

MCSA CLINICAL SERVICES

NOVEL CORONAVIRUS (SARS-COV-2)

CORONAVIRUS DISEASE (COVID-19)

Infection Prevention and Control

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March 2020



GLOBAL SPREAD CONFIRMED COVID-19 (08/03/2020)

Total Confirmed
107,185

Total Deaths
3,643

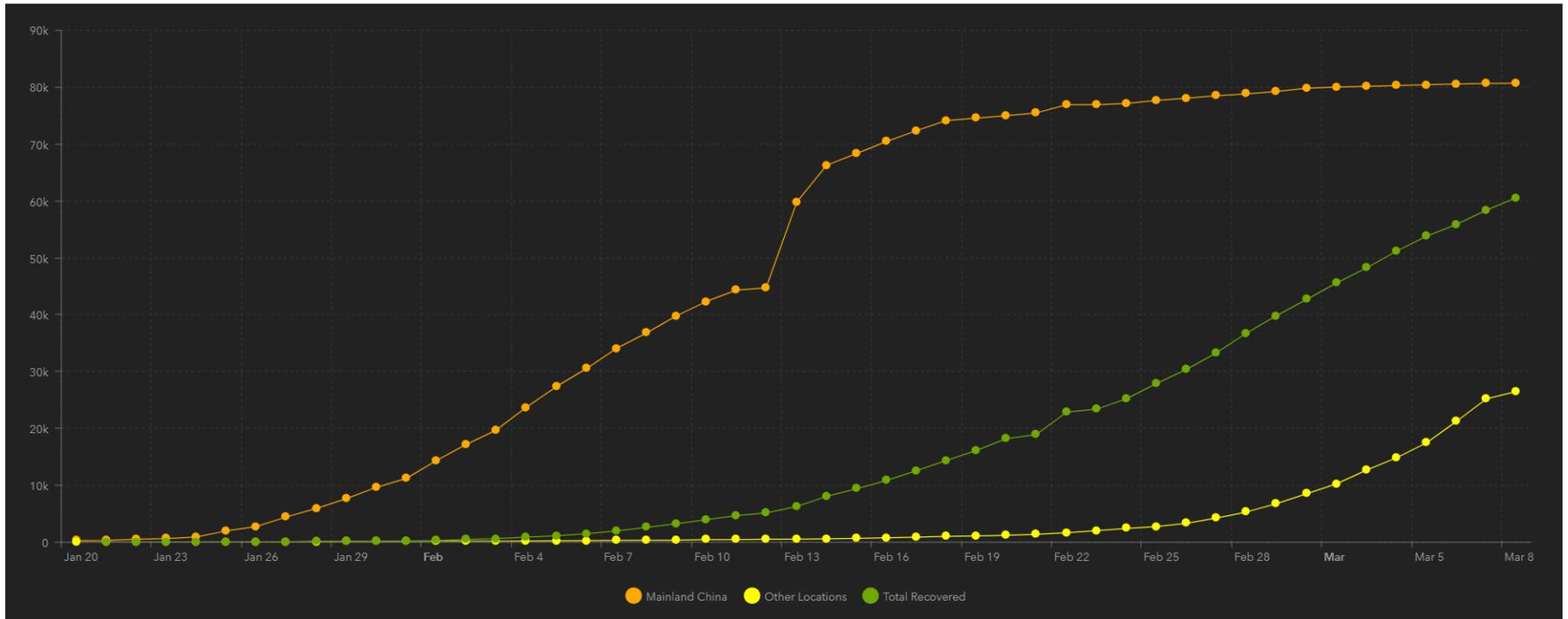
Total Recovered
60,558

Countries
106

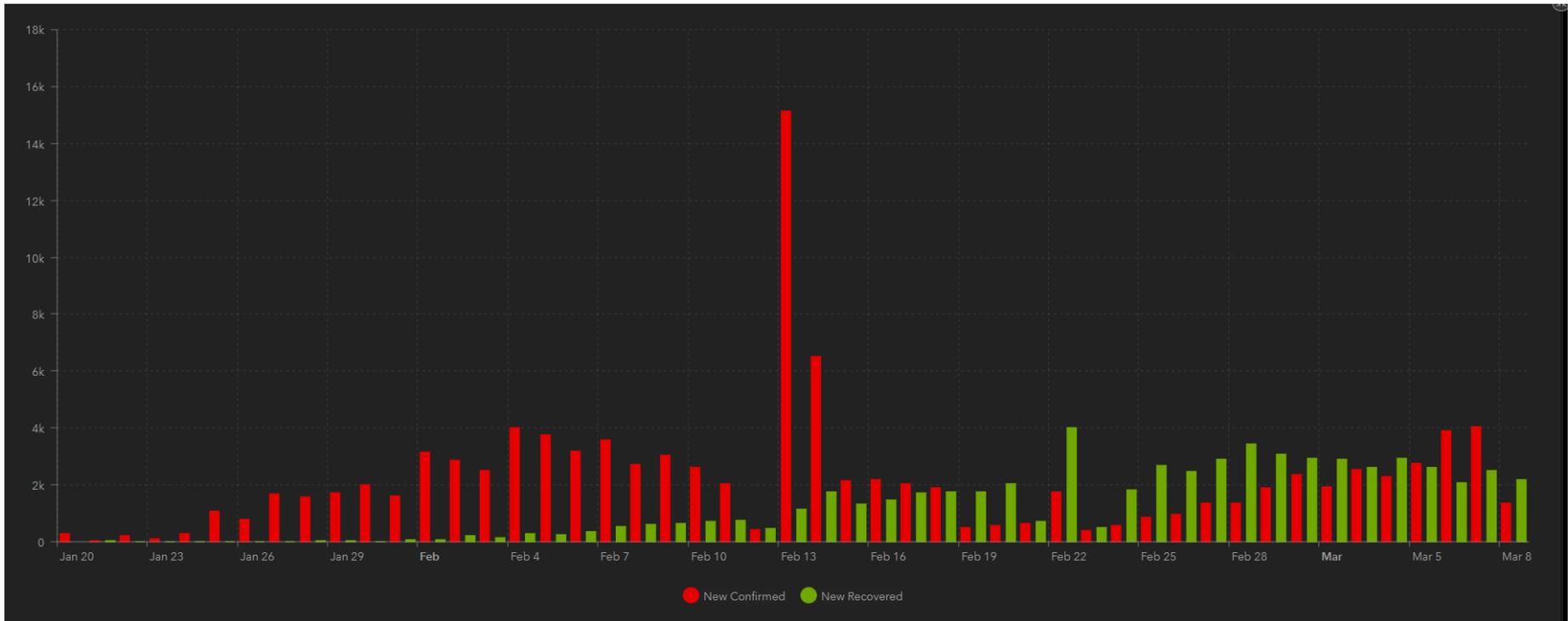


COVID-19

NUMBER OF CONFIRMED CASES MAINLAND CHINA VS REST OF THE WORLD



DAILY NEW CONFIRMED CASES VS RECOVERED CASES



CORONAVIRUSES

WHAT IS IT?

What is Coronavirus?

