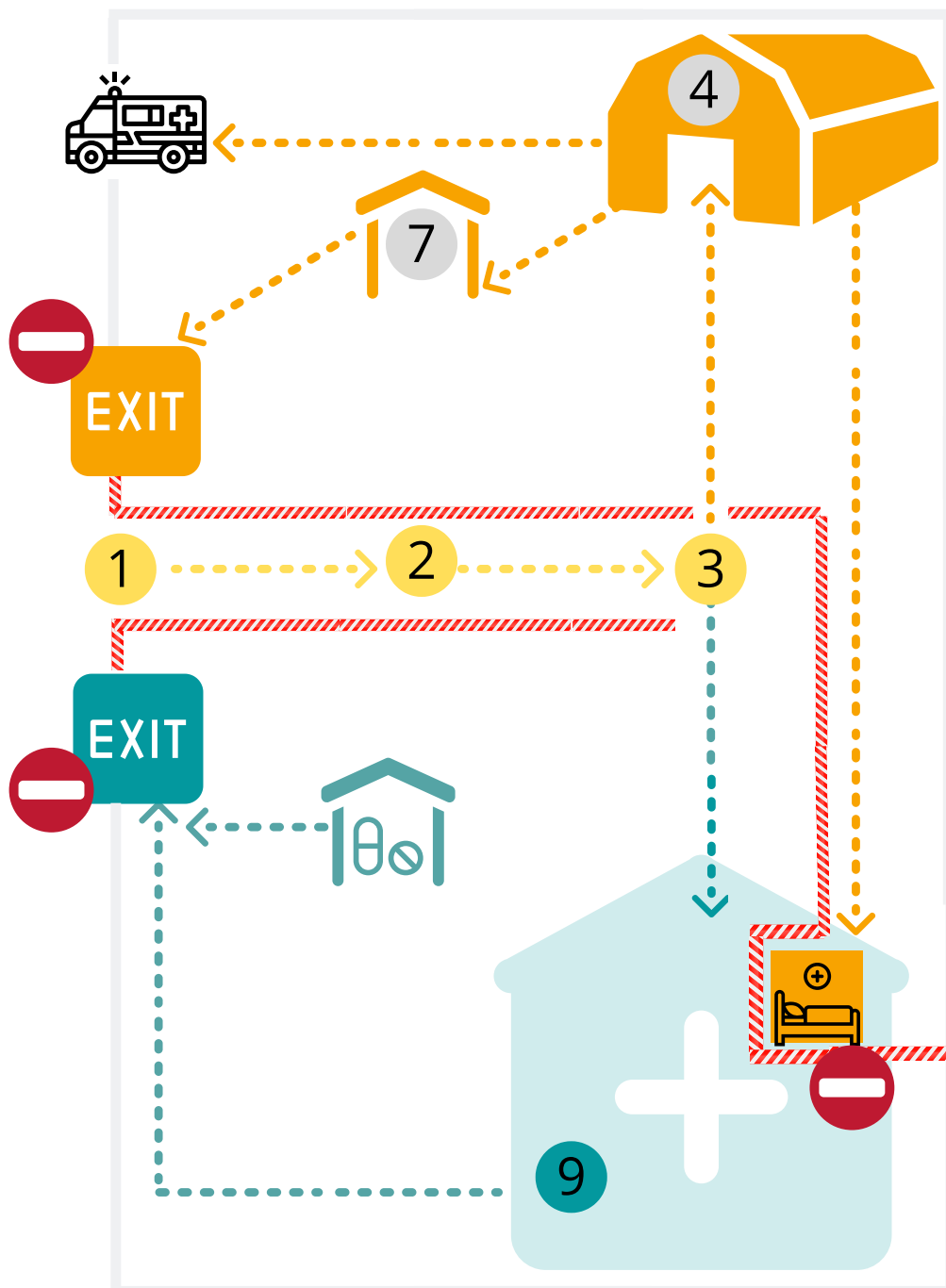
10

TRANSFER AND EXIT PATHWAYS

Pathways are marked in the diagram:

- Yellow pathways lead between Yellow Zone stations (1. Single entry point, 2. Sanitation Station, 3. 1st Screening Station)
- Orange pathways lead from 2nd Screening and Management Station and COVID-19 and TB Testing Station to Orange Exit
- Orange pathways also lead from 2nd Screening and Management station to the Orange Isolation Room in the Emergency Department and to patient transport Orange pathways
- Blue Pathways lead through Blue Zone and to Blue Exit

Ideally single point of entry should be located between Orange and Blue Exits.



STAFFING

Staffing of pathways and exits are not essential, but helpful if additional staffing is available, to make sure patients use pathways correctly and maintain social distancing.

SET-UP & PROCEDURE

The colours of station transfer pathways, exit pathways and exits match the colour of the Zone that they are associated with.

- Pathways should be marked on the ground by arrows in the correct colour (yellow, orange or blue)
- Hazard tape should be used to block off areas that patients should not enter
- Block off and mark prohibited doors and gates with no entry with no entry signs
- Hazard tape can also be used to create corridors of **one-directional movement**

Yellow pathways need to be set up from:

- Single point of entry to Sanitation Station
- Sanitation Station to 1st Screening Station

Orange pathways need to be set up from:

- 1st Screening Station to 2nd Screening and Management Station
- 2nd Screening and Management Station to:
 - COVID-19 and TB Testing Station
 - Patient transport
 - Emergency Department (Orange Isolation Room)
 - Orange Exit
- COVID-19 and TB Testing Station to Orange Exit

Blue pathways need to be set up from:

- 1st Screening Station to registry or external chronic refill station
- From registry to various clinical services
- Also use Blue Pathways to create corridors of one-directional movement through the health facility building in the Blue Zone





OTHER FACILITY SET-UP AND PLANNING

COVID-19 EMERGENCY MANAGEMENT FACILITY COMMITTEE

- Every facility to set up a COVID-19 emergency management facility committee (EMR facility committee) and must include facility manager, lead clinician, lay healthcare worker supervisors and head of security
- EMR facility committee responsible for managing facility readiness for COVID-19 immediately
- Meet daily until set up and running appropriately
- Liaise with sub-district for support required and report weekly in writing to sub-district

COVID-19 RESULT MANAGEMENT

- It is necessary to determine the existing result management process including communication of both positive and negative results to patients tested at the facility, management and support of positive cases and tracing of the contacts of positive cases
- Where a system of centralized district management has not been set up or is not functioning adequately, it may be necessary to set up the result management system at the facility
- Facility management of test results requires a register to be kept at the COVID-19 and TB testing station for logging patient details, the clinician who requested the test and the bar code from the NHLS specimen form
- The clinician (possibly supported by others at the facility) will then be required to follow-up the results of all patients tested and communicate the results to the patient. When a positive is identified, the clinician will need to inform the appropriate person at the sub-district to activate the tracing team to provide management and support of positive cases and tracing of the contacts of positive cases
- See detailed example SOP in Annex 14

HEALTHWORKER OCCUPATIONAL HEALTH AND SAFETY

- All healthcare workers should self-screen for COVID-19 symptoms (see Annex 4) before coming to work. If symptomatic, should report to line manager, remain at home, self-isolate and arrange for a COVID-19 test
- In addition, healthcare worker symptom screening should also be set up when staff sign in at the attendance register. If symptomatic, should report to line manager, get a COVID-19 test at the facility and return home to self-isolate
- Occupational exposure procedures should be communicated to staff before an exposure takes place and managed in accordance with <https://www.nicd.ac.za/wp-content/uploads/2020/04/Guidance-for-symptom-monitoring-and-management-of-essential-staff-with-COVID-19-related-illness-final-2.pdf>
- Only high risk exposures (contact within 1 metre of a confirmed COVID-19 case for more than 15 minutes **without the appropriate PPE**) warrant self-quarantine and COVID-19 testing on day 8 following exposure with return to work at the earlier of i) negative result ii) 14 days from exposure without symptoms.



