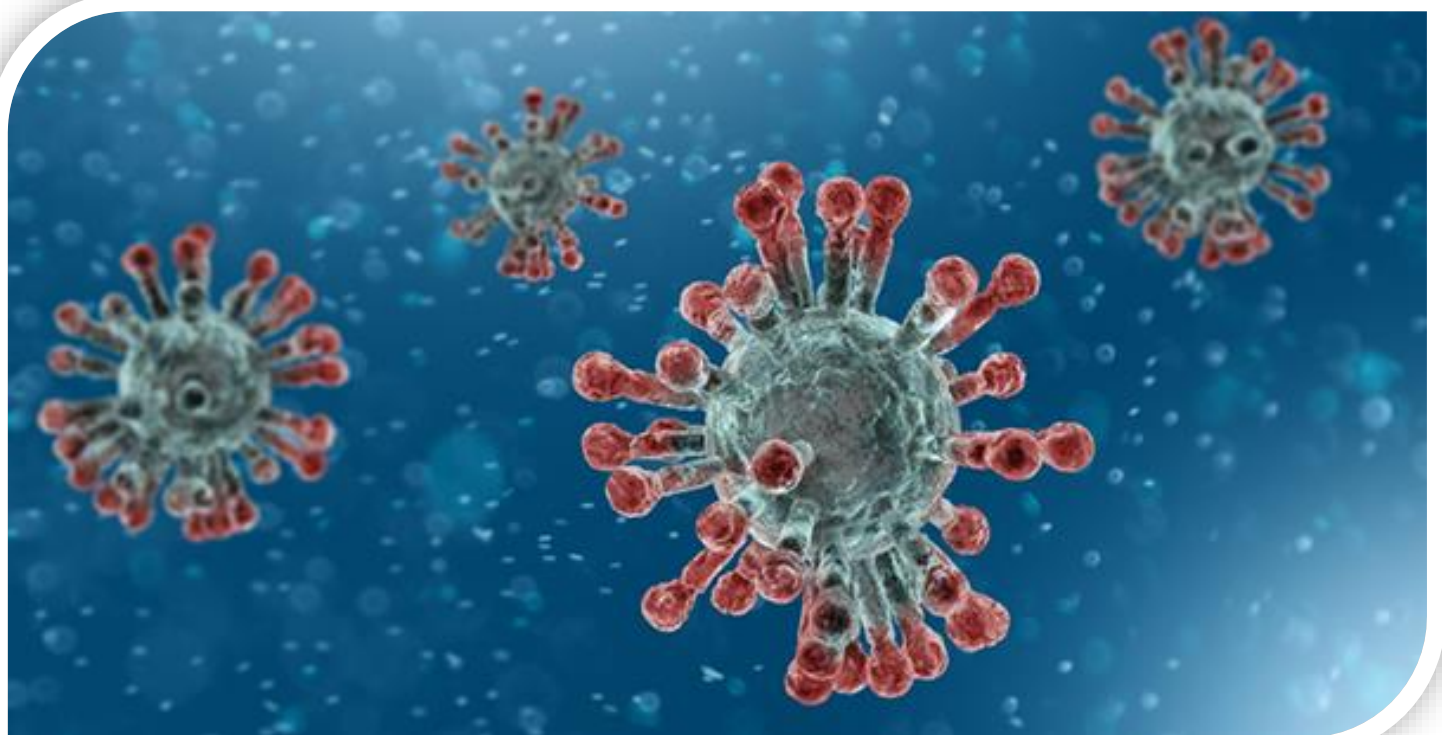




**Western Cape
Government**

Health



**COVID – 19 Service Response Plan for all Health
Establishments in the Central Karoo District**

18 March 2020

(The plan will be updated as needed)

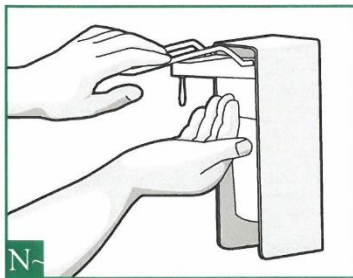
Preventative Strategy 1: Hand Hygiene

HOW TO HANDRUB?

