

CHECKLIST 2

FOR LOCAL / GRASSROOTS HEALTHCARE PROJECTS,
VOLUNTARY GROUPS & FACILITIES IN LOW RESOURCE
SETTINGS.

Prepare: **Medically**

Version 1.1

PREPARING FOR COVID-19



Foreword

As the world faces its first pandemic in living memory, it is the most vulnerable communities with little or no access to healthcare who will face the greatest consequences and lives lost. Urgent efforts to mobilise learning and resources for infection prevention and control, the provision of personal protective equipment [PPE] to frontline health workers, as well as concentrated efforts on community awareness campaigns, will provide the greatest first line of defence against COVID-19 and save lives.

Many local and grassroots organisations dealing with this crisis [especially those that are not led by medical experts] are struggling to practically translate and filter out the wealth of information available, often full of medical or technical terms. These four checklists were put together by Doctors Worldwide to provide a starting point for local health projects and facilities in low-resourced settings, who are preparing for COVID-19. We ask that anyone who uses the checklists to get in touch with their feedback so that we may improve them further.

In the absence of a vaccine, humanitarian organisations have a collective responsibility to urgently prepare the local communities, partners and organisations who make up to 90% of the first responders in any worldwide crisis. With governments in lockdown, borders closed and airports grounded, humanitarian organisations are reminded once again that we must fulfil a core role of supporting local partners to stand on their own two feet, and that we must collectively work together as enablers in this worldwide crisis affecting us all.

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Acknowledgement

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The information in this booklet is based on Doctors Worldwide medical and operational experiences gained over the last 19 years since its launch in 2001. In addition, excerpts and passages have been adapted from various sources including: The World Health Organisation COVID-19 Infection Prevention and Control online resources; The African Federation of Emergency Medicine; The UK National Health Service, NHS, COVID-19 online resources; Guidance for Infection prevention and control in healthcare settings 2020 issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England; Interim Guidance; Tips and Advice on the Use of Personal Protection Equipment for Health Workers Coming into Direct Contact with COVID-19 patients, 3 April 2020, Produced by: Frontline Collaboration Against COVID-19 Humanitarian Analysis, Guidance and Support for NHS Workers, Dr Najeeb Rahman; Scaling up COVID-19 outbreak readiness and response operations in humanitarian situations including camps and camp-like settings Version 1.1 March 2020 IFRC, IOM, UNHCR, WHO; Managing COVID-19 across the Indo-Pacific - A guide for emergency departments with limited resources by the Australasian College for Emergency Medicine (ACEM) Global Emergency Care Committee; The Handbook of COVID-19 Prevention & Treatment from Zhejiang University School of Medicine; Guidance for infection prevention and control in healthcare settings Adapted from Pandemic Influenza; Guidance for the prevention of COVID-19 infections among high-risk individuals in camps and camp-like settings, Version: 31 March 2020, London School of Hygiene & Tropical Medicine

Disclaimer: The advice in this document is based on expert consensus and guidelines/resources from key public health authorities. Doctors Worldwide accepts no responsibility for the accuracy of the content.

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About Doctors Worldwide

Doctors Worldwide is a specialist medical charity based in the UK with a mission to support and collaborate with local communities to build and sustain quality healthcare services in both development and emergency settings. Access to quality healthcare is not a privilege, it is a human right; and we work towards making that a reality - especially for the most vulnerable communities.

Since our launch in 2001, we have delivered more than 95 healthcare projects across Asia, Africa and Central America impacting over 3 million lives and counting.

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CHECKLIST 2 – PREPARING YOUR ORGANISATION – MEDICALLY

Preparation is a critical part of strengthening the health systems of your organisation to respond to the outbreak. This checklist is **for both management/organisational staff and your lead medical staff** to help navigate your preparation activities medically.

Checklist 2	To Do	Due for review	In progress	Complete
<p>Reminders</p>				
<ul style="list-style-type: none"> As medical officers, nurses and community healthcare staff, your role is to provide essential medical and healthcare services whilst educating the population to stay at home and only visit the clinics/other providers if absolutely necessary. Practicing hand hygiene, respiratory hygiene, social/physical distancing, as well as IPC will go further in reducing the spread of the infection more than anything else. It is essential your staff are aware of PPE, have access to PPE and are trained on IPC [see checklist 3]. Consider stopping all non-essential routine appointments. Continue regular vaccinations and all maternal and antenatal appointments – the risk of mothers dying from pregnancy in areas of high maternal death rate is greater than the risk posed from COVID-19 [do a risk assessment for this according to your area]. Hand hygiene and respiratory hygiene is described in checklist 3. 				

<p>1) Prepare your staff / team</p>				
<ul style="list-style-type: none"> • Ensure all your staff are up to date and aware of COVID-19 symptoms, prevention, treatment and management according to local guidance and definitions. Always maintain a high level of clinical suspicion. Remember that you are not treating the very sick but that they are to be referred to the treatment facility chosen by your local government health ministry or district health office. • Ensure all staff are aware of IPC and PPE as a minimum – ensure they maintain IPC to the highest possible standard and that surfaces and treatment spaces are cleaned regularly according to regular IPC measures [see checklist 3]. Access any immediate training available [see section C]. • Ensure all staff have appropriate PPE as a top priority. If there is a lack of PPE, then only use PPE at the right time and for the right people e.g. triage staff, medical staff treating suspected COVID-19, and cleaners. Reduce the need to use limited supplies of PPE by having glass or plastic screens in areas such as at registration desks, pharmacy rooms etc. In addition, increase the frequency of cleaning e.g. an additional cleaning during lunch time. Consider bundling activities to reduce the number of times a healthcare worker needs to go in and out a suspect COVID-19 patient area, room or home. • Ensure staff are trained on how to put on and take off PPE. Train, train, train on this. PPE used for training purposes can be reused afterwards for patient care. Provide mirrors so that staff can check 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Have a printout with symptoms, prevention, treatment. Put a copy in each treatment room. • Put up a reminder poster to practice hand hygiene [and the 5 moments of hand hygiene – see next checklist], and to clean surfaces & equipment between each patient • Allocate roles • Allocate COVID-19 team 1 and team 2 [or more] for rotation every 4 or 5 days • Print the triage question/flow chart according to local guidance/MOH. Try to laminate or put in a plastic sheet. Keep it clean or replace it regularly 			