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Ms Wilkinson is a public health specialist with an MSc in Public Health from University College London. Her specific expertise is in differentiated service delivery for both HIV and TB patients. She has set up and run HIV programmes in rural and urban South Africa since 2005, including MSF's flagship Khayelitsha HIV and DR-TB project. She currently provides technical guidance on differentiated service delivery to sub-Saharan African country governments, global and local partners through the International AIDS Society differentiated service delivery initiative. She is an honorary researcher at the Centre for Infectious Epidemiology and Research at the University of Cape Town and World Health Organization HIV Testing Service Delivery and the South African National Differentiated Service Delivery Technical Working Groups. She also provided emergency response support to the Ebola outbreak in Sierra Leone in 2014/15, specifically setting up, managing holding centres and case management flow.

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Dr Boyles is an infectious diseases sub-specialist currently employed at Helen Joseph Hospital, Johannesburg. He is a researcher at the University of the Witwatersrand and an Associate Professor at the London School of Hygiene and Tropical Medicine. He is the past President of the Infectious Diseases Society of Southern Africa (IDSSA) and lead author of the society guidelines for both acute meningitis and community acquired pneumonia. Dr Boyles spent three months as a front-line responder to the Ebola outbreak in Sierra Leone in 2014/15.

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Dr Muller qualified in medicine from the University of Pretoria in 1995. In 2009 she joined the NGO Beyond Zero and in 2010 was awarded a Certificate of Special Merit by Rural Doctors of South Africa for work in mentoring PHC clinics in rural Eastern Cape. She has created and implemented a part-time adaptations of the WRHI Advanced HIV and TB course in the Eastern Cape and Limpopo. In 2017 she joined Nkqubela TB hospital and has been mentoring and supporting the creation of the Butterworth Gateway outreach decentralised DRTB site.

PROF RICHARD COOKE

Adjunct Prof Cooke is the Academic Head of Department of Family Medicine and Primary Care at the Faculty of Health Sciences, University of the Witwatersrand (Wits). He is the Director of the Faculty's Centre for Rural Health. After an early career in finance and project management, Professor Cooke switched to Medicine, qualifying as a specialist Family Physician. He forged a passion for primary and rural health care during an 8-year stint as the Clinical Manager of Madwaleni Hospital in the Eastern Cape. Joining Wits in 2011, he chairs the Clinical Medical Students Curriculum Review Committee, as well as tasked with the directorship of the Wits Nelson Mandela Fidel Castro (NMFC) Collaboration Programme. Prof Cooke is an examiner for the Fellowship of the College of Family Physicians (FCFP) within the Colleges of Medicine of South Africa. He is a member of the NMFC National Curriculum Working Group, and serves on the NMFC Ministerial Task Team. He is a Director of the Hospice Palliative Care Association of South Africa.



FACILITY EQUIPMENT LIST

PPE

Item	Station
N95 masks	COVID-19 and TB Testing Station, TB department, Maternal and Obstetric Unit (MOU)
Disposable gowns	COVID-19 and TB Testing Station, Maternal and Obstetric Unit (MOU), cleaners
Visors	COVID-19 and TB Testing Station, 2nd Screening and Management Station, Maternal and Obstetric Unit (MOU), cleaners
Surgical masks	All healthcare worker staff (including WBOTs) in following order of priority: Orange, Yellow and then Blue Zone
Non-sterile gloves	
Disposable aprons	
Cloth masks	
	Patients screening positive with COVID-19 symptoms

PRINTING

Item	Station
Self-isolation patient information leaflet	2nd Screening and Management Station
NHLS PHC request form N1	COVID-19/TB testing station
COVID-19 contact line list	
1st Screening statistic collection forms	1st Screening Station
Orange Zone clinical assessment form	2nd Screening and Management Station

SANITIZER/DISINFECTANT

Item	Station
Hand sanitizer	All zones
Disinfectant/Bleach	

EQUIPMENT

Item	Station
Large fixed tent	2nd Screening and Management Station
Large Gazebo	Orange Form Completion and Orange Isolation for ambulance
Small Gazebo	HIV Testing Station/ COVID-19 and TB Testing Station/ Orange PPE doffing and donning/ Specialised Clinical Services Station
Plastic chairs	Yellow screening and all stations in Orange Zone plus patient seating
Single plastic fold up tables	Yellow sanitation table/Yellow screening/Orange form completion/Orange testing
Larger plastic fold up tables	Orange Zone Clinician/ PPE donning and doffing tent
Mobile, good-quality pulse oximeters	Orange Zone Clinician
Batteries for oximeters	
Infrared thermometers	
Batteries for thermometers	
Manual BP cuff	
Glucometer	
Water container with tap	Yellow Sanitation Station table/ 2nd Screening and Management Station/ HIV Testing Station/ COVID-19 and TB Testing Station/ Orange toilet
Shade cloth	
Rope	External patient waiting areas
3 folding patient screen	Orange Zone Clinician
Clipboards	All areas
Yellow road paint	Marking all areas in Yellow Zone including outside the clinic
Orange road paint	Marking all areas in Orange Zone
Blue road paint	Marking all areas in Blue Zone



FACILITY EQUIPMENT LIST

EQUIPMENT

Item	Station
Portable toilets	For Orange Zone
Tape	For marking bucket seats in Blue Zone
Masking tape	For marking benches in Blue Zone
Prestik	For putting up posters in all areas
Cable ties	
Hole punches	
Cooler box	COVID-19 and TB Testing Station
Paint brushes	Mark all areas
8-10cm paint rollers	Triage at screening station
Round small stickers-Orange	
Round small stickers-Blue	
Blue pens	Orange Zone
Loudspeakers	Outside of health facility
Batteries for loudspeaker	
Cordoning tape (danger)	Mark entire facility outside and inside
Big plastic bins	Orange Zone
Laminated posters	For all Zones
Oxygen concentrator	Orange isolation tent
Examining bed	
Oxygen mask and tubing	
Extension cord	



INFORMATION TO BE PROVIDED TO PATIENTS QUEUING TO ENTER THE FACILITY PREMISES

It is essential to provide patients queuing to enter the facility with a detailed understanding of the process upon entering the facility to ensure better compliance and appropriate answering of screening questions.