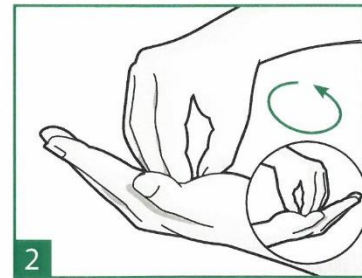
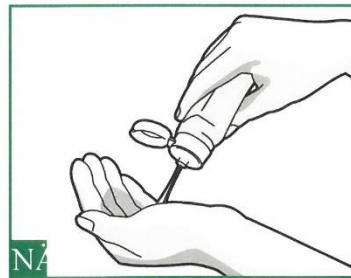
SAVE LIVES: CLEAN YOUR HANDS

Rub hands for hand hygiene! Wash hands instead when visibly soiled.

Duration of the entire procedure: 20 – 30 seconds



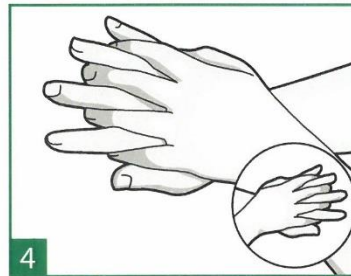
Apply a palmful of the product in a cupped hand, enough to cover all hand surfaces.



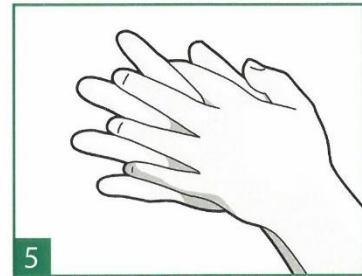
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



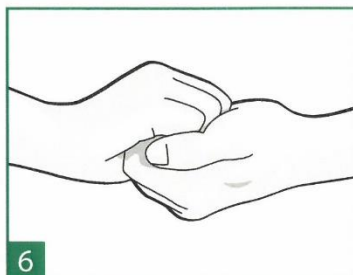
Rub hands palm to palm.



Right palm over left dorsum with interlaced fingers and vice versa.



Palm to palm with fingers interlaced.



Backs of fingers to opposing palms with fingers interlocked.



Rotational rubbing of left thumb clasped in right palm and vice versa.

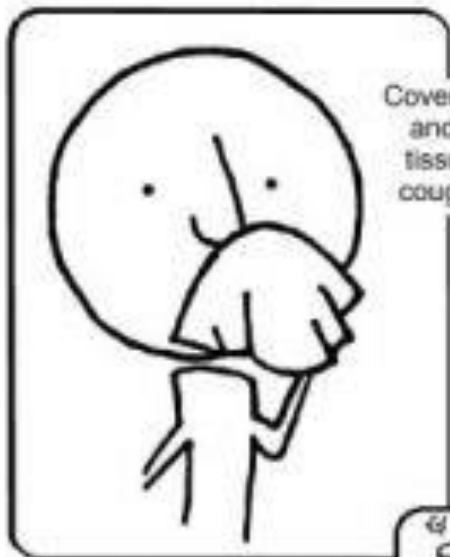


Once dry, your hands are safe.

Preventative Strategy 2: Cover your cough

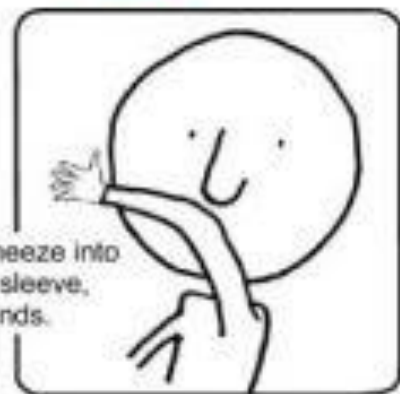
Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or cough or sneeze into your upper sleeve, not your hands.



Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

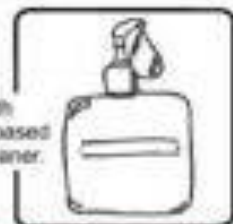
Clean your Hands

after coughing or sneezing.




Wash with soap and warm water

or clean with alcohol-based hand cleaner.