<p>their PPE. Have a buddy system where two people can watch and help each other put PPE correctly, completely, and patiently [see checklist 2].</p> <ul style="list-style-type: none"> • It is common that most clinics will have local cleaners who are not trained in IPC. It is important to use this time to up-skill/educate and change any poor cleaning practices as well as PPE they are required to wear. At the minimum, ensure that cleaning staff are cleaning the site at the start and end of every day when patients have left, with the right level of PPE, and with an IPC trained staff mentoring and overseeing the cleaning process where possible. • All healthcare staff should continue to maintain IPC practices including hand hygiene when entering the clinic, and by regularly cleaning surfaces and equipment throughout the day, and between each patient. Staff that come into active contact with COVID-19 patients or suspect patients must be extra vigilant. • Allocate tasks and teams to see COVID-19 suspect patients e.g. who will be the triage lead/officer, which staff members will rotate treating suspect patients and regular patients etc. Consider having an COVID team and non-COVID team. Rotate the teams once every 4 days with the 5th day as a half day for each team to allow for a 'handover/transition' phase to maintain good practice and continuity. • Have handouts or posters printed with information about COVID-19, triage questions etc to help staff – verbal reminders only are not sufficient. 	<ul style="list-style-type: none"> • Have a staff briefing & do a walk through to discuss case management of patients, role allocation, triage, IPC and PPE. Ensure everyone is aware of daily staff meetings • Prepare and train cleaners & have appropriate PPE for them • Make sure there are long mirrors for taking on and off PPE 			
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<ul style="list-style-type: none"> Do a walk-through with staff for the actions required in this section – handouts and verbal reminders only are not sufficient. Set time aside daily at the start and at the end of the day for staff briefings – do not underestimate the importance of these meetings. Use these meetings to check everyone’s role/responsibilities, allocate new tasks, provide new or updated information, adjust plans, share any concerns or challenges, share learning, and implement new learning. These briefings help with staff morale as well as provide a form of psycho-social support. Include everyone for the steps above - healthcare personnel, medical technicians, data clerks, property & logistics personnel, cleaners, guards [especially if they are triaging or managing stations] etc. A united and collective effort and approach builds team work and recognises that we are all in this together, and that everyone plays a critically important role. This is not only empowering, but it can boost staff confidence and provide new opportunities for personal growth and learning. 				
<p>2) Prepare your clinic space & grounds</p>				
<ul style="list-style-type: none"> Set up the following zones and stations as best as possible with the space that you have: <ul style="list-style-type: none"> exclusive or one-way entrance and exit passage hand washing stations – portable or fixed screening or triage area 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> With your team, decide how you will organise your space into zones or areas following 			

<ul style="list-style-type: none"> • designated waiting area for patients with fever or respiratory symptoms • designated treatment area/room for suspected patients. • Separate waiting area and treatment room for non-COVID patients • Hot & cold staff zones for putting on and taking off PPE <ul style="list-style-type: none"> • Design and organise the zones to have good patient flow and movement to avoid any patients crossing over or going backwards [and infecting others]. Have clear, visible signs with directions for patient flow. Consider using brightly coloured large tape, spray paint/paint to mark out zones and spots for safe distances/seating/standing of 2 metres. Aim to minimise crowding. Use the space you have as best as possible and where you can, move existing activities elsewhere [see diagram floor plan example in appendix]. • Use and make posters and signs with pictures to help patients understand what is happening and to raise awareness of COVID-19 prevention and spread e.g. sign/poster 1 with a coughing person and arrow, sign/poster 2 with hands being washed etc. See local MOH/DHO resources being provided and use those for consistency and as part of the collective effort. • For mobile clinics in outdoor spaces – set up zones by either marking/dividing the grounds with stones/rocks [consider painting bright] or sticks and bright ribbon/string or tarpaulin to create zones with a 1-way flow in and out. Have alcohol hand sanitiser rub at the start/entrance and exit or portable water station with hand wash or soap [check that there is a safe local water source for refill]. 	<p>the principles in this checklist. Use the example layout as a guide</p> <ul style="list-style-type: none"> • Make a list of additional items you will need e.g. paint, tape etc • Print out and put up posters and direction signs 			
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<ul style="list-style-type: none"> • <u>A note to management – situations like these further evidences the need to replace long-term mobile clinics with permanent structures especially if there is evidence of large and regular patient attendance and needs. Permanent structures allow better quality of care and provides essential services that cannot be provided through a mobile set up.</u> 				
<p>Hand washing stations / zones</p>				
<ul style="list-style-type: none"> • Set up a hand washing station/zone at the entrance to the clinic or in the outdoor space – mark out the space and make it visible and clear that everyone is required to wash their hands before entering the clinic and when leaving the clinic including children and babies. • Make sure the hand washing station has soap or hand wash and clean water. If it is a portable hand washing station with a water bucket or drum, make sure there is a clean water source nearby for regular refill. • Have a sign with information asking patients to wash their hands for 30 seconds [e.g. the time it takes to sing a short poem or rhyme twice or religious text – chose one that is known or appropriate to your culture. In some countries they are singing happy birthday twice]. • Utilise your guards or grounds team to take on the role of monitoring and enforcing handwashing. If possible, don a bright 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Set up hand washing stations • Purchase soap or hand washing sanitizer for the stations • Put up a poster or sign to wash hands for 30 seconds • Train guards and other attendants on hand washing, 2 metre distance, and the 5 golden rules • Train guards and other attendants to spot the signs of COVID-19 in patients who are 			

<p>vest or outer garment to make clear to the patients that this individual has an important role.</p> <ul style="list-style-type: none"> • Attendants supervising the hand washing stations should be instructed to use this opportunity to educate patients on the basic prevention actions. Use the 5 golden messages/rules which are: <ol style="list-style-type: none"> 1. wash hands regularly with soap & water for 30 seconds 2. avoid touching your eyes, nose and mouth 3. maintain physical/social distance by sitting or standing 2m away from others 4. cover your mouth and nose with your elbow when sneezing or coughing [wash hands straight away if you use your hands to sneeze/cough]. Throw away the tissue if you use a tissue and wash hands straight away. Completely avoid using a cloth to sneeze/cough into unless you are able to wash it straight away with detergent and water before it touches anything else – use elbow instead. 5. Clean surfaces regularly, especially high touch surfaces such as door handles, water pumps/taps, switches, phones, jugs, bucket handles etc • If attendants notice anyone with respiratory symptoms e.g. coughing or shortness of breath, give them a mask and instruct them to stay 2 metres apart from others and direct them to a separate area that is close to the triage area. These patients should be given clinical priority so as to be seen and managed quickly, and minimise the risk of cross-transmission/infection to others. 	<p>queuing or coming in for immediate priority by triage staff</p>			
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Triage & screening area/zone				
<ul style="list-style-type: none"> • Triage is the process used to quickly identify or screen out those who are the sickest patients, and those who needs to be treated quicker than others. Triage allows you to decide the order and priority of emergency treatment. Triage is a standard procedure that should be occurring in all health activities or clinics. • In an outbreak situation, triage allows you to quickly screen and separate out suspect infectious patients from non-suspect patients, thus reduce cross infection and identify those who need urgent treatment to save lives. • Follow the triage/screening system or triage algorithm set by your MOH for COVID-19 so that the healthcare workers know what to do when a patient answer 'yes' or any other answer. An example patient triage form and patient notes is provided in the appendix. • Those patients who meet the case definition defined by your MOH, with an epidemiological history and/or respiratory symptoms are to be guided into the suspected patient zone for COVID-19. • Set up a screening or triage zone near the entrance and away from other non-COVID patients to perform initial screening of patients • Note – if you are in a Malaria prone area, treat ALL fever patient as suspect COVID-19 and test them for Malaria to rule out Malaria. It is possible a person may have Malaria and COVID-19 therefore a 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Set up a screening area / triage zone near entrance • Identify any additional items or resources needed, and get them ready • Ensure there are no cross over or cross contamination between suspect COVID-19 and non-suspect patients • Get the triage or screening system and questions from your MOH [or use the version in the appendix]. Print the triage system for all staff members, put it in a plastic sheet or try to laminate it so that it can be wiped clean. Ideally stick it down on a table or wall. 			

<p>positive Malaria test does not mean the patient does not have COVID-19. Follow the screening/triaging system as set by your MOH.</p> <ul style="list-style-type: none"> • If there are only a small number of cases in your country, these patients will likely be managed by your government health teams who will examine and trace the patient’s movement and contact with other people in order to isolate, treat, and reduce infection spread. This is what is meant by considering ‘epidemiological factors’ when triaging a patient e.g. travel from a high COVID-19 region etc. • If COVID-19 is relatively small in numbers in your area, and a patient comes to you who is suspect COVID-19, isolate the patient immediately and contact your local District or Ministry of Health for advice and guidance on next steps. Usually a hotline would be set up, see checklist 1. • As a general rule, clinics or health programmes should be providing community surveillance data on mortality, morbidity and other key data to a central body [usually public health and/or Ministry of Health/MOH]. If you are not doing this already, you need to get in touch with your Ministry of Health or local District Health to find out what you need to have in place to start doing this. 	<ul style="list-style-type: none"> • Train all staff on triaging COVID-19 • Find out how your local MOH collects community health data for surveillance and monitoring. • Set up your systems to do surveillance if you are not doing so already 			
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<p>Suspect patient area & treatment area/zone</p>				
<ul style="list-style-type: none"> • Set up a designated waiting area/zone for patients who meet the case definition set out by your MOH. Choose an area that is well ventilated and visible to the triage officer or supervising clinician. If possible, issue every patient in the suspect patient waiting area with a surgical mask and advise them to practice hand hygiene and respiratory hygiene – importantly, tell patients to remain 2m apart from one another. Families such as a parent with their child can stay together, but the number of carers or family members staying with a patient should be kept at a minimum. • Set up a separate treatment/consultation room or area for patients suspected to have COVID-19 with a separate entry and exit point so as to avoid the patients mixing or crossing with other patients who are not suspect COVID-19. If this is not possible, use a room that can be sectioned off from others and does not cross paths with non-COVID patients. See appendix for example floor plan. • For very unwell suspected COVID-19 patients, follow your local MOH/DHO guidance for isolating and transporting to the designated treatment facility. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Set up the suspect COVID-19 patient waiting area. Mark 2 metre distances/spots with tape or other form of marking. This will help patients sit 2 metres apart • Have face masks ready to give out to suspect patients • Set up your treatment room for COVID-19 suspect patients. Try to use the most ventilated room, try to keep windows open • Have all IPC protocols in place [see checklist 3]. Make sure PPE is worn in cold zone and ready [see further down] 			

<p>Staff hot & cold zones</p>				
<ul style="list-style-type: none"> • Hot and cold zones are spaces or rooms for putting on/donning PPE and taking off/doffing PPE. • When deciding on a room or space to use, you should ideally aim for a location that has one way in [cold zone] and another out [in hot zone], so that you reduce cross infection. • Hot and cold zones should ideally be clearly labelled to avoid any confusion and cross contamination. • Provide pictured laminated posters with instructions for putting on PPE - step by step – and of the dressing/donning procedure. • Provide long length mirrors so that an individual can check their own PPE. • Provide anti-fogging spray particularly if you are going to be using goggles. • It can be useful to use a whiteboard to note who is going in and out of the hot zone with a time. This is useful as you can start to track how long people are wearing PPE so that if there are any issues later, this can help you assess ideal shift length to maintain safety. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Decide where your hot space and cold space will be. Put a sign up • Make sure the space is clear and free of objects that can rip or damage PPE • Have all your PPE ready in the cold space – easily accessible and in clean boxes • Make sure there are hand washing sinks or stations in the hot and cold space • Have soap and alcohol hand sanitizers, and disposable hand towel/tissues available in both the cold and hot space • Have your infectious waste bins ready – make sure they are 			

<ul style="list-style-type: none"> • Check your work-space and remove any unnecessary objects or furniture that might snag, get caught on, or pull on your PPE, as this might dislodge or damage your PPE. • Use a buddy system, so that you can check that each other's PPE is fitted correctly. • Make sure staff are feeling good, have had a drink and visited the toilet. • Never adjust your PPE once you are in a high-risk area. • Doffing/taking off PPE is one of the other most high-risk times, take care when doffing PPE. • It is important to remove your PPE items in the correct order. See example posters in appendix and section 'PPE' in checklist 3. • Careful to remove outer layers first and gel hands in between if needed. • Remember to wash hands after [as well as cleaning own glasses if worn underneath goggles] 	<p>deep enough and does not overflow</p> <ul style="list-style-type: none"> • Print large pictured instructions for donning and doffing PPE 			
<p>3) Prepare your medical equipment & treatments</p>				
<p>Prepare and have ready your medical instruments and PPE required. This includes regularly cleaning the surfaces between each patient</p>	<p>Person/s Responsible:</p> <p>_____</p>			

<p>which should already be happening. As an overview, you will require the following equipment preparation:</p> <ul style="list-style-type: none"> • Medical instruments: thermometer, stethoscope, blood pressure machine [for triage area and consultation/treatment room]. • Medication to treat symptoms: antipyretic such as paracetamol [do not give Ibuprofen], salbutamol metered dose inhalers for asthmatics. • Personal protective equipment PPE for staff: surgical masks, gloves, aprons, goggles or face shields, alcohol-based hand rub and soap [for all staff and cleaners]. • Infection prevention and control IPC: regular detergent or disinfectant, standard hospital grade cleaning products such as sodium hypochlorite, any bleach-based cleaning product. See checklist 3. • If available in your clinic already - oxygen, oxygen concentrators, oxygen masks and tubing. • If available in your clinic already - IV antibiotics to cover respiratory pathogens. Oral antibiotics with high bioavailability should also be considered as it will decrease total exposure and allow patients to go home in a safe manner. Prescribe antibiotics according to your MOH guidelines. Consider oral options and encourage patients to recover at home, especially patients with mild and moderate symptoms. 	<ul style="list-style-type: none"> • Designate one or two individuals responsible for the equipment and ensuring they are available, working and that trained individuals are operating/using the equipment • Check and stock up the necessary drugs 			
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<ul style="list-style-type: none"> • If available in your clinic already – IV fluids but to only use when necessary. 				
<p>4) Signs, Symptoms & Treatment of COVID-19 [clinical management of patients]</p>				
<ul style="list-style-type: none"> • The main symptoms of COVID-19 are: New continuous cough and/or Fever and/or 37.8 above Shortness of breath • A high temperature means you feel hot to touch on your chest or back. Avoid using a thermometer unless infrared/non-touch version. • A new, continuous cough means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours [if you usually have a cough, it may be worse than usual]. • Shortness of breath means breathlessness, tightening in the chest, difficulty breathing. • Other symptoms reported in some patients include the loss of smell and taste. • Most people will only experience mild symptoms. A small minority of people will experience moderate or severe symptoms, in particular those who are elderly over the age of 60, and those who 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on clinical management of patients and ensure you are following those • Follow local guidance of high risk patient classification • Make printouts/copies for all the staff. 			

<p>have a chronic or underlying health condition. These individuals are considered high-risk including:</p> <ul style="list-style-type: none"> • Pregnant women • lung conditions, such as asthma, COPD, emphysema or bronchitis • heart disease, such as heart failure • chronic kidney disease • liver disease, such as hepatitis • conditions affecting the brain and nerves, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy • diabetes • problems with the spleen – for example, sickle cell disease or if the spleen has been removed • a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy • being very overweight (a BMI of 40 or above) <ul style="list-style-type: none"> • Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised e.g. HIV patients, cancer patients etc. • Alternative clinical diagnoses and epidemiological risk factors should be considered. • If non-communicable diseases and other chronic or high-risk conditions are not being screened, diagnosed or managed, there 				
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<p>may be undiagnosed patients with underlying health conditions that are at high risk irrespective of age.</p>				
<p>Diagnosing a patient with COVID-19</p>				
<ul style="list-style-type: none"> Without doing a COVID-19 test it will not be possible to officially diagnose a patient with COVID-19. However, all patients showing one or more of the symptoms should be treated as suspect COVID-19 irrespective of testing being available or not. Follow local MOH/Ministry of Health guidance on what testing is available and who will be doing it – it is highly likely that the government will take lead in carrying out the testing. You will not be required to do testing or getting swab samples UNLESS instructed by your MOH/DHO and you are trained to safely and accurately carry out testing or swab samples. As a local facility or health programme, your main role will be implementing and educating the community on preventative measures such as hand hygiene, physical distancing etc [see key messages in checklist 4] which has far more of an impact in reducing the spread of the virus than anything else. 				

Treatment & Symptom Management				
<ul style="list-style-type: none"> • Treatment: there are currently no cure, vaccine or preventative treatment for COVID-19. • Treatment myths: there are a number of claims that certain drugs such as anti-malarial drugs or Lopinavir and Ritonavir can cure or prevent COVID-19. This has NOT yet been proven, and patients must not be given false hope or prescribed these medications for COVID-19. • Prevention: the best way to prevent COVID-19 is a) hand hygiene b) respiratory hygiene c) not touching the face, eyes, mouth or nose d) staying home/away from people e) staying 2 metres apart f) cleaning high touch surfaces regularly. • To manage symptoms such as fever, paracetamol can be given which helps to reduce fever. Do not give Ibuprofen. • Patients should be encouraged to drink lots of fluids, eat regularly and rest. A well-ventilated room with fresh air is highly encouraged. If symptoms get worse such as breathing difficulties, they must be admitted to your local chosen treatment facility. 				

<p>When to admit a patient to hospital / treatment facility</p>				
<ul style="list-style-type: none"> • Patients who meet the following criteria require admission to the treatment facility. <i>Please follow your local Ministry of Health guidance and local treatment facility requirements first:</i> <ul style="list-style-type: none"> • A doctor has decided that admission to the treatment facility is required with an expectation that the patient will need to stay at least one night, and • have either clinical or radiological evidence of pneumonia, or • acute respiratory distress syndrome, or • influenza/flu like illness (fever $\geq 37.8^{\circ}\text{C}$ and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on patient admission to the treatment facility. Ensure all staff are debriefed. 			
<p>When a person should remain & recover at home</p>				
<ul style="list-style-type: none"> • <i>When a patient should remain and recover at home:</i> patients who meet the following criteria and are well enough to remain in the community/at home <ul style="list-style-type: none"> • new continuous cough and/or • high temperature • Individuals with cough or fever should stay at home. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on clinical management of patients and ensure you are following those 			

<ul style="list-style-type: none"> • These patients must stay home and try to self-isolate. If this is not practically possible, they must try to practice physical or social distancing from others of at least 2 metres. In addition, practice hand and respiratory hygiene [see checklist 3], and wear a mask if comfortably able to do so, to reduce the spread of the infection to their household. 	<ul style="list-style-type: none"> • Follow local guidance of high risk/shielded patient classification • Make printouts/copies for all the staff 			
<p>Patients with underlying health conditions & what to do</p>				
<ul style="list-style-type: none"> • The elderly over the age of 60 and those who have underlying health conditions are at higher risk of falling seriously ill from COVID-19. Healthcare workers need to be extra vigilant particularly as some of these conditions are not fully diagnosed early enough or there may be patients who are not receiving treatment for these conditions. • High risk patients include: <ul style="list-style-type: none"> • Non-communicable or chronic diseases such as • cardiovascular disease [such as heart attack, stroke] • Diabetes • Kidney disease • Chronic respiratory diseases such as COPD, severe asthma • Neurological illnesses such as cerebral palsy • Pregnant women including those with significant congenital heart disease, severe malnutrition 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on clinical management of patients and ensure you are following those • Follow local guidance of high risk/shielded patient classification 			