1. Please keep your cloth mask on at all times.
2. Please stand on lines painted on the ground or on the chairs or benches outside facility and inside facility to comply with social distancing measures.
3. There is a new process set up at the clinic to protect you from Coronavirus infection and to support you if you do have Coronavirus.
4. Upon entering the facility, you will be asked to properly sanitize your hands. Please put all things in your hands away to ensure you can clean your hands adequately.
5. You will be screened for any possible Coronavirus symptoms. If you have symptoms, this does not mean you have Coronavirus – you may have common cold or flu or TB or some other illness. Please answer the questions honestly for your and everyone else's safety.
6. If you do have Coronavirus symptoms, you will be directed to a special new area of the clinic– you will receive all the care and treatment you need in this special area including chronic treatment or consultation with doctor or dentist or other clinician. You will not need to queue anywhere else in the facility.
7. When you leave the facility, you will not leave through the entrance, you will be directed to the correct exit. Please only use the correct exit.



WATER/BLEACH SOLUTION AND SET-UP

WATER/BLEACH CONCENTRATIONS FOR HANDWASHING AND DISINFECTING SURFACES (SEE ALSO ANNEX 10)

Using Econo Bleach brand (3.5% Sodium Hypochlorite):

Hand washing/ukuhlamba izandla

15ml bleach per 1 litre water = 0.05% Sodium Hypochlorite

300ml bleach + 19.7 litres water = 20 litres (first pour in bleach into bucket then add water up to the 20 litre mark)

Disinfecting surfaces/ukucoca iitafile

30ml bleach per 1 litre water = 0.1% Sodium Hypochlorite solution

600ml bleach + 19.4 litres water = 20 litres (first pour in bleach into bucket then add water up to the 20 litre mark)



Examples of water container with tap





COVID-19 SYMPTOM SCREEN

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST 14 DAYS?

Cough or **fever** or **shortness of breath** or **sore throat** developed in past 14 days

OR

Significant **worsening of chronic cough** in past 14 days

OR

Sudden very obvious **loss of smell or taste** in past 14 days

If answer to ANY screening question is affirmative

=

POSITIVE SCREEN
DIRECT TO ORANGE ZONE

Only if answers to screening questions ALL negative

=

NEGATIVE SCREEN
DIRECT TO BLUE ZONE (ROUTINE SERVICES)



EMERGENCY DEPARTMENT

LOCATION

Isolation room within emergency department or repurposed room close to emergency department. Ideally should have its own toilet. Alternatively an isolation tent in the orange zone provided set up with examination bed and oxygen.

STAFFING

Doctor/ Nurse:

- Clinician working in emergency department
- *If more than 1, designate a single person to care for COVID-19 symptomatic patients*

STATION SET-UP

- Screening point marked at entry into emergency department building for patients to wait to be screened before entering emergency department
- Isolation room must have examination bed, oxygen supply, either from the wall or using a cylinder

APPROPRIATE IPC AND PPE USE FOR STAFF

- Doctor and nurse to wear **surgical mask, goggles or eye visor**, non-sterile **gloves** and **disposable gown**
- Must change gloves and apron between each patient
- Disinfect station between every patient

STATION PROCEDURE

- All patients arriving at emergency department must be screened before entry. Those with COVID-19 symptoms cannot enter main emergency department area, must be taken to isolation room
- Patients with COVID-19 symptoms will either be fully managed at the emergency department until discharge home to self-isolation or managed until patient transport arrives to take to referral hospital
- Patients require full assessment by doctor beginning with history, examination and vital signs
- Patients likely to require blood tests, ECG and chest X-ray
- Patient may require COVID-19 testing (where possible co-ordinate with Testing station at facility)
- Guideline for the management of patients with severe symptoms of COVID-19 are available:
<https://www.nicd.ac.za/wp-content/uploads/2020/05/Clinical-management-of-suspected-or-confirmed-COVID-19-Version-4.pdf>



MATERNAL AND OBSTETRIC UNITS

LOCATION

- Isolation room within MOU
- Ideally should have its own toilet and shower

STAFFING

Midwife:

- *Designate one midwife per shift to care for women with symptoms of COVID-19*

STATION SET-UP

- Screening point marked at entry into MOU for patients to wait to be screened by midwife before entering
- Isolation room must have delivery bed, oxygen supply, either from the wall or using a cylinder

APPROPRIATE IPC AND PPE USE FOR STAFF

- Midwife working in isolation delivery room to wear **N95 mask, disposable gown, non-sterile gloves** and **goggles/visor**
- All staff providing care during the second stage of labour for patients without COVID-19 symptoms to wear **surgical mask, disposable apron, non-sterile gloves** and **goggles/visor**
- Staff to change all PPE between each patient except goggles/visor which should be disinfected
- Disinfect station between every patient

STATION PROCEDURE

- Standard MOU care to be delivered by midwife
- Any woman with severe COVID-19 to be transferred to hospital at the earliest opportunity
- Women to leave facility by Orange exit once discharged

PATIENT INFORMATION SHEET FOR USE FOR ANYONE WITH COVID-19 SYMPTOMS



<https://sacoronavirus.co.za/2020/03/27/tested-positive-for-covid-19-or-someone-in-your-home-has-read-this>

Isolate at home until you receive a negative test result or for 14 days

This is for people who have been tested or not tested who the clinician informs should isolate at home (during your consultation with the clinician)

You have been assessed as being medically well enough to be managed at home. However, please consider yourself as potentially infectious to other people. You will need to abide by the following:

- You should isolate yourself at home. Don't go to work, avoid unnecessary travel, and as far as possible avoid close interactions with other people
- You should clean your hands with soap and water frequently. Alcohol-based sanitizers may also be used, provided they contain at least 60% alcohol
- Do not have visitors in your home. Only those who live in your home should be allowed to stay. If it is urgent to speak to someone who is not a member of your household, do this over the phone
- You should wear a facemask when in the same room (or vehicle) as other people
- At home, you should stay in a specific room and use your own bathroom (if possible). If you live in shared accommodation with a communal kitchen, bathroom(s) and living area, you should stay in your room with the door closed, only coming out when necessary, wearing a facemask
- You should practice good cough and sneeze hygiene by coughing or sneezing into a tissue, discarding the tissue immediately afterwards in a lined trash can, and then wash your hands immediately
- If you need to wash the laundry at home before the results are available, then wash all laundry at the highest temperature compatible for the fabric using laundry detergent. This should be above 60°
- Wear disposable gloves and a plastic apron when handling soiled materials if possible and clean all surfaces and the area around the washing machine. Do not take laundry to a laundrette. Wash your hands thoroughly with soap and water after handling dirty laundry (remove gloves first if used)
- If possible, iron using the highest setting compatible with the fabric
- You should avoid sharing household items like dishes, cups, eating utensils and towels. After using any of these, the items should be thoroughly washed with soap and water
- All high-touch surfaces like table tops, counters, toilets, phones, computers, etc. that you may have touched should be appropriately and frequently cleaned.
- Monitor your symptoms – Seek prompt medical attention if your illness is worsening, for example, if you have difficulty breathing, or if the person you are caring for symptoms are worsening. If it's not an emergency, call your doctor or healthcare facility at the number below.
- If it is an emergency and you need to call an ambulance, inform the call handler or operator if you been tested for coronavirus. If your symptoms worsen:
 - Call the NICD hotline on 0800029999
 - Or call / attend your local hospital or clinic



PATIENT INFORMATION SHEET FOR USE FOR ANYONE WITH COVID-19 SYMPTOMS

If you were not tested for coronavirus today but the clinician advises you to home isolate, you should continue to remain in home isolation for 14 days to ensure you are no longer infectious to others.