General Messages:

1. Do not visit the clinic or hospital unless you are sick or you have an appointment.
2. Stick to your appointment date and time.
3. Only 30 people will be allowed in the waiting area.
4. No visitors will be allowed in the clinics. A parent/care taker or guardian can accompany a child, frail, sick or elderly person. Unnecessary visitors will be requested to go back home.
5. Visiting hours at the hospital will be from 19h00 – 20h00. Only one visitor per patient will be allowed. No rotating visitors will be allowed. No children under 12 years.
6. You will be screened when you enter the clinic or the hospital. This is part of the national preventative strategy.
7. Practice good hygiene principles at home. Wash your hands regularly and try not to touch your face (eyes, nose and mouth). Wash your hands before you prepare food and after you've eaten. Wash our hands after you've used the toilet, played outside or touched an animal.
8. Stay away from large gatherings, meetings, public places where there are lots of people.
9. Please do not spit.
10. Join the national whatsapp group – the number is 060 012 3456. You will get the correct information from this site.
11. Please do not spread (or create) false news. Always be aware of the source of the information.



Signed off by Dr B Muller: Manager: Medical Services

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1. PHASE 1: IMPORTED CASES ONLY: SOCIAL DISTANCING

1.1. Screening:

Screening at hospital and clinic entrance with referral to testing area if screening is positive, referral to outside waiting area if available. Testing will take place at the Emergency Centres at the 4 district hospitals.

1.2. Primary Health Care Facilities (including Satellite Clinics):

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

1.3. Hospitals:

1.3.1. Inpatient service:

- Visiting hour will be from 19h00 – 20h00. Visiting hours in the morning and afternoon are cancelled;
 - Only one visitor per patient allowed per visiting hour. No rotating visitors will be allowed.
 - No children under 12 years.
- Treat and manage all inpatients;

1.3.2. Outpatient service:

- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Defer stable patients.

1.3.3. Theatre

- Continue service for elective and emergency procedures.

1.3.4. Outreach

- Continue outreaches to clinics and other hospitals.

1.4. Personal Protective Equipment (PPE)

- Fit test and train all staff for N95 and PPE;
- Use PPE sparingly;
- IPC Champion of the HE must ensure that enough PPE is available at all service points.

N95 Respirators are for frontline staff.

Surgical Masks are for symptomatic patients, irrespective of COVID 19.

Blanket use of masks and gloves for non-clinical staff, or clinical staff not in the frontline is not recommended. This includes the public as well.

2. PHASE 2: LOCAL TRANSMISSION: PREPARATION FOR SURGE

2.1. Screening:

Screening at hospital and clinic entrance with referral to testing area if screening is positive, referral to outside waiting area if available. Testing will take place at the Emergency Centres at the 4 district hospitals.

2.2. Primary Health Care Facilities (including Satellite Clinics):

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

2.3. Hospitals

2.3.1. Inpatient service:

- Visiting hour will be from 19h00 – 20h00. Visiting hours in the morning and afternoon are cancelled;
 - Only one visitor per patient allowed per visiting hour. No rotating visitors will be allowed.
 - No children under 12 years.
- Treat and manage all inpatients;
- Do not admit new elective patients;
- Standby call lists in preparation of extra staffing requirements.

2.3.2. Outpatient service:

- Cancel OPD visits except High risk ANC;

- No visitors will be allowed in the facility, except for partner or the pregnant woman;
- Clear communication to public to avoid coming to hospital and defer elective procedures;
- Clear communication to patients that requires prescriptions from specialists, to contact OPC services if medication on a repeat prescription is nearly finished. This is not applicable for routine prescriptions. That will still take place at PHC level as usual.
- Defer elective radiology/sonography.

2.3.3. Theatre

- Cancel elective theatre;
- Only Emergency theatre will stay operational.

2.3.4. Outreach

- Continue outreach to clinics and hospitals;
- Improve capacity for video calls and telephonic consultations.

2.4. Training:

- All student activities cancelled- undergraduate, elective, international, job shadowing.

2.5. Personal Protective Equipment (PPE):

- IPC Champion of the HE must ensure that enough PPE is available at all service points;
- Glasses/goggles, mask and gloves. N95 for close interaction with PUI or confirmed cases.

N95 Respirators are for frontline staff.

Surgical Masks are for symptomatic patients, irrespective of COVID 19.

Blanket use of masks and gloves for non-clinical staff, or clinical staff not in the frontline is not recommended. This includes the public as well.

2.6. Tracing:

- Tracing teams will be activated if there is a positive COVID 19 patient as per protocol.

