

COVID-19

MANAGEMENT OF COVID-19 PATIENTS IN A NON-COVID OUTBREAK SETTING

INTRODUCTION

SARS-CoV-2, the virus causing COVID-19 is one of many pathogens including MRSA, CPE, CRE, C.diff, TB, etc. that hospitals manage on a daily basis. Going forward the following factors will have to be established and maintained to enhance the safe management of **all** patients and prevent transmission of pathogens in Mediclinic Southern Africa facilities:

- Surveillance
- Risk assessment
- Baseline screening and testing on admission
- Patient placement based on outcome of risk assessment
- Standard and Transmission based precautions, including personal protective equipment and the interim measure of universal masking and visors
- Hand hygiene
- Environmental Cleaning
- Contact identification and monitoring
- Ventilation

Although patient placement, hand hygiene and environmental cleaning are part of Standard Precautions, these have been highlighted due to their importance in the prevention of transmission of infectious diseases. Please note that all the elements of a multimodal approach to reduce transmission are not addressed in this document, but only the most important aspects preventing transmission of infectious diseases and multidrug resistant organisms (MDROs).

The IPC Managers are trained and equipped to make the decision about the placement of patients based on the risk assessment performed and must be consulted if there is any uncertainty.

SURVEILLANCE

It is important to monitor the incidence of SARS-CoV-2 in the hospital and the community on a daily, weekly and monthly basis. If there is a continued increase in the number of new cases admitted to the hospital, especially ICU admissions, the control measures have to be enhanced immediately.

RISK ASSESSMENT

A comprehensive risk assessment is one of the most important aspects in the management of all patients entering a healthcare facility. The purpose of a risk assessment is to:

- Identify the risk of being colonised or infected with multidrug resistant organisms (MDROs)
- Identify patients with infectious diseases
- Identify patients who might pose a risk to other patients and healthcare workers
- Identify vulnerable patients who are at risk of contracting infections or become infected with MDROs
- Determine where the patient should be placed in the hospital

Multiple risk assessments are performed on each patient, and if carried out effectively will significantly assist in reducing the risks of transmission.

The first assessment is access **control** which aims to identify any risk of an infectious disease, specifically COVID-19, and then manage accordingly.

The second risk assessment is performed in Nursing units as part of the admission process (**General Assessment: N0953; Emergency Centre Record General: N2248**) and the following important elements are included in the risk assessment:

- History of exposure to a patient with an infectious disease
- Signs and symptoms of an infection/infectious disease
- Recent exposure to healthcare, e.g.
 - Being admitted in a healthcare facility
 - Invasive procedures
 - Antimicrobial use
- Travel history

Refer to the Corporate Policy: Management of a patient with a MDRO.

The third assessment is the **COVID-19 Daily Symptom Screening** (N0800) to be carried out on all patients every day for the early identification of **any** symptoms which may indicate possible COVID-19 and prompt testing and isolation immediately if indicated. This is important to identify new infections and prevent transmission to other patients and healthcare workers.

Note: Any factors identified on a risk assessment have to be reviewed and action taken to mitigate the risk in order to be effective.

BASELINE SCREENING AND TESTING ON ADMISSION

Requirements for baseline screening for infectious diseases or multi-drug resistant organisms must be assessed for all patients on admission and performed when applicable.

Based on the outcome of the screening/risk assessment, the patients should be tested accordingly for the following if indicated e.g.:

- COVID-19
- PTB
- CPE
- MRSA

Note: Baseline screening also includes specimen collection from patients transferred or admitted into facilities with invasive devices in-situ or who have skin lesions or wounds.

Refer to the Corporate Policy: Management of a patient with a MDRO

PATIENT PLACEMENT

It is important to separate patients colonised or infected with MDROs or with suspected or confirmed infectious diseases from those without any infections to prevent transmission and subsequent outbreaks in healthcare facilities. The following principles should be applied to determine the priority for an isolation or single room in the order detailed below:

1. Diseases transmitted via the airborne route (PTB, measles and chickenpox)
 - Negative pressure ventilation room
 - Single room
 - Cohort patients with the same pathogen/disease in one room
2. Highly infectious diseases or very resistant MDROs which have the ability to spread rapidly and affect many people (e.g. COVID-19, meningococcal meningitis, pertussis, mumps, CPE, MDR Acinetobacter, C.diff) and when aerosol generating procedures are performed on patients with diseases transmitted via droplets such as COVID-19:
 - Single room
 - Cohort patients with the same pathogen/disease in one room or section of a unit
3. Diseases transmitted via the droplet route (e.g. influenza)
 - Single room
 - Cohort patients with the same pathogen/disease in one room
 - If not possible, accommodate in one room and ensure adequate space (2 meters) between beds
4. Disease transmitted via contact
 - Single room
 - Cohort patients with the same pathogen/disease in one room
 - If not possible, accommodate in one room and ensure adequate space (2 meters) between beds

NOTE: Only patients with confirmed infectious diseases or MDROs may be cohorted with other patients with the same pathogen in a room as far as possible.

Refer to the Corporate Policy: Isolation: Standard and Transmission based precautions and the Isolation posters

STANDARD AND TRANSMISSION BASED PRECAUTIONS

The relevant transmission based precautions should be implemented based on the routes of transmission of the organism.

- Adherence to the required precautions and appropriate practices must be monitored.
- Personal Protective Equipment (PPE) should be selected based on the risk of exposure to body fluids and pathogens as described in the **Corporate Policy: Isolation: Standard and Transmission based precautions as well as Isolation posters**.
- Please note that PPE is only one part of the multi-modal approach that should be followed to prevent transmission of infections and that compliance to all the elements detailed in associated policies have to be adhered to, to prevent transmission.
- When aerosol generating procedures are performed on suspected COVID patients, additional precautions should be taken based on the history, possible exposure, risk assessments and signs and symptoms of COVID.
- Universal masking is currently required by the Government and has to be adhered to in all facilities.
- **Universal visors can be stopped when there are no COVID-19 patients in a unit, the number of COVID-19 hospital admissions and the incidence in the community is low. It has however to be worn as part of transmission based precautions when indicated (e.g. during aerosol generating procedures, risk of splashes of body fluids, etc.)**

HAND HYGIENE

Hand hygiene is essential to prevent the transmission of MDRO and infectious diseases and should always be a priority. Hand hygiene compliance has to be monitored on a daily basis and non-compliance has to be addressed immediately.

Refer Corporate Policy:

- Hand hygiene
- Hand hygiene monitoring

ENVIRONMENTAL CLEANING

The healthcare environment has to be cleaned daily and more frequently in areas with a high burden of MDROs e.g. isolation rooms, critical care units.

Refer Corporate Policies:

- **Cleaning and Disinfection: Bed and Patient Environment**
- **Theatre and Recovery Bays: Environmental Cleaning, Disinfection and Verification**

- **Isolation: Standard and Transmission based precautions**

CONTACT IDENTIFICATION AND MONITORING

Contacts of the following infectious diseases have to be identified and monitored for the duration specified for the specific infectious disease e.g.:

1. COVID-19
2. Measles
3. Rubella
4. Mumps
5. PTB
6. Chickenpox
7. Meningococcal meningitis

The appropriate post-exposure prophylaxis should be provided when indicated (e.g. Meningococcal meningitis).

The names of all contacts (people exposed to a patient/healthcare worker with any infectious disease [not MDROs] **in the healthcare facility**) have to be recorded and reported to the NICD/Department of Health (DoH) only when the disease is notifiable. Contacts have to be followed up on a daily basis and the duration of the follow up depends on the specific disease. The DoH follows up contacts outside the healthcare facility.

Refer to the Corporate Policy: Isolation: Standard and Transmission based precautions as well as Isolation posters

VENTILATION

Ventilation is a key element to prevent the transmission of diseases transmitted via the respiratory route. The re-purposing of the fan/filter units that were used in the ICUs should be considered for the general wards in areas where suspected COVID-19 patients are accommodated after consultation with the Infrastructure department.

RESPONSIBILITIES

Person	Responsibility
All Healthcare Workers	<ul style="list-style-type: none"> • Ensure that the risk assessment is done on all patients during the admission process and daily • Report any concerns identified during the risk assessment to the Unit Manager • Be honest when completing the access control application • Report any signs or symptoms of infection to the Line Manager/Occupational Health Practitioner

	<ul style="list-style-type: none"> Report any exposure to an infectious disease to the Unit Manager
Unit Manager	<ul style="list-style-type: none"> Ensure that the risk assessment of patients is done daily and that anomalies are acted upon List the names of the contacts Assist with daily monitoring of affected staff Report all staff with signs and symptoms of infection
INCON or Occupational Health Practitioner	<ul style="list-style-type: none"> Do the daily monitoring of staff for signs and symptoms of COVID-19 infection or any other infectious disease to which they have been exposed Monitor wellbeing of staff and refer as appropriate
Infection Prevention and Control (IPC) Manager	<ul style="list-style-type: none"> Assist with the placement of patients if necessary Monitor compliance to IPC principles Identify training needs and liaise with the Learning and Development Consultant to address the training deficiencies Notify the Unit Manager or hospital management of any failures resulting in transmission
Patient Safety Manager	<ul style="list-style-type: none"> Assist with the placement of patients if necessary in the absence of the IPC Manager Assist with the monitoring of compliance to IPC principles
Learning and Development Facilitator	<ul style="list-style-type: none"> Address training needs in collaboration with IPC Manager
Human Resources	<ul style="list-style-type: none"> Manage the absenteeism according to the Human Resources policies
Nursing Manager/Hospital Clinical Manager	<ul style="list-style-type: none"> Sign off on the high risk contacts Ensure that high risk contacts are monitored and followed up correctly

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