If you are tested for coronavirus today, you will receive your test results as follows:

If you have been tested, it takes 3-7 days to get your results. Do not come to the clinic to fetch your results. Stay at home until you receive your results. This clinic will not issue you with sick note for work until after you have been notified at home of your result.

The clinic will follow up your results with the laboratory.

- If you **test negative** you will receive an SMS to the phone number provided informing you the test result was negative. You can then come to the clinic to collect a sick note for the number of days since your test and can then return to work
- If you **test positive**, the clinic clinician you see today will phone you and inform you the test result was positive and request you to isolate at home for full 14 days from when you first started experiencing symptoms. You will then be visited at home by a tracing team to give you advice, support you and make contact with the people you have been in contact with. You can only return to the clinic to collect a sick note after you have been tested at home and receive a negative result. You can then return to the clinic to collect a sick note for the days since your first test.

Other important information to provide to patient with COVID-19 symptoms in the Orange Zone:

- You will be seen by a clinician who will provide for all your health needs while you are here
- You do not need and will not be allowed to go anywhere else in the clinic while you have symptoms
- Any treatment you require will be collected for you and brought to you here. You will not have to queue elsewhere to collect treatment
- If you need a special clinical service (e.g. dentist), the clinician will come to see you here
- Please do not leave this area to enter the rest of the clinic at any time
- The clinician may decide you require a TB or coronavirus test due to your symptoms. We will test you here
- After you have seen the clinician or if you need to be tested, after you have completed testing, please leave the clinic to go directly home following the orange arrows to the Orange Exit. Do not leave the clinic through the place where you entered
- You will also be given an information leaflet which explains what to do if you test positive for coronavirus
- This information is the same for while you wait at home until you receive your test results or for 14 days from when you started experiencing symptoms

On 5 May 2020 only 2 forms need to be completed for submission to NHLS with the COVID-19 specimen:
 1. NHLS PHC request form N1 with the patient ID/passport, contact number and address completed in full
 2. COVID-19 contact line list

RELEVANT COVID-19 TESTING FORMS

NHLS PHC REQUEST FORM N1 - 1 PAGE

PLEASE TEAR HERE PLEASE TEAR HERE PLEASE TEAR HERE PLEASE TEAR HERE PLEASE TEAR HERE



**NATIONAL HEALTH
LABORATORY SERVICE**

Practice number 5200296

CCMT

YES ☐ NO ☐

NHLS LAB NUMBER BARCODE

for NHLS use only

AAAA0001P



MARK IF URGENT ☐

PHC REQUEST FORM N1

PATIENT	CLINIC FOLDER NUMBER		FACILITY NAME	
	PATIENT ID / PASSPORT		SERVICE POINT	
	SURNAME		SEX CODE	
	FIRST NAME		NHLS FACILITY CODE	
	TITLE	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	RACE:	COLLECTION DATE
	DATE OF BIRTH	AGE		TIME
	SPECIMEN TYPE		REQUESTED BY: HEALTH CARE WORKER (HCR)	
	HEALTH CARE WORKER (HCR) SIGNATURE		HPCR / SANC NO	
	CONTACT NO		IF SPECIMEN COLLECTED BY OTHER: NAME	
	TELEPHONE		HPCR / SANC NO	

Chemical Pathology

<input type="checkbox"/> ALP (Alkaline Phosphatase)	<input type="checkbox"/> Folate (serum)	<input type="checkbox"/> Phosol (Phosol Protein)	<input type="checkbox"/> Uric Acid
<input type="checkbox"/> ALT (Alanine Transaminase)	<input type="checkbox"/> FT4 (Free Thyroxine)	<input type="checkbox"/> Potassium	<input type="checkbox"/> Urine albumin: creatinine ratio
<input type="checkbox"/> Amylase/Lipase	<input type="checkbox"/> Gamma GT (GGT)	<input type="checkbox"/> PSA (Prostate-Specific Ag)	<input type="checkbox"/> Urine protein: creatinine ratio
<input type="checkbox"/> Calcium	<input type="checkbox"/> Glucose	<input type="checkbox"/> Sodium	<input type="checkbox"/> Vitamin B12
<input type="checkbox"/> Cholesterol	<input type="checkbox"/> HbA1c (Glycosylated Haemoglobin)	<input type="checkbox"/> Total Bilirubin	
<input type="checkbox"/> Creatinine (eGFR)	<input type="checkbox"/> LDL-C (LDL-Cholesterol)	<input type="checkbox"/> Triglycerides	
<input type="checkbox"/> CRP (C-Reactive protein)	<input type="checkbox"/> Phenylethylamine	<input type="checkbox"/> TSH (Thyroid-Stimulating Hormone)	

Haematology

<input type="checkbox"/> Differential Count	<input type="checkbox"/> CH50 (Cryoprecipitin antigen test)	<input type="checkbox"/> TB GeneXpert	
<input type="checkbox"/> FBC (Full Blood Count)	<input type="checkbox"/> Hepatitis A IgM	<input type="checkbox"/> TB Microscopy	
<input type="checkbox"/> Haemoglobin	<input type="checkbox"/> Hepatitis B Surface Ag	<input type="checkbox"/> TB Culture	
<input type="checkbox"/> INR (International Normalized Ratio)	<input type="checkbox"/> HIV (Rapid) (discordant rapid)	<input type="checkbox"/> TB Drug Susceptibility testing:	
<input type="checkbox"/> Platelets	<input type="checkbox"/> Stool parasites	<input type="checkbox"/> Culture with 1st line LPA	
<input type="checkbox"/> Red Cell Antibody screen (Coombs' Test)	<input type="checkbox"/> Syphilis serology	<input type="checkbox"/> DR-TB: Reflex DGT testing	
<input type="checkbox"/> WBC (White Blood Cell)	<input type="checkbox"/> MCS (Microscopy, culture and sensitivity)	<input type="checkbox"/> Failing MDT regimen: Phenotypic DGT	

Microbiology

TB Testing

Specimen

ANATOMICAL SITE

Presumptive TB: *Please tick relevant boxes*

☐ New

☐ Previously treated

FOLLOW UP ON TREATMENT:

☐ Susceptible TB

☐ 2-3 Months

☐ 5-7 Months

☐ Rifampicin-resistant TB

Number of months on treatment: _____

PREVIOUS GXP RESULT:

☐ Negative ☐ Positive Date: _____

☐ Rifampicin-resistant

HIV STATUS:

☐ Negative ☐ Positive Date: _____

Blood Grouping

☐ Rh (Rhesus Factor)

☐ ABO

Clinical information

HIV Viral Load

☐ HIV Viral Load

Please complete relevant boxes:

☐ Routine monitoring ☐ Pregnant

Number of months on treatment: _____

☐ Other (e.g. illness, virological failure)

HIV DNA PCR

☐ HIV DNA PCR

Please tick relevant boxes:

☐ Has mother received PMCT?

☐ Has infant received PMCT?

☐ Infant breast fed in past 6 weeks

☐ BPH PCR

FOR LABORATORY USE ONLY

RECEIVED BY: _____

DATE: _____

Enter Number of Test Specimens Received

YELLOW	RED	GREEN
PURPLE	BLUE	WHITE
DBS	SPECIMEN JAR	OTHER

OTHER TESTS (please motivate):

RECEIVED BY: _____

DATE: _____

SPECIMEN: _____

AAAA000P

AAAA000P

AAAA000P

AAAA000P

AAAA000P

AAAA000P

AAAA000P

AAAA000P

AAAA000P

RELEVANT COVID-19 TESTING FORMS

COVID-19 CONTACT LINE LIST

Form downloadable at:

<https://www.nicd.ac.za/wp-content/uploads/2020/04/COVID-19-Contact-Line-List-v8-25.04.2020.docx>



COVID-19 CONTACT LINE LIST
 Complete a contact line list for every person under investigation for Coronavirus disease 2019 (COVID-19).



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) If Yes, facility/school 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 been 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 Close family: Spouse, Aunt, Child, Close mate, Colleague, Cousin, Partner, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

Page 1 of 2
Continues on reverse

Version 8, 25 April 2020

Details of contacts (With 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) If Yes, facility/school 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 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 Close family: Spouse, Aunt, Child, Close mate, Colleague, Cousin, Partner, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

COLLECTION OF OROPHARYNGEAL AND NASOPHARYNGEAL SWABS

Available at:

https://www.nicd.ac.za/wp-content/uploads/2020/03/NICD_DoH-COVID-19-Guidelines-10March2020_final.pdf



UPDATED 26-02-2020

CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

9.5 Appendix 5: Collection of nasopharyngeal and oropharyngeal swab and nasopharyngeal aspirate

Type of swabs

Only nylon or rayon flocked nasopharyngeal and oropharyngeal swabs with perforated, flexible plastic shaft must be used for collection of specimens. There is evidence to suggest some benefit to using flocked swabs for recovery of pathogens over other types. An appropriate size of the nasopharyngeal swab should be used, paediatric swab for children and adult swab for older children and adults. Cotton-tipped, calcium alginate swabs or swabs with wooden shafts should not be used as residues present in these materials may inhibit PCR assays.

Collecting the nasopharyngeal swab

- Gently insert nasopharyngeal flocked swab into the nostril aiming backwards, along the floor of the nasal cavity, until the nasopharynx is reached. Be careful not to insert swab upwards. If resistance is encountered during insertion of the swab, remove it and try the other nostril. The distance from the nose to the ear gives an estimate of the distance the swab should be inserted
- Gently rotate the swab and hold in place for a few seconds
- Slowly withdraw swab
- Unscrew and remove the cap from the tube with transport medium.
- Insert the swab directly into a vial containing universal transport medium (UTM)
- Break plastic shaft at the break point so that it can fit in the universal transport medium tube
- Close the tube with the lid
- Refrigerate at 2-8 °C

Collecting oropharyngeal swab (OPS)

- Keeping the same pair of gloves on, and holding the UTM with the nasopharyngeal swab in, take a second flocked swab and open it at the plastic shaft
- Ask the patient to tilt their head back and open mouth wide
- Hold the tongue down with a tongue depressor
- Have the patient say "aahh" to elevate the uvula
- Swab each tonsil first, then the posterior pharynx in a "figure 8" movement
- Avoid swabbing the soft palate and do not touch the tongue with the swab tip as this procedure can induce the gag reflex.
- Insert the swab directly into the same UTM vial containing the nasopharyngeal swab
- Break plastic shaft at the break point so that it can fit in the universal transport medium tube
- Close the tube with the lid
- Refrigerate at 2-8 °C

COLLECTION OF OROPHARYNGEAL AND NASOPHARYNGEAL SWABS



Updated 08-03-2020

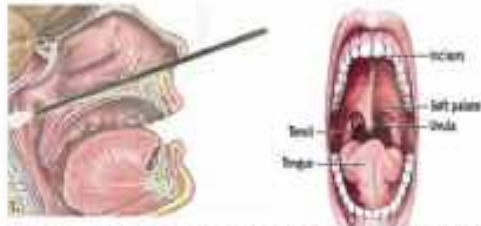
CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Figure 1: How to collect a nasopharyngeal swab (left) and oropharyngeal swab (right)

CLEANING AND DISINFECTION RECOMMENDATIONS

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 2)

Available for download at:

<https://www.nicd.ac.za/wp-content/uploads/2020/05/ipc-guidelines-covid-19-version-2-21-may-2020.pdf>

Type	Recommendations	Alternatives
Patient placement	See Sections 5.1 and 5.2	Shared toilet facilities to be cleaned regularly (2- 4 hr)
Hand Hygiene	Before and after each patient contact (5 Moments of Hand Hygiene) Before wearing PPE After removing PPE	Use ABHR between patients if hands not visibly soiled
PPE - for contact and droplet precautions ⁹ Gloves non sterile, face mask, apron (or gown), goggles or face shield, N95 respirator (when performing aerosol generating procedures)		
Environmental cleaning	Frequent cleaning 2- 3 times/ day. Water, detergent. Wipe over with disinfectant such as 1:1000 ppm available chlorine or 70% alcohol	Use universal wipes which is a combination of detergent and disinfectant.
Terminal cleaning	Remove all linen, healthcare waste and medical equipment and send for disinfection or discard. Clean with water and detergent. Wipe with disinfectant	Use universal wipes which is a combination of detergent and disinfectant
Patient care equipment	-Dedicated equipment. -Disposable where possible -Shared equipment to be heat or chemical disinfected after cleaning.	None
Linen	Change linen regularly. Send to laundry marked as infectious Temp 65- 70° C cycle	Disposable linen not recommended
Healthcare waste	Healthcare risk waste for secretions (infectious) PPE for handlers (see appendix A)	
Catering	Wash in automated dish washer. No additional precautions required	Wash in hot water and allow to dry.
Patient transportation	Patient to wear face mask during transfer Advise EMS patient has COVID-19 Transfer as a single case	Guidance for EMS and others when transporting patient
Visitors	Ideally <u>no visitors are allowed</u> .	Mother of admitted child or close family members of extremely sick patients should be allowed in with a surgical face mask. They should be instructed on hand hygiene and social distancing
Duration of isolation	Patient should remain in COVID-19 isolation area until discharge; Once discharged, patient to self-isolate for 14 days after first symptoms began (mild diseases) and for 14 days after clinical stabilisation (off oxygen, for moderate to severe disease.)	In some countries, resolution of symptoms plus two negative RT-PCR tests for SAR-CoV-2 is required for de-isolation. Given the shortage of test kits, South Africa has adopted clinical criteria for disease resolution and de-isolation.

Product	Chlorine available	How to dilute to 0.1% (1:1000ppm) (for COVID cleaning)
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 32 parts water (e.g. 30ml bleach in 970ml water)
Sodium hypochlorite – liquid bleach	5%	1 part bleach to 47 parts water (e.g. 20ml bleach in 980ml water)
NaDCC (sodium dichloro-isocyanurate) – powder	60%	1.7 grams to 1 litre water
NaDCC (1.5g/tablet) – tablets	60%	1 tablet to 1 litre water
Chloramine – powder	25%	4 grams to 1 litre water

DONNING AND DOFFING PPE

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 2)

Available for download at:

<https://www.nicd.ac.za/wp-content/uploads/2020/05/ipc-guidelines-covid-19-version-2-21-may-2020.pdf>

WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITISER AFTER REMOVING GLOVES AND AFTER REMOVING ALL PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (DONNING)

Wash your hands before putting on the PPE. PPE should be put on in an order that minimises contamination. The apron, mask, goggles and gloves must be put on in that order. See guidance on each below.