3. PHASE 3: WIDESPREAD LOCAL TRANSMISSION: RATIONALIZE RESOURCES

3.1. Screening:

Screening at entrance of hospital and clinic. If screening positive, send home. If screen positive and sick, refer to EC at the hospital.

Disaster plan of the hospital could be activated. This could result in nursing staff from the clinics being allocated to the hospital to relief service pressure at the hospitals.

3.2. Primary Health Care Facilities (including Satellite Clinics)

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

3.3. Hospitals

3.3.1. Inpatient service:

- Admit critically ill patients;
- Discharge patients for palliative care;
- Discharge patients with poor treatment adherence;
- Discharge patients for work-ups of underlying conditions.

3.3.2. Outpatient service:

- Limit to High risk Antenatal clinic.

3.3.3. Theatre

- Only Emergency theatre operational.

3.3.4. Outreach

- Cancel outreach to ensure social distancing.
- Improve capacity for video calls and telephonic consultations.

3.4. Training

- All student activities cancelled- undergraduate, elective, international, job shadowing.

3.5. Personal Protective Equipment (PPE)

- IPC Champion of the HE must ensure that enough PPE is available at all service points;
- Glasses/goggles, mask and gloves. N95 for close interaction with PUI or confirmed cases.

N95 Respirators are for frontline staff.

Surgical Masks are for symptomatic patients, irrespective of COVID 19.

Blanket use of masks and gloves for non-clinical staff, or clinical staff not in the frontline is not recommended. This includes the public as well.

4. COMMUNITY BASED SERVICES:

- Community Health Care Workers (CHW) will be trained on basic IPC principles, focusing on hand hygiene, cough etiquette and social distancing;
- The NPO PN/EN and CHW will strengthen the following additional message in the community:
 - To not visit the clinic or hospital unnecessary – to go only when you are sick or you have an appointment;
 - That you will be screened at all the health establishments as part of the national preventative strategy;
 - That visitors to the health establishments will be limited (as mentioned above);
- CHW will do the screening questions at the PHC facilities.

5. PRIMARY HEALTH CARE FACILITIES, INCLUDING SATELLITE CLINICS.

- Health Promoters, counsellors and nursing staff (ENA) must give regular health promotion talks in the waiting area of the clinic on hand hygiene, cough etiquette and basic IPC principles, including social distancing;
- CHW will do screening at the entrance of the facility.
- **The Operational Manager / Sister in Charge of the Facility must:**
 - Identify a place where the CHW can be stationed at the entrance of the facility where basic screening will take place;
 - Identify a separate, dedicated space where the additional screening questions can be asked. Either a ENA or EN will work at this station; A dinamap and clinical thermometer must also be available in this area.
 - Ensure that hand sanitizers are available at both stations;
 - Working surface must be disinfected regularly;
 - Informational posters must be available and noticeable.
 - Ensure that all the necessary forms are available;
 - Ensure that all staff (including administrative staff and cleaners) are trained on hand hygiene practices – correct handwashing techniques;
 - Ensure that cough etiquette is practiced in the facility and that any person with a cough will be issued with a surgical mask;
 - Ensure that routine cleaning practices are carried out, with emphasis on regular cleaning of surfaces, door handles, taps etc.
- Should a patient meet all the criteria to be tested, EMS must be contacted to transport the patient to the nearest emergency centre or the patient can make use of private transport.

- Ensure that the person under investigation (PUI) wears appropriate PPE before transport to the hospital;
- EMS must take that PUI straight to the dedicated room at the hospital;
- The OPM/Sister in Charge of the Facility must alert personnel at the hospital to expect patient;
- Community needs to be educated to only visit the hospital / clinic in case of real illness and not to bring unnecessary people with.
- The OPM / Sister in Charge of the Facility must activate contact tracing team if needed (positive case). The tracing team must visit the contacts every day, for 14 days, to monitor development of any possible symptoms and to act accordingly.