Coronaviruses are a large family of viruses that cause illness ranging from the common cold to more severe diseases like pneumonia, MERS and SARS

- Severe Symptoms
- High Fever
- 38°C
- Pneumonia
- Kidney Failure
- Death

TRANSMISSION

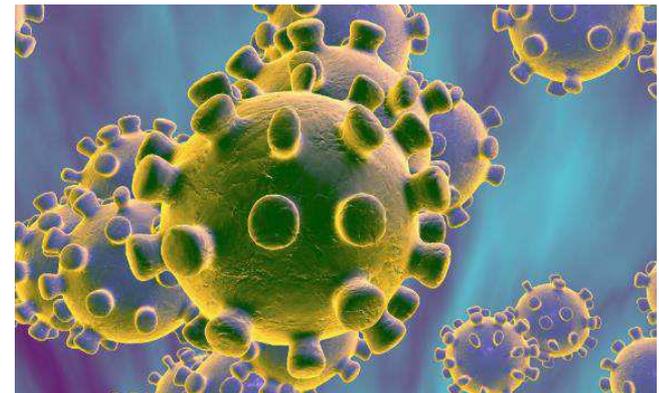
Coughs or sneezes from infected person or touching contaminated objects



COMMON SYMPTOMS

- Fever
- After 2 to 7 days develop a dry cough
- Mild breathing difficulties at the outset
- Gastrointestinal issues
- Diarrhea
- General body aches

- Coronaviruses are enveloped, RNA viruses.
- The envelope of the coronaviruses is covered with club-shaped glycoproteins which look like 'crowns'- hence the name 'coronavirus.'
- Coronaviruses are responsible for the common cold, and usually cause self-limited upper respiratory tract infections.



ROUTES OF TRANSMISSION

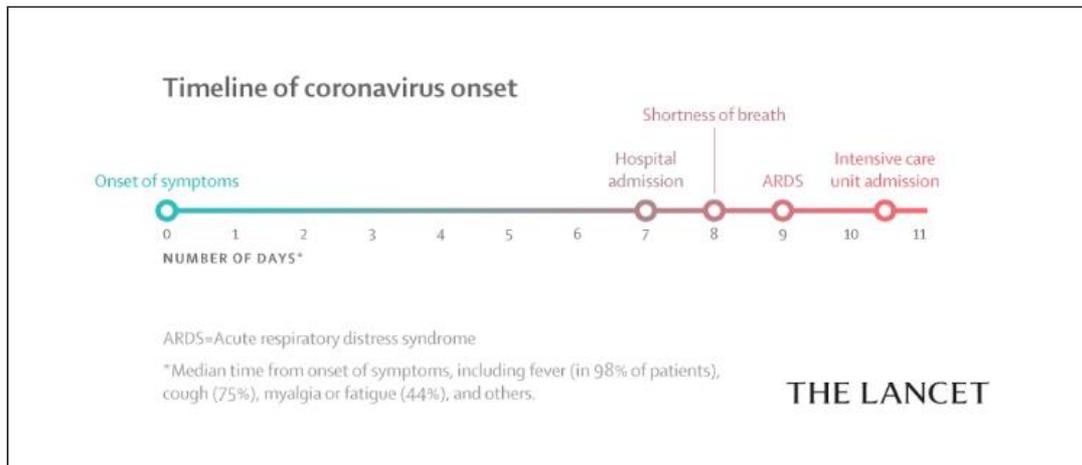
- Main route of transmission respiratory **droplets**
- Airborne transmission has not proven, but
- Can spread with procedures creating fine **aerosols** (e.g. intubation, ventilation, CPR, etc.)
- **Contact** – contaminated droplets landing on surface
- Excreted in stool (but faecal-oral route not be confirmed)



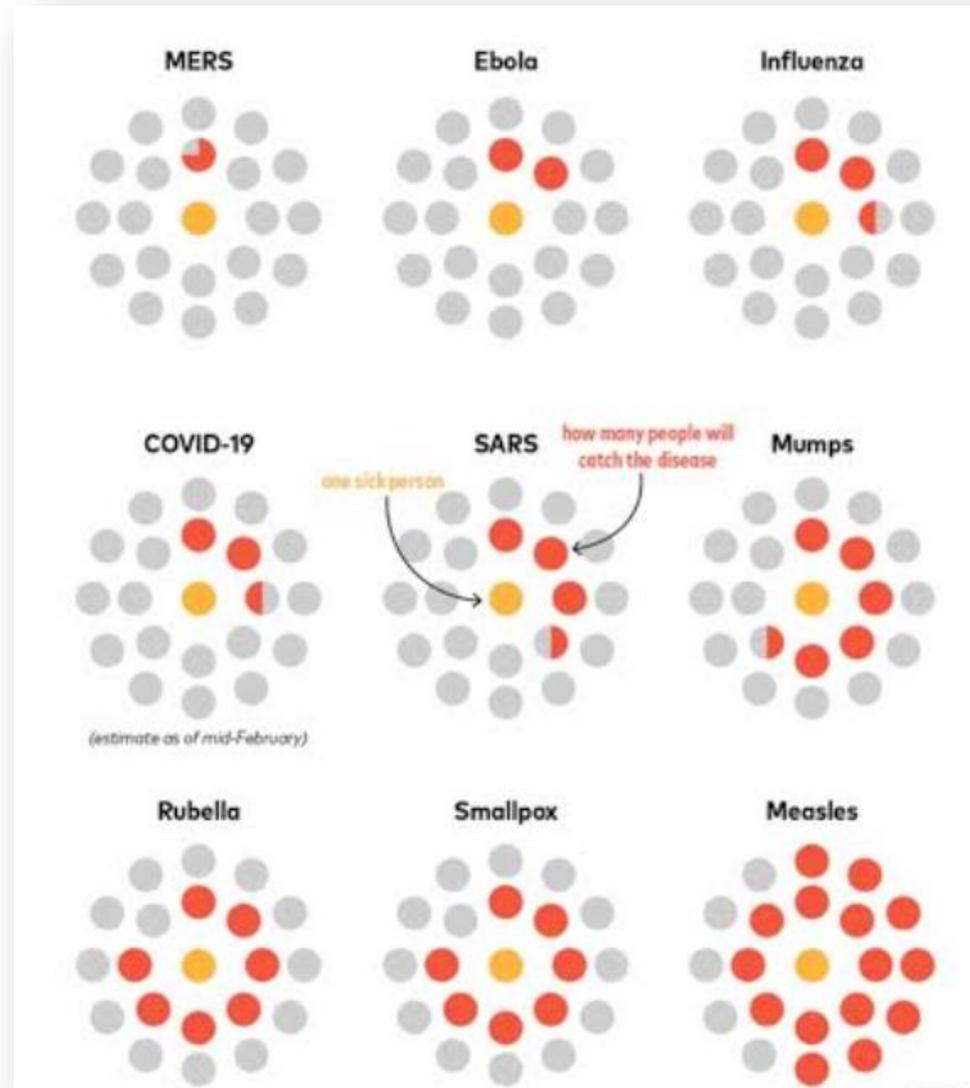
TRANSMISSIBILITY

HOW INFECTIOUS IS IT?

- Mean incubation period 5.2 days (95% CI, 4.1 to 7.0), 95th percentile of the distribution at 12.5 days.
- 14 days of isolation or quarantine is suggested as it allows a window of 1.5 additional days (Li, 2020)
- Basic reproductive number was estimated 2.2 (95% CI, 1.4 to 3.9) - on average each infectious case gives rise to just over 2 infectious cases.



TRANSMISSIBILITY COMPARED TO OTHER INFECTIOUS DISEASES



SITUATION IN SOUTH AFRICA

SOUTH AFRICA

- Number of cases tested: 667 (4 March 2020)
- Seven positive (9 March 2020)

MEDICLINIC

- Number of cases tested: 37 (9 March 2020)
- None positive

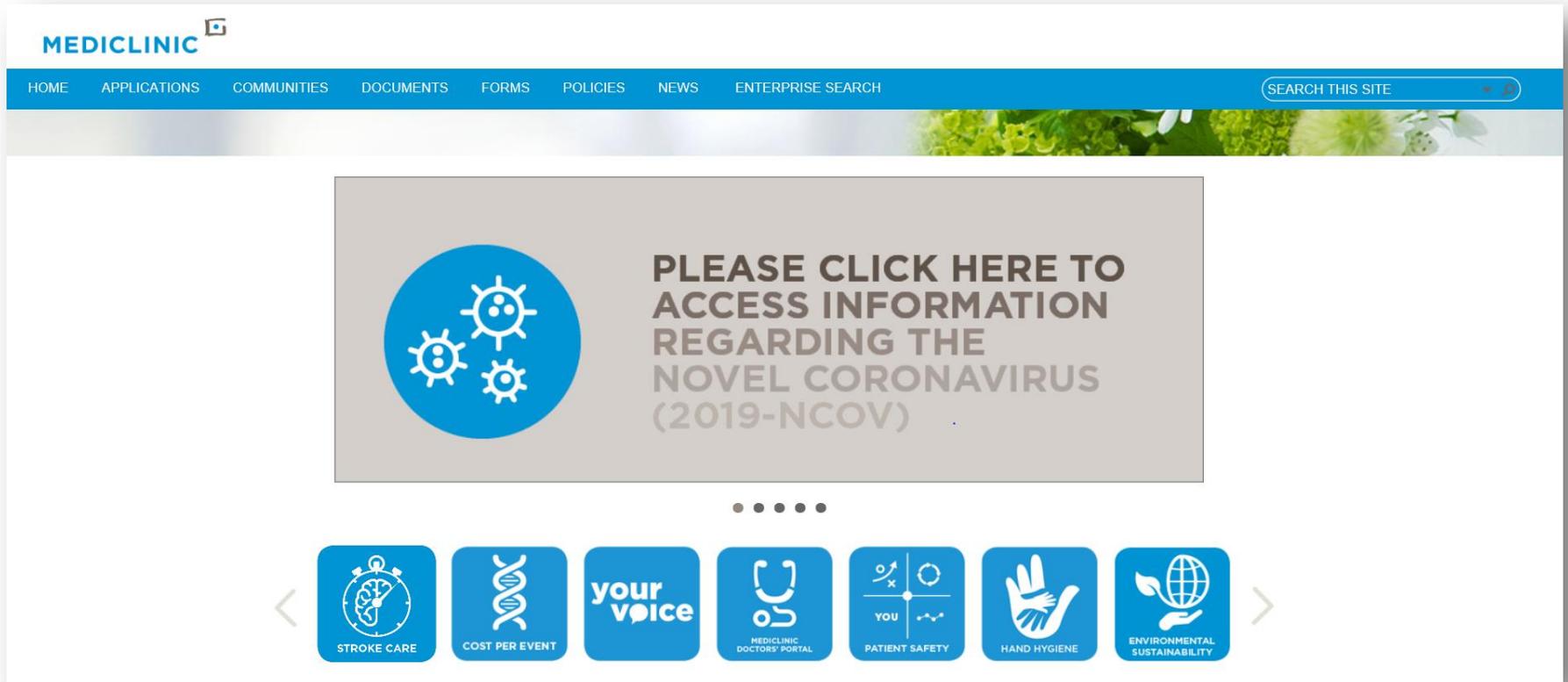
LABORATORIES

- NICD (increase in the TAT of specimens: >24 hours)
- Tygerberg hospital and Groote Schuur – Virology: 9 March 2020
- Lancet & Pathcare: 9 March 2020

SITUATION IN MEDICLINIC

WHAT HAS BEEN PUT IN PLACE

- Corporate Task Team
- Communication to the hospitals & VCs
- Communication to the Specialists and GPs
- Intranet
 - Dedicated site accessible via the home page
- Mediclinic guidelines and reference documents
- Algorithm
- National DoH and NICD Novel Coronavirus Guidelines
- Facility checklist
- DoH Facility readiness survey
- Procurement
- Admission risk assessment activated



MEDICLINIC 

HOME APPLICATIONS COMMUNITIES DOCUMENTS FORMS POLICIES NEWS ENTERPRISE SEARCH

 **PLEASE CLICK HERE TO ACCESS INFORMATION REGARDING THE NOVEL CORONAVIRUS (2019-NCOV)**

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 **STROKE CARE**  **COST PER EVENT**  **your voice**  **MEDICLINIC DOCTORS' PORTAL**  **PATIENT SAFETY**  **HAND HYGIENE**  **ENVIRONMENTAL SUSTAINABILITY**

SITUATION IN MEDICLINIC

WHAT HAS BEEN PUT IN PLACE

- INTRANET – IPC SITE

- Calendar
- Environmental Cleaning
- Guidelines
- Hand Hygiene
- Hospital Collaboration
- IPC Bundles
- IPC Corporate Team
- IPC Strategy
- Outbreak Management
- Policies
- Position Papers
- Q&A
- Resources
- Recent
 - Coronavirus: Facility Readiness
- Site Contents

GUIDELINES

[+ new document](#) or drag files here

All Documents CoronaView ...

✓ Name	Modified	Modified By	Category	Sub-Category
Document Type : Algorithms nCoV (1)				
WC Algorithm_nCoV_version 1_20200204	... 4 days ago	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
Document Type : Contact Monitoring (3)				
nCoV Contact tracing from guidelines DRAFT v2 3Feb2020	... 6 days ago	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
2019 nCoV Contact Monitoring tool v3 03.02.2020	... 6 days ago	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
2019-nCoV-Contact-Line-List-v4-05.02.2020	... 4 days ago	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
Document Type : Daily updates and media releases (3)				
IHR Emergency committee for pneumonia due to the novel coronavirus 2019 nCoV Press briefing transcript 30012020	... February 2	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
MINISTER OF HEALTH SOUTH AFRICA UPDATE ON CORONAVIRUS - 5 Feb	... February 10	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
20200217-Situation report-28-covid-19 *	... About an hour ago	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
Document Type : Mediclinic (3)				
Management of a patient with suspected or confirmed NOVEL influenza final_30 Jan 2020	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
Addendum 2_Facility preparedness checklist V1 2020 02 03	... February 4	<input type="checkbox"/> Antonie, Caroline	DOH/NICD	Coronavirus
Addendum 1-Novel coronavirus Version 3 20200204	... February 4	<input type="checkbox"/> Du Toit, Briette	DOH/NICD	Coronavirus
Document Type : NICD (9)				
NICD Novel Coronavirus 2019-nCoV	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
20200126-ncov-ipc-during-health-care	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
nCov-home-care-infected-patients (1)	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
CRDM-specimen-submission-form-v2_13-Sep-2019	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
Clinical-management-of-novel-cov	... January 30	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
2019-nCov-Quick-reference-v3-03.02.2020-final	... February 5	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus
NMC_Case_Notification_Form_NOTIFICATION_PAGE_v2_final-Mar2018	... February 5	<input type="checkbox"/> Du Toit, Narissa	DOH/NICD	Coronavirus

SUSPECTED OR CONFIRMED INFLUENZA: MANAGEMENT OF A PATIENT

MCSA.C.IPC.1.1

PURPOSE

The purpose of this policy is to provide guidelines to healthcare workers on the management of a suspected and confirmed novel influenza. This policy does not apply to patients with suspected or confirmed influenza.

APPLICABILITY

This policy applies to all healthcare workers working in Mediclinic Southern Africa.

POLICY STATEMENT

The appearance of new (novel) influenza viruses are reported regularly. It is a fact that people have not yet developed immunity against these severe disease in affected patients and the morbidity and mortality are high. Information about novel emerging viruses are initially limited. The incubation period, signs and symptoms of the disease, routes of transmission, and the impact on patients are. It is however important that the necessary measures are taken to prevent the spread of these viruses. All MCSA employees must comply with the policy to prevent the spread of these viruses to other vulnerable patients and healthcare workers. The policy aims to:

- Types of influenza
- Risk factors for acquiring novel influenza
- Signs and symptoms of influenza
- Risk factors for severe or complicated influenza
- Guidelines pertaining to the management of a patient with suspected or confirmed influenza
- Requirements for the notification of suspected or confirmed influenza to the NICD/Department of Health
- Management of exposed healthcare workers

ADDENDUM 1 NOVEL CORONAVIRUS (2019-nCoV)

HISTORY

Coronaviruses are a large group of viruses that are common amongst animals. In rare cases these viruses can be transmitted from animals to humans to cause zoonotic diseases.

The viruses usually cause mild to moderate upper respiratory tract illness, similar to a common cold, but also cause serious infections or complications.

Currently not much is known about the novel Coronavirus (2019-nCoV) and further information will be provided as it becomes available.

TRANSMISSION

Since this novel coronavirus has only been recently identified, there is limited information regarding the mode/s of transmission. Human coronaviruses are most commonly transmitted via the following routes:

- Via droplets and aerosols when an infected person is coughing or sneezing
- Close personal contact with secretions (contaminated hands)
- Close contact with a contaminated object or surface and then touching mucous membranes (e.g. eyes, mouth, etc.)

CLINICAL PRESENTATION

Reported illnesses have ranged from mild to no symptoms to people being severely ill and dying. The clinical signs and symptoms are the following:

- Fever
- Cough
- Difficulty in breathing (identified in only a few patients)
- Bilateral infiltrates on chest X-rays
- Lymphopenia may be present.

Patients with underlying illness and the elderly appear to be an increased risk of severe illness.

CLINICAL CRITERIA FOR A PERSON UNDER INVESTIGATION (SUSPECTED CASES)

It is important to note that the case definition might change as more information about the virus and the disease become known.

Criteria for persons under investigation (PU) (suspected cases)

A person with acute respiratory infection (sudden onset of at least one of the following: cough, sore throat, shortness of breath) requiring hospitalisation or not

ADDENDUM 2 CHECKLIST: HEALTHCARE FACILITY PREPAREDNESS

All Mediclinic Southern Africa hospitals have to be prepared to accommodate patients with suspected or confirmed Novel influenza. All hospitals should be ready to:

- Prevent spread of a novel influenza virus
- Identify and isolate patients with novel influenza
- Inform hospital management, Corporate Office and the Department of Health/NICD
- Care for a limited number of patients with a known or suspected Novel influenza virus as part of routine operation
- Potentially care for a larger number of patients in the context of escalating transmission
- Outline plans for internal and external communication
- Monitor and manage healthcare personnel with potential for exposure to a novel influenza
- Manage the impact on patients, the facility, and healthcare personnel

The following checklist highlights some key areas for hospitals to review in preparation for a novel influenza virus.

ELEMENT	YES	NO	ACTION TO BE TAKEN	RESPONSIBLE PERSON	DUE DATE
Relevant IPC policies available and staff is familiar with the content (see back of the document for details).					
A risk assessment (travel question) is done on all patients during admission to ensure prompt identification of high risk patients.					
A process is in place to inform a dedicated person (e.g. IPC Manager/Patient Safety Manager/Unit Manager on call/ EC Unit Manager) when a high risk patient has been identified during the admission process.					
An area has been identified where the patient can be interviewed.					
All Reception staff is informed about the process to follow.					
A complete travel history is asked from all patients during the admission in the ward (General Assessment: N0953/Emergency Centre Assessment: N2248).					
A process is in place to inform the unit manager/IPC Manager of any high risk patients that has been identified during the admission process.					
An effective triage system is in place in EC to identify and manage high priority cases promptly.					
Negative-pressure ventilation isolation rooms or single rooms are available to isolate suspected/confirmed patients.					

TELEPHONIC ENQUIRIES RECEPTION AND EC

1. Inform reception/switchboard, etc. on questions to ask and process to follow
2. Case definition – using checklist
3. If fulfils criteria, ask to go to nearest facility

Precautions for Reception staff

- Ask patients to don a mask if they are coughing
- Alcohol handrub available at strategic places
- Poster
- Clean surfaces regularly

ADMISSION PROCESS

RECEPTION : RISK ASSESSMENT

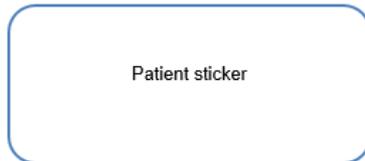
1. Reception travel question: **YES**
2. SMS to the IPC Managers and Patient Safety Managers

The following patient **46051** had a positive response to the travel risk assessment question on admission. Please follow up immediately and apply the case definition. **MCUAT: Mediclinic Panorama**

Escalate to designated manager for review

- Immediate actions based on patient condition:
 - Coughing : request to don a mask
 - Interview in designated area – “isolate”
 - Obtain history, using the case definition
 - If appears to fit the case definition:
 - Appropriate PPE and further management in designated area in EC

IMMEDIATE ACTION TO TAKE RISK ASSESSMENT- CASE DEFINITION



Checklist: Identification of suspected COVID-19 case

Please tick where indicated

Persons with acute respiratory illness with sudden onset of at least one of the following:	
Cough	Yes
Sore throat	Yes
Shortness of breath	Yes
Fever ($\geq 38^{\circ}\text{C}$) or history of fever	Yes
AND	
In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:	
Were in close contact ¹ with a confirmed ² or probable ³ case of SARS-CoV-2	Yes
OR	
Had a history of travel to areas with presumed ongoing community transmission of SARS-CoV-2; i.e., Mainland China, South Korea, Singapore, Japan, Iran, Hong Kong, Italy, Vietnam and Taiwan or any newly identified countries	Yes
OR	
Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated	Yes
OR	
Admitted with severe pneumonia of unknown etiology.	Yes
<p>1. Close 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 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.</p> <p>2. Confirmed case: A person with laboratory confirmation of SARS-CoV-2 infection, irrespective of clinical signs and symptoms.</p> <p>3. Probable case: A PUI for whom testing for SARS-CoV-2 is inconclusive (the result of the test reported by the laboratory) or for whom testing was positive on a pan-coronavirus assay.</p>	

SARS-CoV-2 (Severe acute respiratory syndrome coronavirus 2) is a novel coronavirus that causes a respiratory disease- COVID-19 (coronavirus disease 19).

If the patient meets the case definition do the following:

Phone the 24 hour NICD Hotline with a detailed travel and clinical history: 082-883-9920 066-562-4021	Yes	No
If indicated, collect the specimen, wearing appropriate PPE (eye protection, N95 respirator, disposable gown and disposable gloves)		
Collect naso/oropharyngeal swabs for detection of respiratory viruses. Both swabs can be placed in a tube containing universal transport medium (UTM)		
Put the specimens on ice: Ensure the cooler box and ice packs stay at 2-8°C		
Complete the following documents and submit with the specimen:		
• Patient under investigation (PUI) Form	Yes	No
• Request for COVID-19 Testing AND Centre for Respiratory Diseases and Meningitis: Specimen Submission Form Notification of Notifiable Medical Condition form	Yes	No
• Notification: Notifiable Medical Condition form; Category 1: "Respiratory disease caused by a novel respiratory pathogen",	Yes	No
• COVID-19 Contact Line List	Yes	No
E-mail the completed information to the NICD at ncov@nicd.ac.za and copy IPC Manager AND IPC Corporate Office: Brïette.dutoit@mediclinic.co.za / Christine.smedley@mediclinic.co.za / Narissa.dutoit@mediclinic.co.za	Yes	No
Ensure that the specimens are collected and sent to the NICD. Request a tracking number.	Yes	No
Inform Corporate Office: IPC (Brïette du Toit/Christine Smedley/Narissa du Toit): 021 809-1886/072 463 4444/083 987 8973/083 561 6149	Yes	No

NICD Hotline:
082-883-9920 | 066-562-4021

PATIENT UNDER INVESTIGATION COVID-19 CASE

- Confirm the case definition
- Contact the NICD hotline
- Specimen collection
- Notification and reporting
- Follow-up

SPECIMEN COLLECTION

How

- Isolate patient & Limit contact
- PPE
 - Goggles
 - N95 respirator
 - Gown
 - Disposable **non-sterile gloves**

Immediate telephonic reporting:

- NICD Hotline & Provincial CDC (Category 1 NMC)

Paper based - electronic submission

- PUI Form: Request for COVID-19 Testing
- Specimen submission form
- NMC Case Notification Form
- Contact list (NICD document)

E-mail the following documents:

NICD ncov@nicd.ac.za / NMCsurveillanceReport@nicd.ac.za / DoH: CDC

/Corporate Office: IPC (Briëtte, Christine & Narissa) ICU/EC (Melanie/Riani)

TRIAGE EMERGENCY CENTRE

- All coughing patients are requested to put on a mask
- Travel question and Risk assessment
- Isolate
- Case definition
- Complete the EC General Assessment (N2248) with insight

GENERAL ASSESSMENT *Continued*

Neurological	* Cervical Spine	Not Compromised	Rigid Collar	Head Blocks	Manual In-Line	C-Spine Immobilisation	n.a.
	* Emotional Status / Behaviour	Appears Calm	Slurred speech	Inco-ordination	Mood changes	Uninhibitedness	
		Altered level of consciousness		Irritable	Anxious	Withdrawn	Crying
		Indeterminable (Complete Neurological Record if abnormalities detected)					
	* GCS	Eyes /4	Verbal /5	Motor /6	Total		/15
	* Pupil Size (mm)	Left	Right	n.a.			
* Pupil Reaction	Left	Right	n.a.				
Safety	* History of fall in last 3 months	Yes	No				
VHF Screen	* If temp > 38.3	Travelled in last 3 months		No	Yes: Outside provincial border / Outside national border		
	Travelled where _____		Occupation _____				

PROCESS DIRECT ADMISSIONS NURSING DEPARTMENTS

General assessment (N0953)

- Complete with insight and the importance of specific questions
- Travel history
- Signs and symptoms of respiratory condition

Escalate information

- To IPC Manager/ designated manager for review

Current Complaint: <i>Onset, Signs & Symptoms, Progress of Symptoms, Duration, Aggravating and Alleviating Factors</i>					
Medical History & Co-morbidities	Diabetes	Hypertension	Epilepsy	Asthma	Other:
Surgical History	Procedure		Date	Complications	
Previous Hospitalisation	Date:		Duration:		
Previous Resistant Organism	Unknown	No	Yes:		
Recent Travel History	Date:		Place:		
Family History					

EC “PACKS” SPECIMEN SUBMISSION AND NOTIFICATION

Compile a pack with the following documents:

1. Mediclinic Checklist
2. Mediclinic Algorithm
3. PUI Form: Request for COVID-19 Testing
4. Specimen submission form
5. NMC Case Notification Form
6. Contact list (NICD document)

EC "PACKS" SPECIMEN SUBMISSION AND NOTIFICATION



Patient sticker



Patient under investigation

Please note
Furthermore, th
Tel: (+27)3866

Today's date: DD/MM/YYYY

Is this a: New clinical que
 Contact of a kno

Detected at point of entry?

Patient hospital number (if av

First name: _____

DOB: DD/MM/YYYY

Residency: SA resident

Current residential Address:

Patient's contact number(s):
Please include alternative number

Please indicate occupation
(tick any if apply):

First name: _____

Relationship to the patient: _____

Date of symptom onset: DD/

Fever ()
History ()
Cough ()
Chills ()

- Did the patient have clinical
- Were chest X-rays (CXR) don
- Did the patient have clinical
- Does the patient have anoth

Page 1 of 2

CRDM episode n°



Patient Informa

Identifier or Hos

Surname

First name

Age/Date of birt

Gender

Facility/Hospital

Specimen Detail

Specimen collect

Specimen type:

Air/bus line

Flight /I

Laboratory Test

Tests requested:

Clinical Presenta

Clinical diagnosis

Symptoms:

Underlying Risk f

Hospitalisation:

Exposure History

Did the patient t

Area/Cou

1.

2.

Did the patient have animal contact in the 14 days prior to symptom onset? Yes No Unknown

Animal type

Date of exposure

Exposure type

Swine Wildbirds Poultry (eg. chickens, ostrich, ducks)

Other, specify: _____

dd-mm-yyyy

Specimen barcode/lab number

Tel: +27 (0)11 555 0315 | 0317 NICD Hotline: 082 883 9920 Email: lindao@nicd.ac.za/orienkah@nicd.ac.za

Please attach any relevant information

CRDM Specimen Submission Form V2 Aug 2019

Date entered:

Initials:



Notifiable Medical Conditions (NMC) Case Notification Form

(Section 90 (1) (j), (k) and (w) of National Health Act, 2003 (Act no. 61 of 2003))
This form must be completed immediately by the health care provider who diagnosed the condition Please mark applicable areas with an X

Health facility name (with provincial prefix) Health facility contact number Health district

Patient file/folder number Patient HPRS-PRN Date of notification

Patient demographics Patient residential address

First name Surname

S A ID number

Passport/other ID number

Citizenship

Date of birth

Age

Gender Male Female

Is patient pregnant? Yes No Unknown

Contact number

Medical conditions details

Name of NMC diagnosed History of possible exposure to NMC in the last 60dys No Yes Unknown

Method of diagnosis Clinical signs and symptoms ONLY Rapid test X-ray Laboratory confirmed Other

Clinical symptoms relating to the NMC

Treatment given for the NMC

Date of diagnosis

Patient admission status Outpatient Discharged Inpatient

Patient vital status Alive Deceased

Travel history in the last 60 days

Did patient travel outside of usual place of residence? Yes No If yes, complete the travel details below

Place travelled from Place travelled to Date patient left usual place of residence Date patient returned to usual place of residence

Vaccination history for the NMC diagnosed above (complete only for vaccine preventable NMC)

Vaccination status Not vaccinated Up-to-date Unknown Date of last vaccination

Specimen details Notifying health care provider's details

Was a specimen collected? Yes No

Date of specimen

Specimen barcode/lab number

Mobile number

SANC/HPCSA number

Notifier's signature

The top copy (white) must be sent to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or NMC hotline 072 621 3805 and to the sub-district/district office. The middle copy (blue) must be attached to the patient referral letter or patient file. The bottom copy (pink) must remain in the booklet

providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE. A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companion or persons

providing care, and crew members serving in the section of the aircraft where the index case was seated. Casual contact: Attending the same school but not the same class, or a healthcare worker wearing recommended personal

protective equipment or PPE. ² Chose from: Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of Mother, Nephew, niece, Other relative, Uncle. ³ Healthcare worker.

Checklist: Identificatio

Please tick where indicated

Persons with acute respi

Cough

Sore throat

Shortness of breath

Fever (≥ 38°C) or history

In the 14 days prior to on

epidemiological criteria:

Were in close contact¹ wi

Had a history of travel to

transmission of SARS-Co

Japan, Iran, Hong Kong,

Worked in, or attended a

infections were being tre

Admitted with severe pne

1. Close contact: A person ha

case; this includes, amongst o

working closely in the same en

for a COVID-19 case, while no

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seats (in any direction) of the C

members serving in the sectio

2. Confirmed case: A person

signs and symptoms.

3. Probable case: A PUI for w

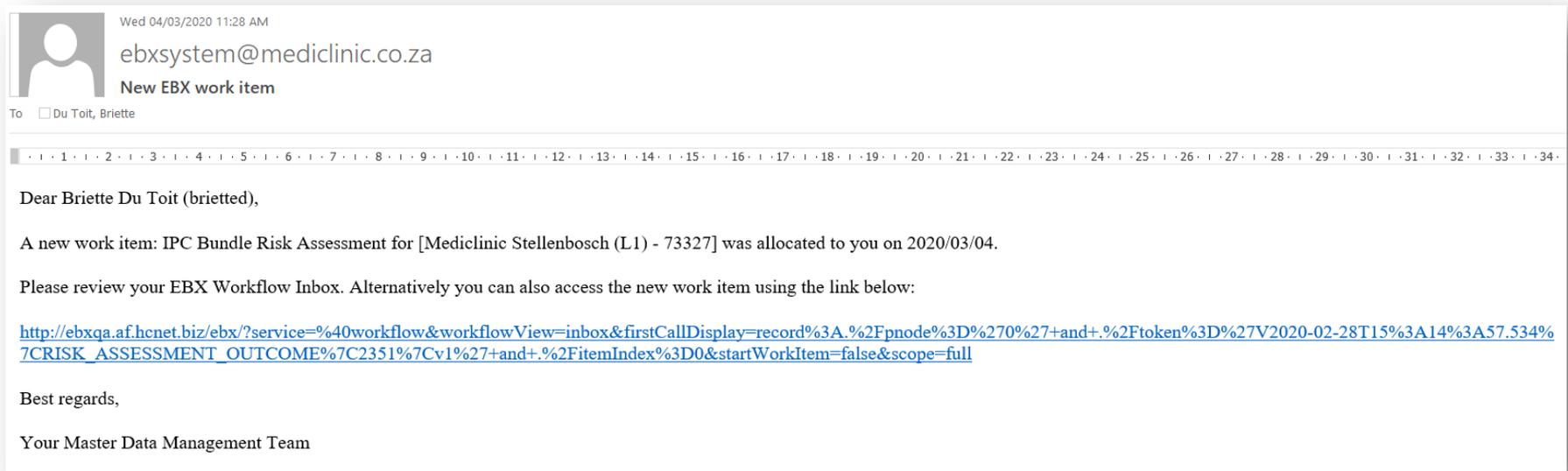
the laboratory) or for whom tes

SARS-CoV-2 (Severe acute respir

disease- COVID-19 (coronavirus)

SURVEILLANCE NOTIFICATION

- **Daily report** of all patients identified during admission process (08H00)
- **EBX:** Record all PUI
- **ICNet:** Recording of confirmed cases



PURPOSE

Purpose:

- “Close the loop”
- Centralised format to record all patients tested
- Provide summarised updates required
- Centralised report (on SAS)

CONTACT TRACING

WHAT IS A CLOSE CONTACT

- A person having had face-to-face contact (**< 2 meter**) or was in a closed environment with a COVID-19 case; this included, 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 (PPE) (e.g. aprons, gloves, N95 respirator, eye protection)
 - A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case
 - Travel companion or
 - Persons providing care or
 - Crew members serving in the section of the aircraft where the index case was seated.

CONTACT TRACING



2019-nCoV CONTACT LINE LIST

Complete a contact line list for every case under investigation and every confirmed case



Details of case under investigation/confirmed 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	Name	DD/MM/YYYY	
Role	Facility name		
Email address	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)
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 2019-nCoV case; this includes, amongst others, all persons living closely in the same environment as a case. A healthcare worker or other person providing direct care for a 2019-nCoV case, while not wearing recommended personal protective equipment (N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the 2019-nCoV case, travel companions or persons providing care where the index case was seated. ² Close from: Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, I



2019-nCoV DAILY SYMPTOM MONITORING TOOL



Complete for each contact of confirmed case.
Use electronic database if possible.

If not captured electronically at site, forward to ncov@nicd.ac.za, on completion of last day of monitoring.

Details of contact of case under investigation/confirmed case			
NICD Identifier	Date last contact	DD/MM/YYYY	
Surname	Name		
Date of birth	Age (Years)	Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Contact #	Alternative contact #		
Relation to case	Place of contact		
Healthcare worker	Facility name		
Traced	Contact type*	Close <input type="checkbox"/> Casual <input type="checkbox"/>	
Email	Monitoring method**	Direct <input type="checkbox"/> Self-digital <input type="checkbox"/> Self-telephonic <input type="checkbox"/> Active-telephonic <input type="checkbox"/>	
Quarantine	Facility where quarantined		
House #	Physical address (for next month, in South Africa)		
Town	Street	Suburb	
District	Municipality	Province	
Name, surname	Next of kin or alternative contact person details		
	Contact number(s)		

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

Instructions for completion: Mark "Y" if symptom present and "N" if not. If any symptoms are present collect, contact immediately and make immediate arrangements for the collection of a combined nasopharyngeal and oropharyngeal swab. Refer to 2019-nCoV Quick Guide on the NICD website for additional details.

DAY	1	2	3	4	5	6	7
Date (DD/MM)							
Fever (≥38°C)	<input type="checkbox"/> Y <input type="checkbox"/> N						
Chills	<input type="checkbox"/> Y <input type="checkbox"/> N						
Cough	<input type="checkbox"/> Y <input type="checkbox"/> N						
Sore throat	<input type="checkbox"/> Y <input type="checkbox"/> N						
Shortness of breath	<input type="checkbox"/> Y <input type="checkbox"/> N						
Myalgia/body pains	<input type="checkbox"/> Y <input type="checkbox"/> N						
Diarrhoea	<input type="checkbox"/> Y <input type="checkbox"/> N						

DAY	8	9	10	11	12	13	14
Date (DD/MM)							
Fever (≥38°C)	<input type="checkbox"/> Y <input type="checkbox"/> N						
Chills	<input type="checkbox"/> Y <input type="checkbox"/> N						
Cough	<input type="checkbox"/> Y <input type="checkbox"/> N						
Sore throat	<input type="checkbox"/> Y <input type="checkbox"/> N						
Shortness of breath	<input type="checkbox"/> Y <input type="checkbox"/> N						
Myalgia/body pains	<input type="checkbox"/> Y <input type="checkbox"/> N						
Diarrhoea	<input type="checkbox"/> Y <input type="checkbox"/> N						

CONTACTS FOLLOW UP

External: Community contacts of patients

- Awareness of adequate completion
- Travel history
- Signs and symptoms of respiratory condition

Internal: Healthcare worker

- To IPC Manager/ designated manager for review
- Occupational Health Practitioner/ INCON

CONTACTS MANAGEMENT STAFF

09 March 2020

INTERNAL MEMORANDUM

Dear Colleague

MANAGEMENT OF HEALTHCARE WORKERS WHO TRAVELLED OUTSIDE THE BORDERS OF SOUTH AFRICA AND NAMIBIA

Mediclinic acknowledges that a number of healthcare workers and their families are travelling internationally and we would like to implement the following measures to prevent transmission of SARS-CoV-2 in the community and in all Mediclinic facilities.

- Healthcare workers who have travelled to an area of ongoing community transmission and who are asymptomatic: return to work and be monitored daily for 14 days by the Occupational Health Clinic
- Healthcare workers who develop symptoms: Report the symptoms, you will then be managed according to the test result. If positive, self-isolate at home for 14 days, depending on the clinical condition.

We ask your cooperation to prevent the transmission of SARS-CoV-2 in Mediclinic facilities. Please disclose your travel history to your line manager upon return to South Africa as well as any signs and symptoms such as fever, cough, sore throat and shortness of breath.

Kind regards,



DR STEFAN SMUTS
Chief Clinical Officer
Mediclinic Southern Africa

Mon 09/03/2020 09:57 AM
Saunders, Jessica
INTERNAL MEMORANDUM | Management of healthcare workers who travelled outside of the borders of South Africa and Namibia

To [Comms Group 1](#); [Comms Group 2](#); [Comms Group 3](#); [Comms Group 4](#); [Comms Group 5](#); [Comms Group 6](#)

 Internal Memorandum Coronavirus Travel_9 March 2020.pdf
124 KB

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

Dear Colleague

Please find attached an internal memorandum from Chief Clinical Officer, Dr Stefan Smuts, regarding the management of healthcare workers who have travelled internationally.

Kind regards

Jessica Saunders
Communication Officer
MEDICLINIC SOUTHERN AFRICA

CONTAIN AND PREVENT TRANSMISSION

- Limit exposure
- Transmission-based precautions
 - Droplet
 - Airborne (during aerosolizing procedures)
 - Contact (with secretions)
- Personal Protective Equipment (PPE)
 - Use appropriately
 - Risk assessment
- **Hand hygiene**

STAFF CATEGORY	HAND HYGIENE	EYE PROTECTION	N95 *** RESPIRATOR	SURGICAL MASK	APRON	GOWNS (Disposable)	GLOVES (Disposable)
Reception staff	Yes						
Triage Staff	Yes			Yes			
Healthcare worker* attending to the patient (routine examination)	Yes	Yes		Yes	Yes		Yes
Healthcare worker* Performing aerosol generating procedures ** and caring for a confirmed case or very ill patient	Yes	Yes	Yes		Yes (if gown is not available)	Yes	Yes
Housekeeping staff	Yes			Yes	Yes		Yes
Security officer/porter	Yes			Yes (only if the patient does not wear a mask)			
Staff transporting specimens	Yes						

IPC

HAND HYGIENE & CLEANING

- Hand hygiene: 5 Moments
- **Surfaces:** Clean and disinfect per normal Mediclinic protocol

On fomites coronavirus can remain infectious for up to 9 d. A surface disinfection with 0.1% sodium hypochlorite, 0.5% hydrogen peroxide or 62% - 71% ethanol effective against coronaviruses within 1 min

#COVID19

Infection Prevention in Practice xxx (xxxx) xxx

Available online at www.sciencedirect.com

 ELSEVIER 

Infection Prevention in Practice

Journal homepage: www.elsevier.com/locate/ijpip

Potential role of inanimate surfaces for the spread of coronaviruses and their inactivation with disinfectant agents

Günter Kampf
University Medicine Greifswald, Institute for Hygiene and Environmental Medicine, Ferdinand-Sauerbruch-Straße, 17475, Greifswald, Germany

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Keywords:
Coronavirus
Persistence
Inanimate surfaces
Chemical inactivation
Biocidal agents
Disinfection

SUMMARY

The novel human coronavirus 2019-nCoV has become a global health concern causing severe respiratory tract infections in humans. Human-to-human transmissions have been described, probably via droplets but possibly also via contaminated hands or surfaces. In a recent review on the persistence of human and veterinary coronaviruses on inanimate surfaces it was shown that human coronaviruses such as Severe Acute Respiratory Syndrome (SARS) coronavirus, Middle East Respiratory Syndrome (MERS) coronavirus or endemic human coronaviruses (HCoV) can persist on inanimate surfaces like metal, glass or plastic for up to 9 days. Some disinfectant agents effectively reduce coronavirus infectivity within 1 minute such 62%–71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite. Other compounds such as 0.05%–0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate are less effective. An effective surface disinfection may help to ensure an early containment and prevention of further viral spread.

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Introduction

The novel coronavirus 2019-nCoV has recently emerged from China with a total of 14,557 laboratory-confirmed cases (as of February 2, 2020) [1]. Person-to-person transmission has been described both in hospital and family settings [2]. Some examples were described by the WHO. In Japan, a tour guide was infected who was part of the same cluster of Japanese cases who had contact with tourists from Wuhan. In Germany, a case was described that was part of the cluster in Bavaria. And in Thailand, a taxi driver was confirmed as infected who had no travel history to China. In addition, in France a healthcare worker was diagnosed with 2019-nCoV acute respiratory disease who treated two patients later identified as probable cases [3]. It is therefore of utmost importance to prevent any further spread in the public and healthcare settings.

Persistence of coronaviruses on inanimate surfaces

It has been postulated that coronaviruses can be transmitted from contaminated dry surfaces including self-inoculation of mucous membranes of the nose, eyes or mouth [4,5]. One ml of sputum has been described to contain approximately 10^8 viral copies [6]. In a recent review all available data on the persistence of coronaviruses on inanimate surfaces were summarized [7]. Most data were described

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<https://doi.org/10.1016/j.ijpip.2020.100044>
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ALCOHOL HANDRUB & SOAP PUMPS

Pumps

- Shortage of pumps
- Try to find an alternative suppliers
- Re-use – communication to follow

Healthcare risk waste

- No special precautions – follow normal procedure

EDUCATE PUBLIC REDUCE FEAR AND INFORM

WHAT TO KNOW ABOUT NOVEL CORONAVIRUS (SARS-COV-2)

THERE ARE MANY DIFFERENT CORONAVIRUSES IDENTIFIED IN ANIMALS, BUT ONLY A SMALL NUMBER OF THESE CAN CAUSE DISEASE IN HUMANS. EARLY IN 2020 A NEW CORONAVIRUS* WAS IDENTIFIED IN CHINA, CAUSING ILLNESS AND SPREADING RAPIDLY TO OTHERS.

HOW TO RECOGNISE COVID-19*



Sudden high fever



Headache



Cough or sore throat



Muscle pain

WHAT TO DO WHEN YOU HAVE COVID-19



Cover your cough or sneeze with your arm, flexed elbow or a tissue.



Perform hand hygiene (wash or use an alcohol-based handrub).



Get enough rest.



Drink plenty of water and eat nutritious food.



Seek medical advice if you are becoming more ill or if you are in a high-risk group.



Stay at home and avoid public areas.

SHOULD I BE TESTED?

You should have yourself tested if:

- you have an acute respiratory infection (a sudden onset of either a cough, and/or a sore throat, and/or shortness of breath), AND in the 14 days before the start of your symptoms, you were either:
- in close contact with a confirmed or probable case of COVID-19 infection, or travelled to an area where there is ongoing community transmission of COVID-19; or
- worked in or attended a healthcare facility where patients with COVID-19 infections were being treated, you should contact your doctor by phone for advice.

Source: European Centre for Disease Prevention and Control

*The 2019 novel coronavirus is now named the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) while the disease associated with it is referred to as COVID-19, according to the European Centre for Disease Prevention and Control.