<ul style="list-style-type: none"> • Palliative patients • Patients who have chronic or underlying health conditions are strongly advised to stay at home, avoid going out in public spaces unless absolutely necessary [such as for food or medication and as advised by your local government], and practice the same advice as high risk patients i.e. stay at least 2m away from others in the home and outside, avoid touching the mouth/nose/eyes, and regularly practice hand hygiene and respiratory hygiene. • Be vigilant of the elderly. Strongly consider providing community support for the elderly. As much as possible, limit the number of visits required to support the elderly by lumping several activities in one visit e.g. medication and food delivered at the same time instead of separate times. Limit it to one person or carer only and ensure it is the same person [not multiple individuals attending on different days]. Interact at a distance, stand outside and maintain a 2-metre distance. 				
<p>Patients with HIV – high risk of COVID-19 or not?</p>				
<ul style="list-style-type: none"> • So far there is no evidence for a higher COVID-19 infection rate or different disease course in people with HIV than in HIV-negative people. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on clinical management of patients with 			

<ul style="list-style-type: none"> • Current evidence indicates that the risk of severe illness increases with age, male gender and with certain chronic conditions such as cardiovascular disease and diabetes. • Although people with HIV who are on treatment with a normal CD4 T-cell count and suppressed viral load may not be at an increased risk of serious illness, many people with HIV have other conditions that increase their risk. • It has to be assumed that immune suppression, indicated by a low CD4 T-cell count (<200/μl) or not receiving antiretroviral treatment, will also be associated with an increased risk for a more severe disease presentation. 	<p>HIV and AIDs and ensure you are following those</p>			
<p>Pregnant & Breastfeeding Women</p>				
<ul style="list-style-type: none"> • It is expected that the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms. [RCOG] • Pregnant women with congenital heart disease are considered high risk. • pregnant women suffering from acute malnutrition may be particularly vulnerable to severe COVID-19 disease. Screening for acute malnutrition should be occurring during antenatal care visits. • If someone who is breastfeeding becomes ill, it is important to continue breastfeeding. The baby who has already been exposed to 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Find out your local Ministry of Health guidance on clinical management of pregnant women during the COVID-19 outbreak, and ensure you are following those 			

<p>the virus by the mother and/or family will benefit most from continued direct breastfeeding. Hence, any interruption of breastfeeding may actually increase the infant’s risk of becoming ill and even of becoming severely ill. [IASC]</p> <ul style="list-style-type: none"> • Ensure pregnant women continue to receive and attend antenatal and post-natal sessions - the risk of mothers dying from pregnancy in areas of high maternal death rates is greater than the risk from COVID-19. 				
<p>Monitor the health of your staff</p>				
<ul style="list-style-type: none"> • The front-line staff includes everyone - healthcare personnel, medical technicians, cleaners, guards, gardeners - everyone. • Before going off duty or going home, staff must appropriately dispose of their PPE in the infectious waste bins in the hot zone [please see checklist no.3 about waste bins and waste management] and follow hand washing protocols, and again after leaving the hot zone to wash their hands up to the elbow and conduct necessary personal hygiene to prevent possible infection of others such as those in their household. • Monitor and record the health status of all staff on the job, and conduct health monitoring for front-line staff, including monitoring body temperature, any loss of smell or taste, and respiratory symptoms daily at the start and at the end of the day. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Monitor health of staff at the start and end of each day – dedicate a person responsible for this • Record health of staff daily in a record book with name, date, morning checks [column for temperature, cough Y/N, fever Y/N, taste/smell Y/N], and end of shift checks 			

<ul style="list-style-type: none"> • Help address any psychological and physiological problems that arise. • If the staff are showing symptoms follow the same procedure as suspect patients. 	<ul style="list-style-type: none"> • Look to provide psycho-social support for staff 			
<p>5) Prepare your patients - health promotion / raising awareness</p>				
<ul style="list-style-type: none"> • As healthcare workers, you have one of the most important and critical opportunity to help reduce the spread of the infection by raising awareness or carrying out health promotion campaigns. • Whilst patients are waiting to be seen, dedicate one or two people or trained volunteers to regularly deliver the key messages/golden messages throughout the day, every day [see checklist 4] • Utilise all the staff that patients may see such as pharmacy or register clerks to reinforce the key messages. To help patients remember, utilise the 5-golden messages. The 5 golden messages are: <ol style="list-style-type: none"> 1. wash hands regularly with soap & water for 30 seconds 2. avoid touching your eyes, nose and mouth 3. maintain physical/social distance by sitting or standing 2m away from others 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> • Train everyone on the 5 golden messages & any other messages provided by your Ministry of Health • Allocate staff or trained volunteers to deliver the 5 golden messages • Train volunteers, give them a handout with the information or help them to verbally memorise the 5 golden messages • Use the fact/message sheet in checklist 4 to answer any other 			

<p>4. cover your mouth and nose with your elbow when sneezing or coughing [wash hands straight away if you use your hands to sneeze/cough]. Throw away the tissue if you use a tissue and wash hands straight away. Completely avoid using a cloth to sneeze/cough into unless you are able to wash it straight away with detergent and water before it touches anything else – use elbow instead.</p> <p>5. Clean surfaces regularly, especially high touch surfaces such as door handles etc</p> <ul style="list-style-type: none"> Utilise the key messages fact sheet in checklist 4, you are welcome to edit and use this information to make posters or other documents. 	<p>questions or relay any other message.</p>			
<p>6) Does your activity or clinic have or use transport facilities?</p>				
<ul style="list-style-type: none"> If you have or use transport facilities for your health activities, it is important to maintain social/physical distancing by limiting the number of people in the transport whilst ensuring there is at least 2m distance between patients or people in the transport. Ensure the vehicle is supplied with – alcohol-based hand rub, boxes of tissue, masks, and disposable bin bags for used items. Drivers must be supplied with surgical masks if they have no direct contact with patients. 	<p>Person/s Responsible:</p> <hr/> <ul style="list-style-type: none"> Equip transport with the vehicle supplies Ensure PPE is supplied for the driver 			