6. District Hospitals:

- **The Nursing Manager must:**
 - Identify a place where either a ENA or an EN can be stationed at the entrance of the hospital where basic screening will take place; This station may not be unattended;
 - Identify a separated / isolated area where the additional screening questions can be asked and where testing can be conducted and where the patient can be triaged and assessed; A dinamap and clinical thermometer must also be available in this area.
 - Must communicate with EMS where to drop of patients that need to be tested that are referred from the clinics;
 - Ensure that all the necessary forms are available;
 - Ensure that hand sanitizers are available at both stations;
 - Working surface must be disinfected regularly;
 - Informational posters must be available and noticeable.
 - Ensure that all staff (including administrative staff and cleaners) are trained on hand hygiene practices – correct handwashing techniques;
 - Ensure that cough etiquette is practices in the facility and that any person with a cough will be issued with a surgical mask;
 - Ensure that routine cleaning practices are carried out, with emphasis on regular cleaning of surfaces, door handles, taps etc.

7. COMMUNICATION STRATEGY:

- All questions and/or enquiries must be referred to Beaufort West Hospital at **023 414 8200**. The questions/enquiries will be referred to the either the Manager: Medical

Services or the Clinical Manager. Should neither of them be available the switchboard operator must take down the person's contact number so that he/she can be phoned back.

- Any enquiries after hours must be referred to the NICD hotline at **082 883 9920**;
- Encourage staff members and the public to access the national whatsapp group. The number is **060 012 3456**.
- The Manager: Medical Services will communicate any new information to the relevant stake holders as identified at the meeting of 18 March 2020

National Hotline: 0800 029 999

Provincial Hotline: 021 928 4102

8. ANNEXURE A: SCREENING TOOL FOR PRIMARY HEALTH CARE FACILITIES



COVID 19 SCREENING QUESTIONNAIRE

NAME OF PRIMARY HEALTH CARE FACILITY:

NAME OF PATIENT:

DATE:

BASIC QUESTIONS:	Tick where applicable	
	Yes	No
Persons with acute respiratory illness with sudden onset of at least one of the following:		
Do you cough?		
Do you have a sore throat?		
Do you have shortness of breath?		
Do you have a fever ($\geq 38^{\circ}\text{C}$) or history of fever?		

If the patient answers yes to any of the questions take him/her to identified room.

Health care worker details:

Name:

Signature:

Registration number:

NAME OF PRIMARY HEALTH CARE FACILITY: _____

Patient name: _____

Date of Birth: _____

File Number: _____

Address: _____

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

ADDITIONAL QUESTIONS	Yes	No
Were in close contact with a confirmed or probable case of SARS-CoV-2 infection;		
OR		
Had a history of travel to areas with local transmission of SARS-CoV-2 (the list of these countries will change with time – consult the NICD website)		
Which country:		
OR		
Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated		
OR		
Admitted with severe pneumonia of unknown aetiology		
If patient has symptoms and answered YES to ONE of the 4 screening questions, discuss with Facility manager/Operational manager at District hospital.		

Observations:	
Date and time:	
Blood pressure	
Pulse	
Respiratory Rate	
Mass	
Temperature	
Sats O2%	

Name stamp

Health care worker details: _____

Name: _____

Signature: _____

Registration number: _____

9. ANNEXURE B: SCREENING TOOL FOR DISTRICT HOSPITALS



COVID 19 SCREENING QUESTIONNAIRE

NAME OF DISTRICT HOSPITAL: _____

NAME OF PATIENT: _____

DATE: _____

BASIC QUESTIONS:	Tick where applicable	
	Yes	No
Persons with acute respiratory illness with sudden onset of at least one of the following:		
Do you cough?		
Do you have a sore throat?		
Do you have shortness of breath?		
Do you have a fever ($\geq 38^{\circ}\text{C}$) or history of fever?		

If the patient answers yes to any of the questions take him/her to identified room.

Health care worker details:

Name:

Signature:

Registration number:

NAME OF DISTRICT HOSPITAL:



Patient name:

Date of Birth:

File Number:

Address:

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

ADDITIONAL QUESTIONS	Yes	No
Were in close contact with a confirmed or probable case of SARS-CoV-2 infection;		
OR		
Had a history of travel to areas with local transmission of SARS-CoV-2 (the list of these countries will change with time – consult the NICD website)		
Which country:		
OR		
Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated		
OR		
Admitted with severe pneumonia of unknown aetiology		
If patient has symptoms and answered YES to ONE of the 4 screening questions, discuss with Facility manager/Operational manager at District hospital.		

Health care worker details:

Name:

Signature:

Registration number: