

PACK
Practical Approach to Care Kit

COVID-19 Training for Facility Managers and PACK Facility Trainers

March 2020



Welcome to the PACK COVID-19 workshop

What is your name?

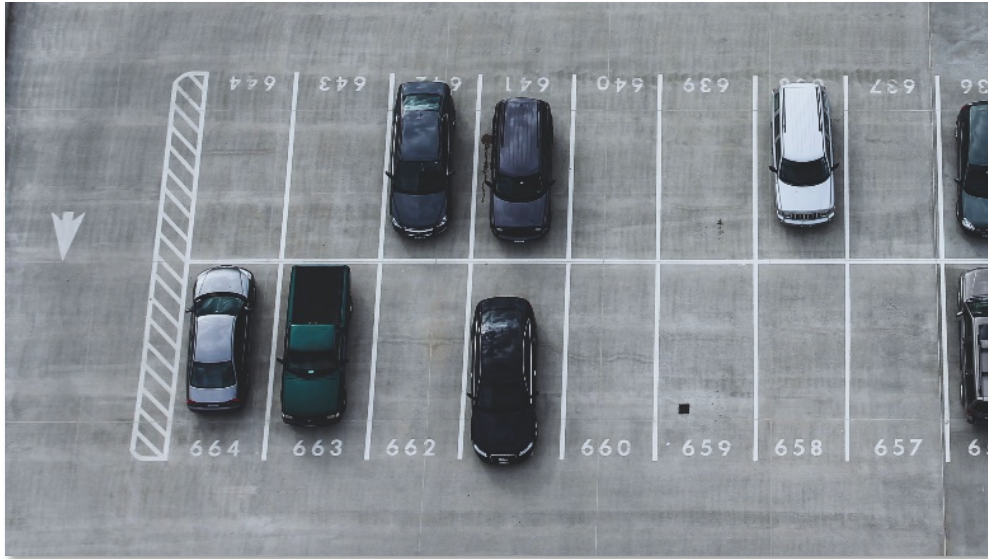
Where do you work?

What do you do there?

Purpose of this training

- 1. Provide background to COVID-19 -video**
- 2. Introduce and orientate you to PACK COVID-19 algorithm using cases**
- 3. Relevant forms**
- 4. M&E**
- 5. How to train Facility Trainers**

Parking Lot



This is where we park topics to be discussed later!



PACK 2020



Western Cape
Government

Health



PACK
Practical Approach to Care Kit

Practical Approach to Care Kit

Primary Care Guide for the Adult · 2020
Western Cape Edition

Example of a COVID stamp on pages in PACK 2020

Fever

Consider **COVID-19**
Consult latest local guidance

A client with a fever has a temperature $\geq 38^{\circ}\text{C}$ now or in past 3 days.

- Fits or just had a fit $\rightarrow 16$
- Decreased consciousness $\rightarrow 13$
- Respiratory rate ≥ 30 or difficulty breathing $\rightarrow 35$

Give urgent attention to the client with a fever and any of:

- BP $< 90/60$
- Neck stiffness, drowsy/confused or purple/red rash, **meningitis** likely
- Tender in right lower abdomen, **appendicitis** likely

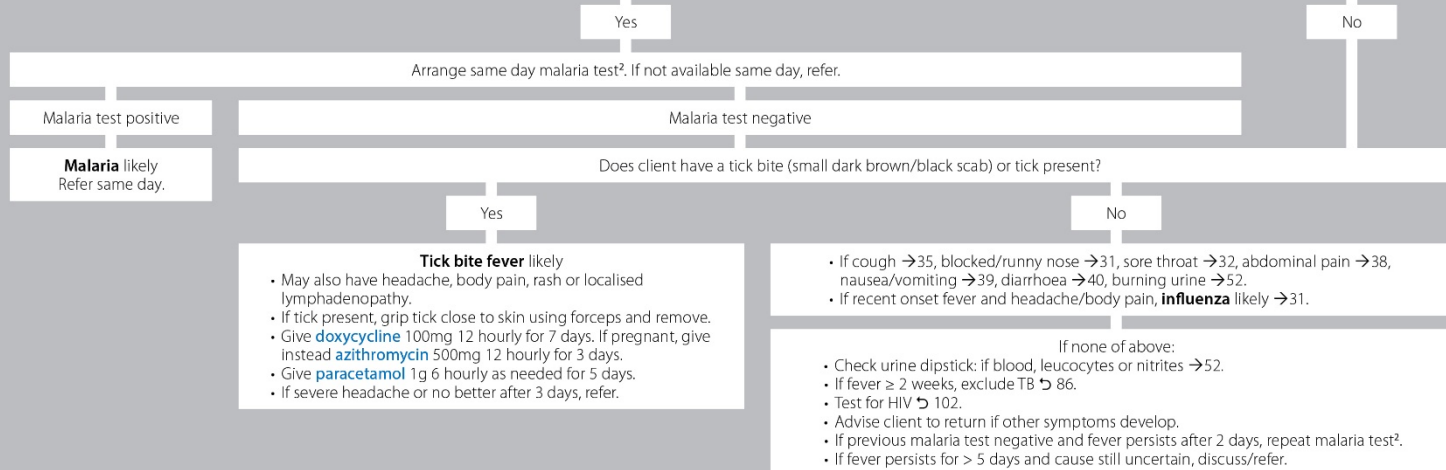
- Severe abdominal or back pain
- Jaundice
- Easy bleeding or bruising

Management:

- If BP $< 90/60$, give **sodium chloride 0.9%** 500mL IV over 30 minutes, repeat until systolic BP > 90 . Continue 1L 6 hourly. Stop if breathing worsens.
- If **meningitis** likely, give **ceftriaxone**¹ 2g IV/IM.
- If glucose < 3 or $> 11 \text{ } \rightarrow 14$.
- Refer urgently.

Approach to the client with a fever not needing urgent attention

- If on abacavir, check for abacavir hypersensitivity reaction (AHR) $\rightarrow 109$.
- Has client been in a malaria area in past 3 months?



¹If severe penicillin allergy (previous angioedema, anaphylaxis or urticaria), discuss with doctor. ²Test for malaria with rapid diagnostic test if available, and parasite slide microscopy.

COVID-19 Algorithm – page 1

Coronavirus disease (COVID-19)



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

1 Screen all patients at a triage station before facility entrance

- Ensure triage staff wear a surgical mask.
- Have soap and water handwashing stations available for all people entering and working at facility.
- Screen all patients for acute respiratory symptoms (fever, cough, sore throat or difficulty breathing), provide a mask and send to separate waiting area for COVID-19 assessment.

2 In the separate COVID-19 waiting area, decide if this patient meets criteria for Person Under Investigation (PUI):

Ask: In the last 14 days:

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

Yes to any

Consider patient a **Person under Investigation (PUI)** for COVID-19

No to all

3 Ensure you have isolated patient and wear personal protective equipment: see overleaf

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

- Difficulty breathing
 - Breathless at rest or while talking
 - Respiratory rate ≥ 30
 - Oxygen saturation $< 94\%$
 - Confused or agitated
- Give oxygen and refer urgently.** Inform ambulance and referral hospital that patient is a PUI for COVID-19. If known with heart/lung disease, discuss with referral hospital if any other management needed. Clean and disinfect after patient (see overleaf).

Approach to a Person under Investigation (PUI) not needing urgent attention

4 Consult a specialist

- Contact Infectious Disease specialist according to drainage area: Tygerberg: **083 419 1452** or 021 938 4911 or 021 938 9645; Groote Schuur: **021 404 9111**
- If difficulty reaching specialist, phone NICD hotline at **0800 11 1131** or **082 883 9920** or **066 562 4021**, or phone provincial hotline on **021 928 4102**.
- If unable reach any of above, send an SMS with your name and query to NICD on **066 562 4021**.

5 Follow advice from Infectious Disease specialist/NICD

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

Forms to complete

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

1. Person Under Investigation (PUI) form: Request for 2019-nCov Testing)
2. Centre for Respiratory and Meningitis Specimen Submission form
3. 2019 nCoV contact line list form

6 Notify and report close contacts¹ using contact line list form (see box)

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

021 483 9964 | 021 483 3156 | 021 483 6878 | 072 356 5146 | 073 177 4735

7 Clean and disinfect after patient: see overleaf

COVID-19 unlikely

- Reassure the patient.
- Manage symptoms as per PACK Adult symptom pages.
- Advise patient to stay home and rest until better. Educate about hand and cough hygiene: give information leaflets on this. Advise to wear mask when in contact with others.
- Advise patient to call General Public Hotline on **0800 029 999** or return if condition worsens.



Scan QR code to access NICD website: www.nicd.ac.za

¹Close contacts include: those in the same household or workplace; health care workers (not wearing personal protective equipment); those with whom patient has had face-to face contact or been in a closed environment. If recent air travel: record known travel companions and flight details.

COVID-19 Algorithm – page 2

Protect yourself from COVID-19



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

Wear personal protective equipment if:

- Entering a room with a suspected or confirmed COVID-19 patient.
- Cleaning and disinfecting following a COVID-19 suspect

Use the following personal protective equipment to protect yourself from COVID-19:

- Disposable gloves
- Apron or clean, long-sleeve gown if available
- Surgical mask that covers your mouth and nose.
 - Wear a fit-tested N95 respirator only if taking naso-/oro-pharyngeal specimens or intubating a Person Under Investigation.
- Eye protection: goggles or a visor
- Note: boots and coverall suits are **not** needed

When to change personal protective equipment

- If close contact with patient, change personal protective equipment before seeing next patient.
- Discard personal protective equipment in medical waste box with a lid.
- Wash your hands well.

Avoid touching your face with gloves or bare hands until after you have washed your hands.

Remember the 5 moments for hand hygiene:

1. Before touching a patient
2. After touching a patient
3. After touching patient surroundings
4. After exposure to body fluid
5. Before doing a procedure

Wash your hands well

- If washing, roll up sleeves, rinse hands in clean water and apply soap to palm. If sanitiser, apply palmful to cupped hand.
- Use water and soap, or if unavailable, sanitiser. Follow these steps to wash or sanitise your hands for at least 20 seconds:



1 Rub palms together.



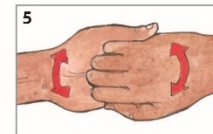
2 Rub tips of nails against palm. Swap hands.



3 Rub fingers between each other.



4 Place one hand over back of other, rub between fingers. Swap hands.



5 Grip fingers and rub together.



6 Rub each thumb with opposite palm. Swap hands.

- If washing, rinse your hands with clean water and dry on paper towel or air dry.

Protect your facility from COVID-19

- Ensure all staff understand the importance of implementing safe practices. Stay calm. Most people with COVID-19 have a mild illness.
- Clean all frequently touched surfaces in the workplace, such as workstations (e.g. telephones, keyboards), counter tops and doorknobs using soap & water. Then disinfect using sodium hypochlorite solution (or household bleach 4-5 teaspoons per 1 litre of water).
- After managing a PUI and before seeing next patient:
 - Discard all waste and non-reusable medical equipment used, including personal protective equipment, in medical waste box with a lid.
 - Disinfect equipment with 70% ethyl alcohol. Clean surfaces using soap & water. Then disinfect using sodium hypochlorite solution (or household bleach 4-5 teaspoons per 1 litre of water).

If you start coughing or develop a fever, report your illness immediately to your facility manager, self-isolate and discuss with NICD/CDC and follow their advice.

Disclaimer: The content of this document has been developed specifically for health care professionals practising in the Western Cape, South Africa, and which content, at the date of first publication, is reasonably believed to represent best practice in the relevant fields of healthcare. This information is provided on an "as is" basis without any warranties regarding accuracy, relevance, usefulness or fitness for purpose. To the fullest extent permitted by law, University of Cape Town Lung Institute Proprietary Limited and all its affiliates (including The Lung Institute Trust) and the Western Cape Department of Health cannot be held liable or responsible for any aspect of healthcare administered with the aid of this information or any other use of this information, including any use which is not in accordance with any guidelines or (mis)use outside the Western Cape, South Africa. Health Care Professionals are strongly advised to consult a variety of sources and use their own professional judgment when treating patients using this information. It is the responsibility of users to ensure that the information contained in this document is appropriate to the care required for each of their patients within their respective geographical regions. The information contained in this document should not be considered a substitute for such professional judgment.

COVID-19 Video by the WHO



**World Health
Organization**

Information leaflets – General advice

18 March 2020

CORONAVIRUS – COVID-19 General advice

What is COVID-19?

A respiratory illness similar to flu (cough, fever, fatigue & aching body/muscles). More commonly than flu, it can become severe causing viral pneumonia (difficulty breathing).

4 out of 5 people will have a mild illness and recover without treatment. The elderly and those with underlying health conditions have increased risk of severe illness.