<ul style="list-style-type: none"> • Gowns/aprons, gloves and eye protection must be supplied if the driver is required to handle or assist patients. • If the driver is required to handle patient, the driver must be given PPE and trained on some aspects of IPC [see section checklist 3]. • Before anyone enters the vehicle, the driver should first instruct the individual to use the hand sanitiser and again upon leaving the vehicle. • If your transport is going to be used to carry suspected COVID-19 patients, ensure the transport is cleaned and disinfected between each patient using standard detergent or disinfectant and water. In particular focus on high touch point such as handles, windows, back of head rest, seatbelts etc. • Cleaners cleaning the transport must be given PPE – masks, heavy duty gloves, aprons and eye protection. They should also be wearing boots or closed work shoes. • The suspected patient should also be given a mask. • Keep windows open and allow fresh air to flow. Avoid using fans or AC which will increase the risk of cross infection. 	<ul style="list-style-type: none"> • Train drivers on PPE, maintaining IPC & on the 5 golden messages • Make driver aware of all the points mentioned in this section • Implement physical distancing within your transport • Implement cleaning protocol for the vehicle • Monitor the cleaning protocol is being done – driver to have a sign sheet 			
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<p>7) At mobile clinic level – considerations</p>				
<ul style="list-style-type: none"> • Mobile clinics offer a basic level of medical care for a temporary period of time when there are no other health service or facility functioning nearby e.g. due to destruction, disaster etc. • There are some healthcare projects and activities that offer mobile clinics long term, often for many years. We encourage these organisations to strongly consider replacing these mobile clinics with a permanent clinic, especially if the numbers of patients seen daily are high, and if there are no other service available nearby for the population. Mobile clinics deprive the local population of a better standard of care as well as a variety of care, due to the lack of facilities and health services that cannot be provided through a mobile set up. • If you are providing care for patients using a mobile clinic set up, please consider the resources you will need and any extra measures to have in place as per the guidance in these checklists. • Adapt the IPC checklist 3 to your setting & floor plan in appendix. 				
<p>8) At homecare level - considerations</p>				
<ul style="list-style-type: none"> • If you provide home-care to patients such as the elderly, palliative patients, chronic patients, or patients with a physical and/or mental 				

<p>condition, please follow the basic infection prevention and control advice in checklist 4.</p> <ul style="list-style-type: none">• Most if not all patients that receive home care are likely to be high-risk and vulnerable patients. This means they can fall seriously ill or die if they get infected with COVID-19 virus.• Reduce the number of healthcare workers or volunteers visiting or having patient contact to only the essential numbers required to safely manage patients and patient needs. Do not stop essential services which can pose a risk to life e.g. administering regular medication, providing food support etc.• Ensure all healthcare workers have PPE such as surgical mask, apron, gloves, and alcohol-based hand rub. Other items to take are disposable bin bags and tissue, as well as your standard healthcare kit. Be mindful of where you place your kit and especially if you are taking your kit with you to see different patients. Wipe and clean down the bag or container your healthcare kit is in between each patient.• Not sure what PPE to wear? See PPE section in checklist 3 and the table in the appendix of checklist 3 which gives a breakdown of every situation and the type of PPE required for each.• If your healthcare kit has reusable medical devices, ensure they are properly cleaned and wiped down with an alcohol-based sanitiser/wipes before and after use and between each patient.				
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<ul style="list-style-type: none">• PPE must be changed and disposed of immediately between each patient. Take the PPE off as soon as you leave the patient home such as outdoors and away from contact/touch of surroundings, and before you enter any vehicle/enter another environment. Dispose the PPE in disposable bin bags that you take away with you. Do not leave PPE or dispose of it in the patient's home waste. Consider this as medical waste and dispose properly [see checklist 3, waste management].• Remember that you must practice the 5 moments of hand hygiene when handling or seeing patients, these are the 5 moments when you need to clean your hands around a patient [see checklist 3 for information on how to do this and diagram].• Perform hand hygiene frequently, using alcohol-based hand rub if hands are not visibly soiled, or soap and water when hands are visibly soiled.• If you suspect the patient may have COVID-19, keep distance from affected individual as much as possible, and wear gloves, a medical mask and eye protection, particularly if the patient is actively coughing and sneezing and you are within a closed space/environment or in the same room with the affected individual.• Clean hands immediately after contact with patient – follow the 5 moments of hand hygiene.• Remember – do NOT touch your face, eyes, mouth or nose or to adjust your PPE until you have taken off the PPE and conducted hand hygiene. The virus spreads in droplets from a cough/sneeze				
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<p>that enter your mouth/nose/eyes or from touching infected surfaces or individuals and then touching your mouth/nose/eyes.</p> <ul style="list-style-type: none">• Encourage the patient to follow the 5 golden rules/messages – use this time to educate and raise awareness of COVID-19 prevention [see checklist 4]• Improve airflow in living space by opening windows as much as possible.• Consider providing other essential needs such as food and delivering medication.• Some patients may not require regular visits, consider calling the patient in advance [if they have a phone or access to a shared phone] to see whether a visit is essential. If possible, provide temporary emergency phones. Avoid non-essential routine visits based on a risk assessment carried out with your team for each patient e.g. a functioning and controlled-diabetes patient with family support may be deemed lower risk based on your risk assessment therefore requires less in-person visits [but increased phone calls], compared to a bed-bound cancer patient whose regular visits are essential and critical. Try to lump activities together in one visit.				
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<p>9) Facilities that have maternal inpatient beds and cooking/kitchen area</p>				
<ul style="list-style-type: none"> • Maternal clinics or maternal inpatient spaces or beds are regularly found in both rural or urban areas. Often these areas will have rooms/space for mothers in early labour or post-labour for overnight stay, including kitchen/cooking areas for mothers and family members to cook meals. • It is essential that these spaces are not neglected and that they are maintained in the same way as clinical areas. • Patients or visitors using the cooking facilities should practice and maintain the golden messages/rules. In addition, wash and clean surfaces before and after use, especially high touch points such as handles, water taps, jugs etc. • As much as possible, reduce all visits from visitors including use of kitchen space. If this is not possible, limit it to one person or carer only, and ensure it is the same person [not multiple individuals each attending on different days]. • Regular IPC practices must be followed as standard [see checklist 3]. • Golden messages/rules must be followed and maintained. • Expectant mothers should continue attending their antenatal and post-natal checks as well as breastfeeding. 				