Apron

- **Wash hands**
- Slip it over the head and tie the strings behind the back



Mask or N95 Respirator

- Secure each tie or elastic at the middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator by blowing into it (air should not leak out)



Goggles or Visor

- Place over face and eyes
- Adjust band to fit comfortably



Gloves

- Hold the edge of the glove as you pull it over your hand
- Extend to cover wrist
- Once gloved, do not touch other surfaces

SEQUENCE FOR TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (DOFFING)

Wash your hands before taking off the PPE. PPE should be removed in an order that minimises contamination. The gloves, apron, goggles/visor, and mask must be removed in that order.* **Wash your hands after taking off the PPE.** Discard PPE in infectious waste container. See guidance below.

Gloves

- Securely grasp the outside of glove with the opposite gloved hand; peel off; discard as infectious waste
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist; peel off; discard as infectious waste



Apron or Gown* (See Note)

- **Wash hands**
- Unfasten or break apron/gown ties
- Pull the apron away from the neck and shoulders, touching the inside of the apron only and bring it forward and over the head
- Turn the apron inside out, fold or roll into a bundle and discard as infectious waste



Goggles or Visor* (See Note)

- Remove goggles/visor from the back by lifting head band or ear pieces
- Place in designated receptacle for disinfecting



Mask or N95 Respirator

- Untie or break bottom ties, followed by top ties or elastic.
- Remove by handling the ties only and discard as infectious waste.
- **Wash hands**



***Note.** When it is practically difficult to remove the apron/gown before the visor/goggles, then the visor/goggles may be removed before the apron/gown.

Figure 5: Poster for donning and doffing of PPE

PPE GUIDANCE - WHO TO WEAR AND WHEN

COVID-19 INFECTION PREVENTION AND CONTROL GUIDELINES FOR SOUTH AFRICA (VERSION 2)

Available for download at:

<https://www.nicd.ac.za/wp-content/uploads/2020/05/ipc-guidelines-covid-19-version-2-21-may-2020.pdf>

TYPE OF PPE	CLINICAL STAFF (nurses, doctors, EMS) Providing direct care to COVID-19 patients or patients with respiratory symptoms	NON-CLINICAL STAFF (admin staff, porters, catering staff) coming into distant contact with COVID-19 patients and contaminated surfaces	NON-CLINICAL STAFF (cleaners) coming into distant contact with COVID-19 patients and contaminated surfaces	PATIENTS with RESPIRATORY symptoms	PATIENTS without RESPIRATORY symptoms
Gloves	A single pair of non-sterile gloves Change between patients Double gloving not recommended	.Change when leaving COVID-19 area	Reusable long rubber utility cleaning gloves (ideally up to elbow) Change after completed cleaning contaminated area	None	None
Face cover	Surgical Mask for general care of all patients N95 respirator for aerosol generating procedures	Surgical mask when within <1m of a patient with respiratory symptoms (one per shift, if integrity maintained) If no patient contact is expected a cloth mask is acceptable	Surgical mask	Surgical mask	All patients should wear a cloth mask as part of the universal masking policy. If no cloth mask is available, then surgical mask may be used
Aprons	Change when visibly contaminated Change between patients. Discard after aerosol-generating procedure	Change when leaving COVID-19 area	After each work session (in absence of clinical contact)	None	None
Face shields, or visors, or goggles, or other eye covers	Wash clean, disinfect and reuse	None	Wash clean, disinfect and reuse	None	None

PHC Facilities, Outpatients, Emergency Units and Temporary facilities			
Setting	Target Personnel or Patients	Activity	Type of PPE or Procedure
Triage at Clinics, CHC, OPD. Emergency Units and temporary facilities entrances	Clinical staff	Triage: Preliminary screening of patients (via questions on symptoms and contact with COVID-19 cases) as they enter unit.	Maintain spatial distance of at least 1 metre Surgical mask
	Patients and escorts who screen positive	While waiting for testing	Move patient to isolation room Provide Surgical mask
	Patients and escorts who screen negative but have respiratory symptoms	While waiting for consultation	Maintain spatial distance of at least 1 metre. Provide Surgical mask
	Patients and escorts who screen negative but without respiratory symptoms	While waiting for consultation	Cloth mask
Administrative areas	All staff including reception, clerical and clinical staff	Administrative tasks that do not involve contact with COVID-19 patients	Cloth mask
Clinic, CHC, OPD, Emergency Unit and Temporary facility Consultation rooms	Clinical staff	Physical examination of suspected COVID-19 patients	Surgical Mask Eye protection (goggles or visor) Apron Non-sterile gloves
	Clinical staff	Aerosol-generating procedures performed on suspected COVID-19 patients (such as nasopharyngeal and oropharyngeal swabbing for testing for coronavirus infections) Note that N95 respirators are only worn when performing aerosol-generating procedures	N95 Respirator Apron or gown Non-sterile gloves Eye protection (goggles or visor)
	Clinical staff	Physical examination of patients without respiratory symptoms.	Surgical mask Non-sterile gloves
	Cleaners	Cleaning the vacated room and areas used by a COVID-19 patient	Surgical mask Apron Eye protection (goggles or visor) Long rubber utility cleaning gloves (ideally up to elbow) that can be washed Closed work shoes
	Body of deceased	Death of COVID-19 patient	Wrap body with sheets or body bag as per protocol
Entrance to COVID-19 Area	Security personnel.	Any	Surgical mask

Type of PPE	Extended use	Reprocess
Gloves (non-sterile)	No	No
Surgical masks	Yes. Until damp or torn, or to end of shift. Change if contaminated	No
N95 respirators	Yes. Up to 1 week for same HCW (as TB protocol), unless respirator integrity or leak-proof seal is compromised	Pending (WHO)
Aprons	Yes, if not visibly contaminated (maintain 1m distance)	No
Gown Cotton gowns and aprons	Water resistant - yes if not visibly contaminated (1m) Re-used during providing care to the same patient	Yes - launder cotton
Goggles	Yes, but do not contaminate hands	Yes - wash with soap and water. Dry. Wipe over with alcohol
Face shields	Yes, but do not contaminate hands	Yes - wash with soap and water. Dry. Wipe over with alcohol wipes

ORANGE ZONE SCREENING AND MANAGEMENT STATION CLINICIAN ASSESSMENT FORM

Orange Zone Screening and Management Station: Clinician assessment form			
Date:		Folder number:	
Name:		Male / Female	
COVID-19 symptoms			
Cough	Yes/No	Oxygen saturations	
Fever	Yes/No	Pulse	
Shortness of breath	Yes/No	Temperature	
Sore throat	Yes/No	Respiratory rate	
Loss of smell / taste	Yes/No	Blood pressure	
Myalgia	Yes/No	Glucose	
Acute worsening of chronic cough	Yes/No		
Duration of symptoms			
PUI?	Yes/No	Severe	Yes/No
Reason for visit			
COVID-19 symptoms	Yes/No		
Other (specify)			
HIV status	Positive Negative (in past year) Unknown* *all with unknown HIV status should be referred for an HIV test		
Additional clinical notes including past medical history:			
Current medications:			
TB sputum sent	Yes/No		
COVID-19 sample sent	Yes/No	Sample type	Sputum/NP/OP
Specimen reference number			
Further management including medications prescribed			
Discharged home	Yes/No		
Counselled on self-isolation	Yes/No		
Transfer to a higher facility?	Yes/No	Name of facility	
Nurse/Doctor name			
Signature			

TEST RESULT MANAGEMENT STANDARD OPERATING PROCEDURE

1. Each facility will keep a register at the COVID Testing station in the Orange Zone

2. The register will have the following columns:

Facility / Date:								Orange Zone Clinician on duty:		
Patient information								Test result and communication to patient		
No.	First names	Surname	HCW (Tick)	Contact no.	Alternative contact no.	Address	Bar code sticker	Test result	Date obtained	Date contacted

3. The Dr/Nurse testing in the Orange Zone will be responsible for reconciling test result management process for all patients and HCWs tested on his/her duty day

4. Thereafter the Dr/Nurse (or designated support person) will:

- Check Lab Tracker 48 hours after patient/HCW tested
- Where the result is not back by 72 hours after date patient tested, the patient (not HCWs) will be sent an SMS to inform that their result is still not back from lab using the following text:
"X CHC/Clinic: Please note your Coronavirus test result is not back yet. We will keep you updated. Please stay home. Do not return to the clinic."
- Where the result is not back by 96 hours after date patient/HCW tested, phone the NHLS to determine whether the patient specimen has been registered and processed.

5. Once the test result is received, the following will take place:

The Dr/Nurse (or designated support person) will reflect the result information in the register – result/date result obtained/date communicated to patient/HCW.

Negative result

The Dr/Nurse (or designated support person) will send the patient/HCW a SMS with the following message:

"X CHC/Clinic: Your Coronavirus test result has been received. You tested NEGATIVE on XX date. You can now return to the clinic to collect your sick note for your employer."

Positive result

The Dr/Nurse will immediately do the following:

Contact the patient/HCW by telephone to inform the patient/HCW that they have

- tested positive
- must stay at home with a cloth mask on and isolate as much as possible from other household members
- the sub-district team will be visiting their house to provide further guidance
- the patient/HCW should not return to the clinic but should phone the doctor/clinic if their condition significantly deteriorates
- will only be able to collect a sick note 14 days after symptom onset

Where the Dr/Nurse cannot reach the patient by phone, he/she will inform the WBOT team who will send out appropriate CHW to visit patient's home and inform the patient of the aforementioned information. Contact the sub-district tracing team lead by phone or if cannot be reached by WhatsApp with the positive result and the details of the patient.

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONCE-OFF SET UP INDICATORS: PRIMARY CARE AND HOSPITAL FACILITIES

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
1	Set up clinic committee to co-ordinate COVID-19 preparedness	
2	COVID-19 facility and clinician leads identified	
	The following in-service training has taken place:	
3.1	IPC including hand hygiene, PPE, social distancing – all facility staff	
3.2	COVID-19 facility set up and patient pathways – all facility staff	
3.3	Clinical management of patients with COVID-19 symptoms – clinicians working in Orange Zone	
3.4	COVID-19 testing – clinicians performing COVID-19 testing	
3.5	Referral protocols – clinicians working in Orange Zone	
3.6	Environmental cleaning requirements – all staff	
3.7	COVID-19 waste management – cleaning staff	
4	Facility has paint, tape for marking seats and danger tape for cordoning off areas	
5	Separated health facility into risk zones (yellow, orange and blue)	
6	Facility has functioning telephone number which is managed for patients to phone for support with results, worsening symptoms etc.	
7	Facility has full set of poster in English and Zulu marking stations	
8	Staff symptom screening system set up	
	YELLOW ZONE	
9	Lines are painted outside facility gates 1.5m apart of patient queuing for length of queue	
10	Sanitation station set up 1.5m from the gate (not at the gate) including demarcation painted on the ground	
11	1 st screening station has been set up including demarcated on the ground, chairs and tables/clipboards and symptom screen sheet	
	ORANGE ZONE	
12	Orange Zone has required number of tents/gazebos	
13	Orange Zone has required number of chairs/tables	
14	Orange Zone has required medical equipment – oximeter, infrared thermometer	
15	The facility has set up 2 nd screening and management station in Orange Zone including waiting area with chairs 1.5m apart and cordoned off area for clinician	
16	The facility has set up a COVID-19 and TB testing station in the Orange Zone including demarcations on the ground	
17	HIV testing and TB sputum collection is available in the Orange Zone	
18	Isolation room/tent set up for patients with severe COVID-19 symptoms with examination bed and oxygen until patient transport arrives for transfer to hospital	
	BLUE ZONE	
19	All seating and standing queues in the entire facility marked to ensure social distancing i.e. no patient standing or sitting closer than 1m from each other	
20	The facility has marked on floors the pathways through the Blue Zone	
21	Facility has implemented a number waiting system to ensure patients are not moving on seats	
	Transfer and exit pathways	
22	The facility has a marked Blue Zone and Orange Zone exit (that are not the same as the Yellow Zone entrance)	
	Number Green	Number Orange
	Number Red	
Total score for PHCs		

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONGOING PREPAREDNESS OPERATION INDICATORS: PRIMARY CARE AND HOSPITAL FACILITIES

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
1	COVID-19 clinic committee meets daily until site set up and weekly thereafter	
2	COVID-19 facility and clinician leads co-ordinating operation of stations/patient pathways daily	
3	Training records being kept and updated	
4	Weekly staff roster in place to staff zones	
5	The facility has sufficient PPE to ensure staff working in yellow and orange and blue zones are able to wear PPE as guided	
6	Sufficient hand sanitizer and disinfectant at facility for all zones	
7	All stations set up and ready to operate by 8am	
8	Is staff symptom screening system fully operational ensuring all staff of screened each day	
9	Are staff reporting COVID-19 symptoms appropriately tested for COVID-19 and isolating while waiting for test result?	
10	Can the cleaning staff correctly describe the required environmental cleaning needed	
11	Can the cleaning staff correctly describe how COVID-19 waste is managed	
	YELLOW ZONE	
12	Queue marshals are in place outside of the facility gate to manage queues from at least 7am	
13	Queue marshals are educating patients outside the facility gates on new process inside the clinic	
14	Security guard understands and actively manages one patient entering at a time	
15	Queues outside are maintaining social distance	
16	Facility gates open no later than 8am for patients to start entering facility	
17	Patients wait for less than 1.5 hours outside gate from arrival (only calculated from 8am)	
18	Appropriate symptom screening taking place at 1 st screening station	
19	All patients with COVID-19 symptoms are separated out and directed to the Orange Zone (do not go into the Blue Zone for any service or treatment)	
20	All staff working in the yellow zone are wearing surgical masks and disposable aprons (and have non-sterile gloves available if they choose to wear them)	
21	All patients identified with COVID-19 symptoms are wearing or are provided with either a homemade cloth mask or a surgical mask	
	ORANGE ZONE	
22	Facility-based clinician allocated to provide clinical assessment in Orange Zone 2 nd screening and management station including orientated on clinical algorithm and clinical assessment forms	
23	Orange Zone clinician comprehensively managing all patients with COVID-19 symptoms from 2 nd screening, assessment and management station	
24	Orange Zone clinician using clinical assessment form to guide management	
25	Runners in place in Orange Zone supporting clinician management of patients including collecting files and treatment from the Blue Zone for patients	
26	HIV testing being provided when requested by clinician in the Orange Zone	
27	All patients in Orange Zone waiting areas are sitting on plastic chairs at least 1.5m apart which are disinfected between each patient (patients do not move chairs)	

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

28	Counsellor or runner educating patients waiting in the Orange Zone on procedure in Orange Zone, home isolation and how test results will be communicated	
29	TB sputum collection is taking place in the Orange Zone	
30	The facility has sufficient forms needed for completion with COVID-19 specimen	
31	The facility has allocated staff to complete COVID-19 test related forms to support tester	
32	The facility is receiving sufficient COVID-19 test swabs to carry out tests on all Orange Zone patients meeting the current PUI definition	
33	The facility is receiving sufficient COVID-19 test swabs to carry out a baseline COVID-19 test on all staff	
34	COVID-19 testing for patients taking place	
35	COVID-19 testing for staff taking place	
36	Disinfectant available in separate management area in appropriate container for 3 hourly environmental cleaning	
37	Environmental cleaning (cleaning and disinfection) is being done 3 hourly with all chairs, tables and medical equipment disinfected between every patient	
38	Orange Zone equipment packed away each day to ensure safety and ready for set up on the following day	
39	All staff working in the Orange Zone are wearing surgical masks and disposable aprons (and have non-sterile gloves available if they choose to wear them)	
40	COVID-19 testing clinician wearing N95 mask, goggles/visor, disposable gown and non-sterile gloves	
41	Patient total time in Orange Zone less than 1.5 hours	
	BLUE ZONE	
42	All staff working in routine services are wearing at a minimum a cloth mask with those healthcare workers coming within 1m of patient wearing surgical masks (or if not sufficient - cloth masks with visor)	
43	Lay staff (CHWs/WBOTS) allocated to various departments to communicate with gate when empty seats in department – ensure continued flow from outside	
44	Where long waiting times outside gate for specific blue zone services, holding bay waiting areas created outside to ensure patients waiting in seated area 1.5m apart inside facility (routine service fills up from holding bay and holding bay from the gate)	
45	Numbering system for patients is in operation (to ensure patients not moving seats)	
46	Environmental cleaning (cleaning and disinfection) in the entire routine services part of facility is being done at a minimum of twice a day	
	Facility	
47	Facility reporting statistics every day – total screened, total symptomatic patients managed in Orange Zone, total patients tested, total HCWs tested, test swab and PPE stock levels daily	
48	Facility ordering test swabs and PPE daily based on stock levels	
49	Facility self-evaluating new clinic processes and correcting gaps/problems	
50	Facility managing its own test results including tracking and communicating results to patients timeously	
Total score for PHCs		<div>Number Green</div> <div>Number Orange</div> <div>Number Red</div>

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONCE-OFF SET UP ADDITIONAL INDICATORS: CHCS OPERATING 24 HOURS

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place	
23	Separate room within Emergency Department or separate room within facility allocated and set up for COVID-19 emergency patients including examination bed and oxygen		
24	Separate delivery area/room within Maternal Obstetric Unit set up for COVID-19 symptomatic patient's delivery	Number Orange	Number Red
Total score for CHCs		Number Green	Number Red

ONGOING PREPAREDNESS OPERATION ADDITIONAL INDICATORS: CHCS OPERATING 24 HOURS

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place	
51	Screening of all patients coming to the emergency department after working hours taking place at entrance		
52	Screening of all patients coming to the maternal obstetric unit (MOU) after working hours taking place at entrance		
53	All patients with COVID-19 symptoms managed in a separate area within Emergency Department or separate room allocated and set up for COVID-19 Emergency patients		
54	All patients in labour with COVID-19 symptoms managed in a separate delivery room		
55	Staff working in isolation space in Emergency Department wear surgical mask, disposable apron and non-sterile gloves (visor optional). Apron and gloves disposed of between each patient with handwashing		
56	Midwife working in isolation delivery room in MOU wears N95 mask, goggles/visor, disposable gown, non-sterile gloves. All except goggles/visor which need to be disinfected, disposed of after single delivery use with strict handwashing compliance.		
Total score for CHCs		Number Green	Number Orange
			Number Red

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONCE OFF SET UP ADDITIONAL INDICATORS: HOSPITALS

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
23	Separate room within Emergency Department or separate room within Hospital allocated and set up for COVID-19 emergency patients including examination bed and oxygen	
24	Separate delivery area/room within Maternal Obstetric Unit set up for COVID-19 symptomatic patient's delivery	
25	Clear demarcation between clean (no PPE required) and COVID-19 (PPE required) areas of the ward	
26	Hospital has separate PUI rooms/bays/ward – for patients waiting for COVID-19 test result	
27	PUI single rooms/bays/ward with strict separation of every patient – beds more than 2m apart	
28	PUI single rooms/bays/ward with strict separation of every patient – separate toileting or washing facilities set up	
29	Hospital has allocated bays/ward for COVID-19 confirmed cases (can share toileting)	
30	PPE donning and doffing station set up next to PUI/COVID-19 rooms/wards	
Total score for hospitals		<div>Number Green</div> <div>Number Orange</div> <div>Number Red</div>

COVID-19 FACILITY PREPAREDNESS SELF-ASSESSMENT

ONGOING PREPAREDNESS OPERATION ADDITIONAL INDICATORS: HOSPITALS

No	Indicator	Compliance dashboard Green = in place Orange = partially in place Red = not in place
51	Screening of all patients coming to the emergency department after working hours taking place at entrance	
52	Screening of all patients coming to the maternal obstetric unit (MOU) after working hours taking place at entrance	
53	All patients with COVID-19 symptoms managed in a separate area within Emergency Department or separate room in Hospital allocated and set up for COVID-19 emergency patients	
54	All patients in labour with COVID-19 symptoms managed in a separate delivery room	
55	PUI single rooms/bays/ward with strict separation of every patient – patients confined to their area	
56	PUI single rooms/bays/ward with strict separation of every patient – no sharing of toileting or washing facilities	
57	COVID-19 confirmed cases in COVID-19 bays/ward – can share toileting and patients can interact	
58	Once PUI confirms negative transferred to Blue Zone section of hospital (general wards)	
59	Once PUI confirms positive transferred to COVID-19 bay or ward	
60	Staff working in PUI rooms/wards wear surgical mask, apron and non-sterile gloves. Apron and gloves disposed of between each patient with handwashing	
61	Staff working in COVID-19 ward wear surgical mask, apron and non-sterile gloves. Apron and gloves disposed of every time the HCW exits the COVID-19 ward with strict handwashing	
62	All PUI related IPC appropriate including PPE donning and doffing when managing PUIs	
63	All COVID-19 confirmed case IPC appropriate including PPE donning and doffing done appropriately when entering or leaving COVID-19 confirmed case bays/ward	
Total score for hospitals		<div>Number Green</div> <div>Number Orange</div> <div>Number Red</div>

COVID-19 PRIMARY CARE FACILITY PREPAREDNESS GUIDE

ENDORSED BY:



JOHANNESBURG METRO HEALTH DISTRICT
GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA



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