



COVID-19 UPDATE

SARS-COV-2 TESTING FOR ALL PATIENT ADMISSIONS

VERSION 2: 6 MAY 2020

BACKGROUND

Planned surgery will resume on 4 May 2020 in all Mediclinic Southern Africa hospitals. Mediclinic wants to ensure that the risk of transmission of SARS-Cov-2 is prevented in its facilities and therefore require that the all patients are screened prior to admission to ensure the safety of staff and patients.

The purpose of this proposal is to provide recommendations on the approach to follow with the testing of all patients and their subsequent management on admission. Testing refers to laboratory investigation with PCR and screening refers to symptom and contact risk factor assessment that occurs on access control or by a medical practitioner.

ELECTIVE SURGERY

All patients scheduled for surgery have to be tested 48 hours prior to surgery (depending on the turn-around time of the specimens in that region) by the treating medical practitioner.

Negative result: proceed with surgery (Standard precautions)

Positive result: Cancel the surgery and request the patient to self-isolate, re-test after 14 days and continue with surgery if negative as per normal protocol.

Maternity admissions for elective caesarean section or planned induction should be tested as above however if they are positive their admission must continue and they should be isolated. There is no documented vertical transmission from mothers to neonates so if mom is negative there is no need for testing of the neonate.

Children who have planned surgery should have swabs taken, from the most suitable route based on their age, 48 hours prior to surgery and managed in the same way as adults thereafter.

EMERGENCY SURGERY

All patients that have to undergo emergency surgery will be tested on admission, isolated and managed as patients under investigation (PUIs) until the result of the test is available.

If the surgery is urgent and **no result** is available, manage as a COVID-19 positive patient.

If negative: proceed with surgery

If positive: managed according to COVID-19 guidelines:

- Isolated
- Intubated and extubated:
 - N95 respirator
 - Visor

- Theatre gown
- Apron
- Gloves
- Limit the number of people in theatre during intubation and extubation

MEDICAL ADMISSIONS

All medical admissions will be regarded as PUIs and tested on admission. If possible PUIs will be isolated, but preference for isolation rooms will be provided for those PUIs with respiratory symptoms.

Other PUIs can be cohorted if there is no other option and the following implemented:

- Bed space increased to 1.5 – 2 meter between beds
- At least 6 air changes per hour in areas where patients are cohorted
- Transmission based precautions: contact and droplet precautions implemented:
 - Surgical mask
 - Visor/Goggles
 - Apron
 - Gloves

Negative result:

- Continue as before testing (Standard precautions)

Positive result:

- Isolate or cohort with other confirmed COVID-19 patients
- Implement transmission based precautions: Contact and Droplet
 - Surgical mask
 - Visor/goggles
 - Apron
 - Gloves

The parent and child is a unit. If the child tests positive then it's likely the parent is also positive and can be tested at the discretion of the admitting doctor. If the child tests negative and the parent has symptoms or risk factors the child and parent should be managed as a PUI.

All positive patients have to be:

- Notified to the NICD/Department of Health
- Contacts have to be followed up
- The required documentation has to be submitted to the NICD as per protocol for all specimens that are submitted

SPECIMEN COLLECTION OF IN-PATIENTS

Collection of nasopharyngeal and/or oropharyngeal swabs for the diagnosis of COVID-19 are regarded as aerosol generating procedures (AGP) and the necessary transmission based precautions have to be taken when specimens are collected in nursing departments. The following principles should be adhered to:

- No specimens should be collected in multiple bed rooms where other patients are admitted
- Use a single room to collect the specimens (preferably a negative pressure room) or alternatively open the windows
- Identify one person with the appropriate PPE to collect the specimens to reduce PPE usage

- The following PPE should be worn:
 - Visor (preferred to protect the N95 respirator)/Goggles
 - N95 respirator
 - Gown
 - Apron
 - Disposable gloves which should be changed after each patient
- Adhere to sound IPC principles
- All the necessary documentation has to be completed for the NICD and DoH. The requirement changes regularly and official communication will be send out by Corporate Office if there is a change in the documents that have to be completed or the process to follow
- Only complete the contact list after a positive result was received and sent to NICD and DoH, together with the notification of the positive result
- Ensure that the room is thoroughly cleaned and disinfected after the specimens were collected
- Avoid using the EC for routine and elective specimen collection to prevent a large number of patients gathering in the EC unnecessarily and to prevent adverse EC patient flow

Document compiled with input from:

Dr Stefan Smuts
Briëtte du Toit
Koert Pretorius
Wimpie Aucamp
Dr Kim Faure
Aline Hall
Christine Smedley
Dr Melanie Stander