Remember				
Practice IPC [see next checklist] Have PPE available for all staff Educate the community/patients throughout the day, every day				

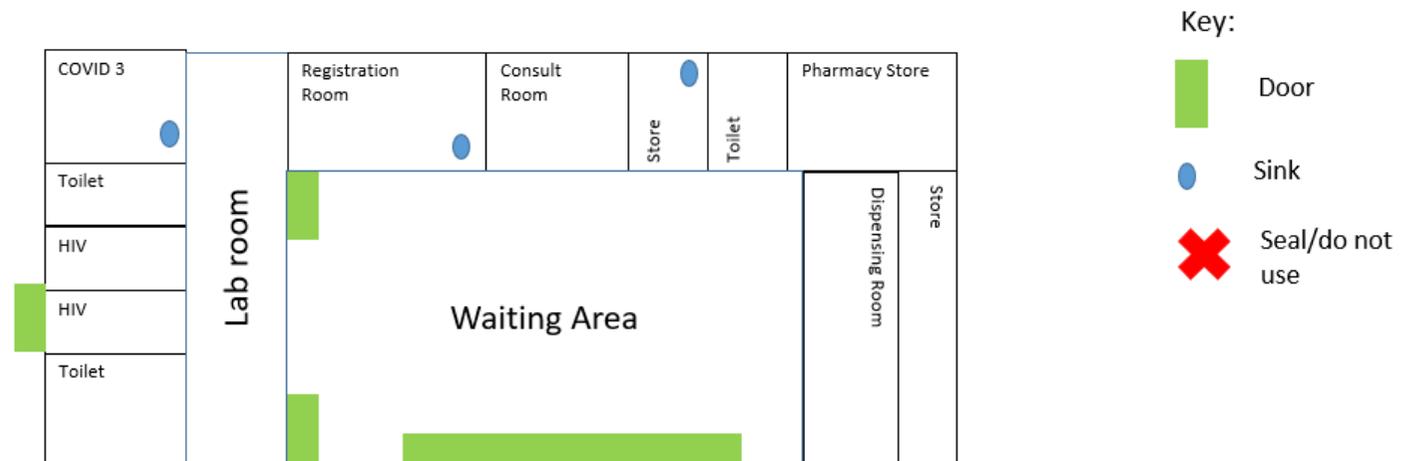
APPENDIX 2

In this section you will find additional resources including larger versions of the diagrams, images and tools for use and printing.

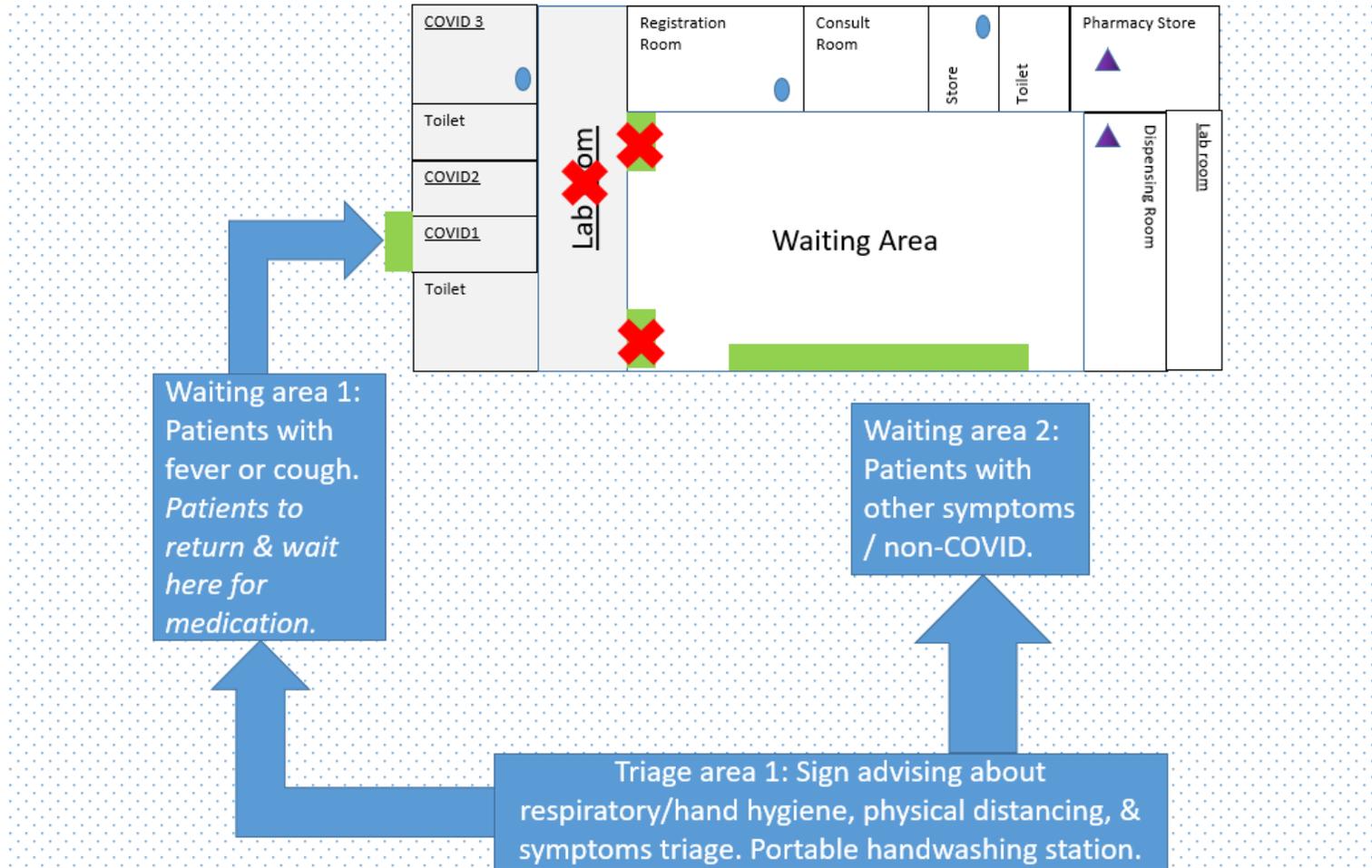
EXAMPLE FLOOR PLANS – SETTING UP YOUR CLINIC SPACE FOR COVID-19 SCREENING / TRIAGING OF PATIENTS

- 1) Original layout
- 2) Suggested layout – more than 1 entrance
- 3) Suggested layout – 1 entrance only