How does it spread?

You can pick up coronavirus from:

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



Prevent spread to keep you and your family safe:

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



Wash your hands well

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



1
Rub palms together.



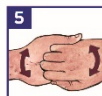
2
Rub tips of nails against palm. Swap hands.



3
Rub fingers between each other.



4
Place one hand over back of other, rub between fingers. Swap hands.



5
Grip fingers and rub together.



6
Rub each thumb with opposite palm. Swap hands.

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

National Hotline
0800 029 999

Provincial Hotline
021 928 4102

National WhatsApp
0600 123 456

Operating
24 hours
a day.

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



18 March 2020

CORONAVIRUS – COVID-19 What if I develop symptoms?

What are the symptoms of COVID-19?

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

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

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

- a) travelled internationally or to an area where COVID-19 is actively spreading from person-to-person in the community
- OR
- b) had close contact with a confirmed or suspected case of COVID-19

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

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

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

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

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

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



Information leaflets – Self Isolation

Watch this space!

Poster – Lets Beat the Coronavirus

17 March 2020

CORONAVIRUS Let's **STOP** the spread

- Coronavirus (or COVID-19) can cause fever, cough, sore throat, body aches.
- It is usually mild but sometimes it can become severe and cause difficulty breathing.
- If you are over 60 years or have a chronic condition then you are more at risk of severe disease.
- It is diagnosed using a throat swab test: you only need a test if you have symptoms.

Protect yourself and your family from getting COVID-19:

Wash hands often with soap and water.



Don't touch your face with unwashed hands.

Avoid close contact with people who are sick or have travelled internationally.



Protect yourself if you have a chronic condition like HIV, TB, diabetes, lung or heart problems:

- Keep your appointments and take your medication correctly every day.
- If you have stopped your medication, go to your healthcare facility to start it again.



If you get symptoms of coronavirus:

You might have coronavirus, but do not panic. Most people with coronavirus have a mild illness.

Visit your doctor or clinic:

- Call ahead or alert the clinic as soon as you arrive.
- If difficulty breathing, seek health care urgently.



Isolate yourself:

Stay home for 14 days from start of symptoms. Don't go to work or school. Avoid public transport and public places.



Prevent spread while isolating yourself:

Wash hands often.



Clean surfaces (counters, door handles etc.) regularly - use 4 teaspoons household bleach in 1 litre water.



Don't share dishes, cups, eating utensils, towels, or bedding. Wash these well.



Cover your cough and sneeze.



Avoid close contact, even if you live in a crowded place. Do not hug, touch or kiss.



Open windows and doors.

If your symptoms get worse or you have difficulty breathing, urgently contact your doctor or clinic or phone the hotline:

National Hotline **0800 029 999**

Provincial hotline **021 928 4102**

It may be difficult to follow this advice - do the best you can.
Be kind and support one another through this stressful time.

Together we can beat coronavirus!

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



Facility readiness

Find out from your manager what is happening in your district with regards to facility readiness.

There is a NICD checklist available on the website:

www.nicd.ac.za

Don't panic - Tea time



Enjoy a cup of tea and be back in 20 minutes!

NICD Forms – Person Under Investigation



Version 3, 17 February 2020
CENTRE FOR RESPIRATORY DISEASES AND MENINGITIS
OUTBREAK RESPONSE, DIVISION OF PUBLIC HEALTH SURVEILLANCE
AND RESPONSE

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

Internal use
CRDM unique no: _____

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

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

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

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

Case ID : _____

Is this a: **New clinical query**
Contact of a known case If contact of a known case, provide case details: _____
Known case first name: _____
Known case surname: _____
Known case DOB: DD/MM/YYYY

Detected at point of entry? If yes, date: DD/MM/YYYY Please specify the point of entry: _____

PATIENT DETAILS	DOCTOR'S DETAILS
Patient hospital number (if available): _____	First name: _____
First name: _____ Surname: _____	Surname: _____
DOB: <u>DD/MM/YYYY</u> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Facility name: _____
Residency: SA resident <input type="checkbox"/> Non-SA resident <input type="checkbox"/> Specify: _____	Contact number/s: _____
Current residential address ¹ : _____	Email address: _____
Patient's contact number(s): <small>include alternative number</small>	
Please indicate occupation (tick all that apply): Working with animals <input type="checkbox"/> Health laboratory worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Facility name: _____ Other <input type="checkbox"/> Specify: _____	

NEXT OF KIN CONTACT DETAILS (alternative contact details)

First name: _____ Surname: _____

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

CLINICAL PRESENTATION AND HISTORY

Date of symptom onset:	<u>DD/MM/YYYY</u>	Date of current consultation/admission:	<u>DD/MM/YYYY</u>
Fever (≥38°C)	<input type="checkbox"/> <input type="checkbox"/>	Sore throat	<input type="checkbox"/> <input type="checkbox"/>
Myalgia/body pains	<input type="checkbox"/> <input type="checkbox"/>	Shortness of breath	<input type="checkbox"/> <input type="checkbox"/>
General weakness	<input type="checkbox"/> <input type="checkbox"/>	Nausea/vomiting	<input type="checkbox"/> <input type="checkbox"/>
Irritability/confusion	<input type="checkbox"/> <input type="checkbox"/>	Diarrhoea	<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/> <input type="checkbox"/>	Specify	_____

DIAGNOSIS

- Did the patient have clinical or radiological evidence of pneumonia
- Were chest X-rays (CXR) done: If yes, CXR Findings: _____
- Did the patient have clinical or radiological evidence of acute respiratory distress syndrome (ARDS)?

This section is a prerequisite for testing, therefore, please fill out the below section to the best of your ability.

Laboratory testing will be delayed if forms are incomplete or were filled in incorrectly.

In the 14 days before symptom onset did the patient (mark all that apply):

- Have close physical contact² with a known COVID-19 case? Unkn
- If the patient has been in a close physical contact with a known COVID-19 case, please indicate contact setting:
Healthcare setting Family setting Work place Public transport setting Other Specify: _____
- Patient is a healthcare worker (HCW) who was exposed to patients with severe acute respiratory illness, unless another aetiology has been identified to explain the clinical presentation of the HCW? Unkn
- Is the patient part of a severe respiratory illness cluster of unknown aetiology that occurred within a 14-day period? Unkn
- Patient has visited a health care facility (as a patient or visitor) in a country where hospital-associated COVID-19 cases have been reported? Unkn (if yes, complete travel section)
- Has the patient travelled to/from China or area/s with evidence of sustained SARS-CoV-2 (cause of COVID-19) human-to-human transmission, or a declared outbreak? Unkn (if yes, complete travel section)

TRAVEL HISTORY

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

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

UNDERLYING FACTORS/CO-MORBID CONDITIONS

Asthma: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Cardiac disease: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Chronic kidney disease: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Chronic liver disease: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn
Chronic neurological/neuromuscular disease: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	COPD/Chronic pulmonary disease: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Diabetes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Immuno-deficiency (excluding HIV): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn
HIV: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Is the patient virally suppressed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Recent viral load: _____	On ARVs: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn
Obesity: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Pregnancy: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Trimester: _____	Tuberculosis: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn
Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Specify: _____		

TREATMENT/MANAGEMENT

Patient hospitalised: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Admitted to ICU: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	Ventilation: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	On ECMO: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn
Antibiotics: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	if Yes, list: _____	Tamiflu/ other antiviral drugs: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unkn	
White cell count total: _____	Differential neutrophils/lymphocytes%: _____		
Has the patient been isolated at: Home <input type="checkbox"/>	Healthcare facility <input type="checkbox"/>	Not isolated <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____

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

OUTCOME (at time of specimen submission)

Currently hospitalised: <input type="checkbox"/>	
Discharged: <input type="checkbox"/>	Discharge date: <u>DD/MM/YYYY</u>
Transferred: <input type="checkbox"/>	Name of facility: _____
Died: <input type="checkbox"/>	Date of death: <u>DD/MM/YYYY</u>
Other: <input type="checkbox"/>	Specify: _____

¹If patient is not a permanent resident, please provide their current residential address while residing in South Africa. ²Close contact: A person having had face-to-face contact or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker is either person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE. A contact is an aircraft within two years (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ³Areas with presumed ongoing community transmission of SARS-CoV-2: <http://www.nicd.ac.za/files/ncov-sa-2020-02-19/>

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

Forms - Specimen submission

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

Patient Information		Submitter Information (contact person for results)	
Identifier or Hospital no		Surname	
Surname		First name	
First name		Laboratory	
Age/Date of birth		City, Country	
Gender		Contact number (021 555 0000) + ()	
Facility/Hospital		Email address	
Specimen Details			
Specimen collection date: dd-mm-yyyy			
Specimen type:			
<input type="checkbox"/> Combined NP/OP swab	<input type="checkbox"/> Nasopharyngeal (NP) aspirate	<input type="checkbox"/> Nasal swab	
<input type="checkbox"/> Nasopharyngeal (NP) swab	<input type="checkbox"/> Bronchoalveolar lavage (BAL)	<input type="checkbox"/> Sputum	
<input type="checkbox"/> Oropharyngeal (OP) swab	<input type="checkbox"/> Pleural fluid	<input type="checkbox"/> CSF	
<input type="checkbox"/> Tracheal aspirate (TA)	<input type="checkbox"/> Blood culture	<input type="checkbox"/> Serum	
<input type="checkbox"/> Whole blood	<input type="checkbox"/> Other, specify:		
Laboratory Test Details (please consult with CRDM if testing other than influenza, RSV or B. pertussis is required)			
Tests requested:			
<input type="checkbox"/> Avian influenza	<input type="checkbox"/> Influenza / RSV	<input type="checkbox"/> MERS-CoV	<input type="checkbox"/> Neonatal sepsis*
<input type="checkbox"/> Bordetella pertussis	<input type="checkbox"/> Legionella spp.	<input type="checkbox"/> Atypical pneumonia*	<input type="checkbox"/> Bacterial meningitis*
<input type="checkbox"/> C. diphtheriae	<input type="checkbox"/> Respiratory panel (bacterial & viral)*	<input type="checkbox"/> Viral meningitis*	
<input type="checkbox"/> Group A streptococcus	<input type="checkbox"/> Community-acquired pneumonia (bacteria)*	<input type="checkbox"/> SARS-CoV-2	
<input type="checkbox"/> Group B streptococcus	<input type="checkbox"/> Hospital-acquired pneumonia (bacteria)*	<input type="checkbox"/> Other, specify:	
Clinical Presentation and Outcome		Date of symptom onset: dd-mm-yyyy	
Clinical diagnosis:			
<input type="checkbox"/> Acute rheumatic fever	<input type="checkbox"/> Meningococcal disease	<input type="checkbox"/> Lower respiratory tract infection	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Influenza-like illness	<input type="checkbox"/> Upper respiratory tract infection	
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Other, specify:	
Symptoms:			
<input type="checkbox"/> Fever (≥38°C)	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Cough	<input type="checkbox"/> Headache
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Paroxysmal cough/inspiratory whoop
<input type="checkbox"/> Apnoea	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Unknown	<input type="checkbox"/> None
Underlying Risk Factors:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Chronic Lung Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Unknown	<input type="checkbox"/> TB
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	<input type="checkbox"/> None
Hospitalisation:		Outcome:	
<input type="checkbox"/> Outpatient	<input type="checkbox"/> Inpatient— not admitted ICU	<input type="checkbox"/> Inpatient— admitted to ICU	<input type="checkbox"/> Unknown
<input type="checkbox"/> Still hospitalised	<input type="checkbox"/> Survived	<input type="checkbox"/> Died	<input type="checkbox"/> Unknown
Exposure History			
Did the patient travel in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Area/Country travelled to:	Date of travel to this area	Date of travel from this area	
1.	dd-mm-yyyy	dd-mm-yyyy	
2.			
Did the patient have animal contact in the 14 days prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Animal type	Date of exposure	Exposure type	
<input type="checkbox"/> Swine <input type="checkbox"/> Wildbirds <input type="checkbox"/> Poultry (eg. chickens, ostrich, ducks)	dd-mm-yyyy		
Other, specify:			
Tel: +27 (0)11 555 0315 0317 NICD Hotline: 082 883 9920 Email: lindsay@nicd.ac.za/orienkan@nicd.ac.za Please attach any relevant information			
CRDM Specimen Submission Form V3 Feb 2020		Date entered:	Initials:

CRDM PCR Diagnostic Test Panels:

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

Forms - Contact line list – page 1 of 2



COVID-19 CONTACT LINE LIST

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



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

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

Details of contacts (With close contact¹ 7 days prior to symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW? ³ (Y/N) if Yes, facility name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

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

Forms - Contact line list – page 2 of 2

Details of contacts (With contact¹ 7 days prior to symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW? ³ (Y/N) If Yes, facility name
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				

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

Case 1: Mrs Smith

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

How would you manage Mrs Smith using the COVID-19 PACK algorithm?

You have 30min to do this case.



Case 2: Themba

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

How would you manage Themba using the COVID-19 PACK algorithm?

You have 30 min to do this case.



Case 3: Solomon

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

How would you manage Solomon using the COVID-19 PACK algorithm?

You have 30 min to do this case.



Protect yourself from COVID-19

Protect yourself at work

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

Protect yourself in your social space

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

SOCIAL DISTANCING GUIDELINES

Social distancing refers to limiting public gatherings as much as possible

AVOID

Group gatherings
Sleep overs
Play-dates
Concerts
Theatre outings
Athletic events
Crowded Retail Malls
Workouts and Gyms
Non-essential workers in your house
Mass Transit System

USE CAUTION

Visit a local restaurant
Visit grocery store
Get take out
Pick up medication
Visit the library
Religious services
Travelling

SAFE TO DO

Take a walk
Go for a hike
Gardening
Play in your garden
Clean out a closet
Read a good book
Listen to music
Cook a meal
Family game night
Go for a drive
Group video chats
Stream a favourite show
Check on a friend
Check on elderly neighbours



Dealing with occupational stress

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

1. Turn to the 'protect yourself from occupational stress' page in PACK and discuss how these are relevant to you.
 - Please note the advice on spending time with supportive family and friends, in light of COVID-19 should be limited to small groups and should not include those at risk of severe infection. Use social media to stay in touch.
2. Discuss how you could develop a buddy system in your facility
 - Each staff member in a clinic has a buddy that they check in on everyday and ask the following 3 questions:
 - a) How are you coping with work?
 - b) How are you managing to protect yourself from COVID-19?
 - c) How are you managing to look after your mental health – taking breaks, stress relief etc?



Training logistics

Who are you going to train?

When are you going to train?

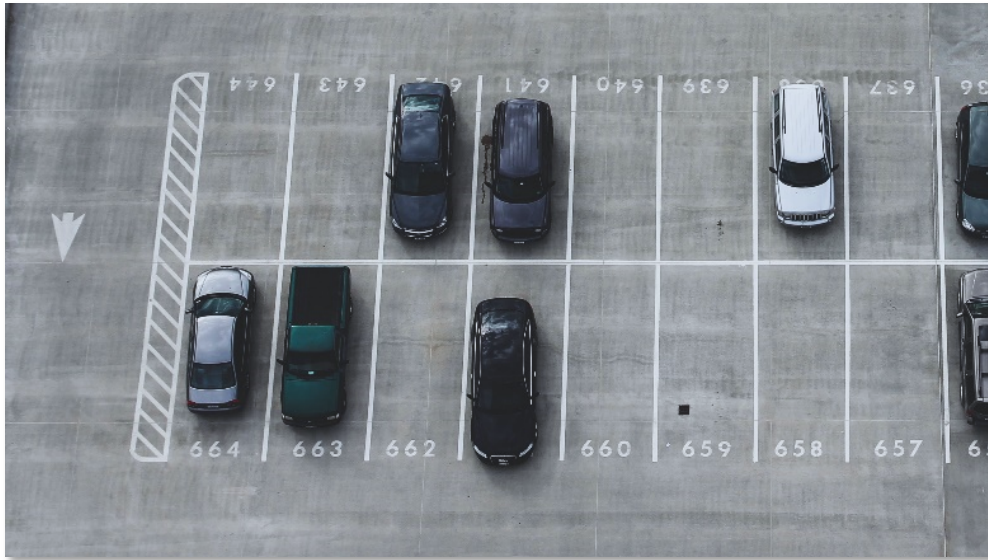
How will you report? (M&E)

WhatsApp Groups

We recommend creating WhatsApp groups for your participants as information is constantly being updated.

As group administrators, please take responsibility for what is shared on the group, ensure it is official communication so that myths are not spread.

Parking Lot

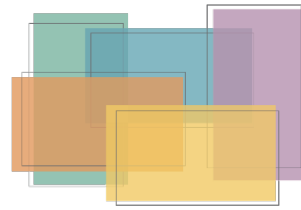


Review the parking lot





Thank you and be safe.



PACK

Practical Approach to Care Kit