PREVENT DISEASES FROM SPREADING THROUGH COUGHS AND SNEEZES

PROTECT OTHER PEOPLE FROM GETTING SICK. ENSURE YOU FOLLOW THE CORRECT ETIQUETTE FOR COUGHING AND SNEEZING BY DOING THE FOLLOWING:



Please wear a mask if you are coughing to prevent the virus from spreading to other people.



When coughing or sneezing, cover your mouth and nose with a flexed elbow or preferably use a tissue.



Discard used tissues in a bin immediately after use.



Perform hand hygiene (washing or using alcohol-based handrub) especially after coughing or blowing your nose.



If ill, stay at home to prevent the spread of disease to others.

TRAINING OF STAFF

REDUCE FEAR AND INFORM

- Information about the virus
- How it is transmitted
- Correct PPE
- N95 Fit testing
- Choice of PPE based on a risk assessment and level of exposure
- Donning and safe doffing (removal)
- Importance of hand hygiene and basic IPC principles

SURGE CAPACITY AND COMMUNITY OUTBREAK

- Work closely with the DoH
- Activate Major Incident Management Plan

MAJOR INCIDENT MANAGEMENT FRAMEWORK: MCSA HOSPITALS

POLICY MCSA.C.ER24.1.3

Purpose

The purpose of this policy is to provide a general framework for the mitigation, preparedness, response and recovery to any potential major incident at Mediclinic hospitals.

Applicability

This policy applies to:

- Corporate Office
- All Mediclinic hospitals
- Emergency Medical Services (ER24)

Policy statement

The objective of the framework is to define the key concepts and responsibilities around major incident management at Mediclinic hospitals and to ensure that hospitals can create a well-defined Major Incident Management Plan.

Definitions

Term	Definition
Major incident	An incident where the number, severity or type of live casualties, or by its location, requires extraordinary resources.
Disaster	Any occurrence that causes damage, ecological disruption, loss of human life, or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area. A major incident may turn into a disaster.
Internal incident	An event that occurs on the premises of a Mediclinic facility.
External incident	An event that occurs outside of any Mediclinic premises.

- Communication plan
 - Public phoning in
- Develop hospital specific surge capacity plan
- Increase in EC admissions
- Increase in ICU admissions

COMMUNICATION MEDIA STATEMENT

MEDIA STATEMENT

25 February 2020

MEDICLINIC XXXXX|PREPARED WITH NOVEL CORONAVIRUS PROTOCOLS IN PLACE

Mediclinic can confirm that there are currently no confirmed cases of the novel Coronavirus in South Africa.

In strict accordance with NICD and National Department of Health protocols, Mediclinic has implemented the necessary measures to manage any patients presenting with symptoms and to prevent the potential transmission of the virus in our facilities.

Mediclinic Tzaneen is aware of a patient that has presented with potential symptoms of the virus, but a diagnosis has not been confirmed by the NICD. The patient is being treated in accordance with the abovementioned protocols.

We would like to reassure our patients that as it is currently the traditional flu season, many of the basic respiratory symptoms are present and this does not imply that any patient presenting with symptoms is positive for the novel Coronavirus.

While the current health risk to the general South African public is low, based on current information, we urge the public to take the necessary precautions when travelling to affected areas. We also encourage anyone experiencing signs and symptoms of flu or who thinks that they may have been exposed to the virus to contact their healthcare provider.

<end>

For further information please contact:

Mediclinic Southern Africa
Tertia Kruger: Corporate Communication Manager
Email: tertia.kruger@mediclinic.co.za
Tel: 021 809 6500

DOCUMENTATION REFERENCE 'PACKS' FOR EXTERNAL DOCUMENTS

 Fri 06/03/2020 03:40 PM
Saunders, Jessica
DOCTOR LETTER | re COVID-19 PREPAREDNESS

To  Hospital Managers;  Doctor Relationship Managers;  IPC Managers

Cc  Kruger, Tertia;  du Plessis, Chris;  Smuts, Stefan;  Hospital Clinical Managers;  Patient Experience Manager

 This message was sent with High importance.

 COVID-19 Letter to Doctors 20200306.pdf 124 KB	 NMC Case Notification Form_v2_-Mar2018.pdf 323 KB	 Checklist.docx 27 KB
 COVID-19 Contact Monitoring Tool 2.pdf 590 KB	 MCSA Algorithm COVID-19 v4.pdf 895 KB	

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

Dear Colleague

Please find attached a letter from Chief Clinical Officer, Dr Stefan Smuts, regarding COVID-19 which can be distributed to your doctors.

Also attached is more information which your IPC Manager or Doctor Relationship Manager may share with the doctors who enquire about COVID-19.

Kind regards

Jessica Saunders
Communication Officer
MEDICLINIC SOUTHERN AFRICA

MEDICLINIC 

Dear Colleague

Re: COVID-19 PREPAREDNESS

Mediclinic is monitoring the expanding outbreak of the novel Coronavirus, known as SARS-CoV-2 and is prepared for the management of a possible outbreak in Southern Africa.

In preparation for this global outbreak, Mediclinic has provided all Emergency Centre (EC) and Infection Prevention and Control (IPC) Managers at the hospitals with a comprehensive set of guidelines based on the documents released by the National Institute for Communicable Diseases (NICD) and World Health Organisation (WHO). Processes have implemented to identify high risk patients on admission.

If a patient contacts you for telephonic advice, you can direct them to the NICD helpline 011 388 2000 or 0800 029 999 or you can apply the case definition and screening questions to determine their risk. Patients at risk who require testing should not necessarily be sent to hospital for testing if they are asymptomatic or only mildly symptomatic.

If a patient presents to your practice that may be at risk of COVID-19 infection, please provide your patient with a surgical face mask that they must wear to prevent further transmission. You must contact the NICD Hotline 082 883 9920 or 086 562 4021 and discuss the proposed management of the patient. Remember to limit staff exposure to the patient and wear appropriate personal protective equipment (PPE) while the screening and testing is conducted.

The IPC Manager at your local Mediclinic hospital can also provide you with an information pack containing the relevant guidance material and documentation.

If your patient does not require hospital admission then he or she can be sent home for self-management with further follow up arrangements.

If you intend sending a suspected case to hospital for admission, you should make contact with the Infection Prevention and Control (IPC) Manager or Emergency Centre (EC) shift leader at your local Mediclinic hospital to co-ordinate the arrangements.

You may contact the national ER24 care co-ordination number, 084 124, if you require ambulance assistance or transfer to hospital.

Thank you for your continued support and co-operation to ensure that all patients are managed safely according to the NICD and WHO guidelines.

Kind regards,



DR STEFAN SMUTS
Chief Clinical Officer
Mediclinic Southern Africa

6 March 2020

CONTACT DETAILS NOTIFICATIONS & QUESTIONS

NICD Hotline:

082 883 9920

066 562 4021

NICD Public Helpline:

011 386 2000

0800 029 999

CORPORATE OFFICE IPC:

Briette du Toit: 021-809 1886 / 072 463 4444

Christine Smedley: 021-809 1885 / 083 987 8973

Narissa du Toit: 021-809 6728 / 083 561 6149

**AN OUTBREAK OF THIS MAGNITUDE
HIGHLIGHTS THE INEFFICIENCIES IN THE
HEALTHCARE SYSTEM AND PROVIDES THE
IDEAL OPPORTUNITY FOR IMPROVEMENT**

QUESTIONS

<https://public.flourish.studio/visualisation/1477361/>

QUESTIONS