Original layout



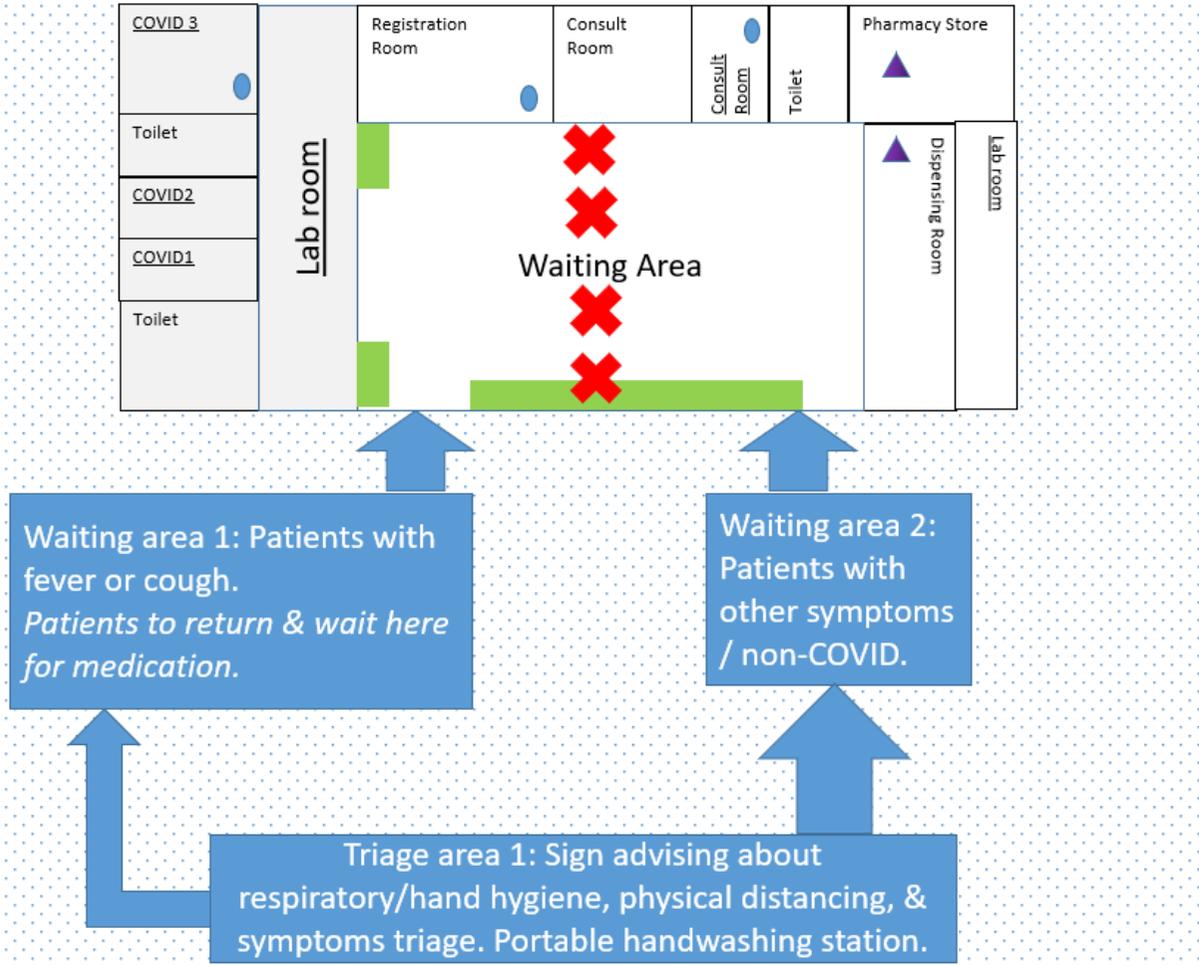
Suggested layout & flow 1 (more than one entrance)



Key:

-  Door
-  Sink
-  Seal/do not use
-  Area to be demarcated with 1.5m - 2m distance
-  If fixed area, ensure stock available in COVID area OR staff to give to patient in waiting area 1 ensure social distancing
-  Area for COVID suspected only, with staff & patients remaining here; lab area to remain free to act as distancing from non COVID area

Suggested layout & flow 1 (one entrance only)



- Key:
- Door
 - Sink
 - X Seal/do not use/partition
 - Area to be demarcated with 1.5m - 2m distance
 - ▲ If fixed area, ensure stock available in COVID area OR staff to give to patient in waiting area 1 ensure social distancing
 - Area for COVID suspected only, with staff & patients remaining here; lab area to remain free to act as distancing from non COVID area

NEXT PAGE - EXAMPLE TRIAGE ALGORITHM & PATIENT NOTES FORM FOR COVID-19 [adapted with thanks to the African Federation of Emergency Medicine]

PATIENT NAME / STICKER: _____ ARRIVAL TIME: _____ H _____ H
 DATE OF BIRTH: _____
 PATIENT NUMBER: _____ TRIAGE TIME: _____ H _____ H

DATE: NURSE/DOCTOR NAME: NURSE/DOCTOR SIGNATURE:

ALLERGIES: _____
 MEDICATION: _____

PRESENTING COMPLAINT: Cough Sore Throat SOB Fever Unable to smell/taste Other: _____

START HERE			Step ① - ASK		OR
Hypertension Diabetes History of TB	Comorbidities:		COMORBIDITIES (see box alongside)		>2 comorbidities Any Immunocompromise OR Cardiovascular disease
	<input type="checkbox"/> COPD	<input type="checkbox"/> Asthma			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Current smoker				Independent With help Stretcher
<input type="checkbox"/> History of TB					
Any immunocompromise:			MOBILITY		Independent With help Stretcher
<input type="checkbox"/> HIV (CD4<200, VL >50, off Rx)	<input type="checkbox"/> Chronic steroid use / Cancer Rx	<input type="checkbox"/> Severe malnutrition			

Total Step ①

Step ② - LOOK AND DO			Score - Circle those that apply
Parameter	Patient's value	High risk indicators	
Assessment		Difficulty breathing OR	3
		Unresponsive	
Temperature		≤ 35°C	2
		≥ 38.5°C	
Pulse		≤ 45/min	2
		≥ 110/min	
Respiratory Rate <small>(If >0 points, measure P₆₀O₂. If <34% on air, hand over to local treatment facility)</small>		≤ 9/min	2
		20 to 27/min	
Systolic BP		≥ 28/min	4
		≤ 90mmHg	
		≥ 160mmHg	2

Total Step ②

Step ③ - ADD ALL TOTALS AND ASSIGN TRIAGE CATEGORY

Total Step ① + ② =

Red	Yellow	Green
8 or more points	5 - 7 points	0 - 4 points
Probably needs mechanical ventilation Transport to treatment facility Start immediate Oxygen if low sats To be seen immediately	Less likely to need mechanical ventilation Likely needs Oxygen Call treatment facility/Government hotline To be seen urgently	Less likely to need Oxygen Go to waiting area to be seen by clinical officer Patient can go home to recover Await sampling if conducted



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