COVID 19 Triage and Infection Prevention and Control Standard Operating Procedures (SOPs) for Health Workers
South Sudan

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Contents

1. BACKGROUND/PURPOSE

This document is intended for healthcare facilities that are receiving or are preparing to receive patients with suspected or confirmed coronavirus disease 2019 (COVID-19). This includes healthcare facilities providing either inpatient or outpatient services. It should be used to guide implementation of procedures at triage that can be effective at preventing transmission of COVID-19 virus to patients and healthcare workers (HCWs). This document was developed based on current data on COVID-19 and experience with other respiratory viruses and will be updated as more information becomes available.

What is triage?

The sorting out and classification of patients or casualties to determine priority of need and proper place of treatment. During infectious disease outbreaks, triage is particularly important to separate patients likely to be infected with the pathogen of concern. This triage SOP is developed in the context of the COVID-19 pandemic and does not replace any routine clinical triage already in place in healthcare facilities to categorize patients into different urgency categories.

COVID-19 transmission

The main route of transmission of COVID-19 is through respiratory droplets generated when an infected person coughs or sneezes. Any person who is in close contact with someone who has respiratory symptoms (e.g., sneezing, coughing, etc.) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable for several hours to days. Transmission through contact of hands with contaminated surfaces can occur following contact with the person's mucosa such as nose, mouth and eyes.

2. INFECTION PREVENTION AND CONTROL

Standard Infection Prevention and Control (IPC) precautions are intended to minimize spread of infection associated with health care, and to avoid direct contact with patients' blood, body fluids, secretions and, non-intact skin. The COVID-19 outbreak illustrates the critical importance of basic IPC precautions in health-care facilities.

2.1. Standard IPC precautions

Standard IPC precautions should be used by all health care workers at all time and include:

- Hand hygiene: Soap and running water or Alcohol-based hand sanitizer.
- Personal protective equipment (PPE) (gloves, masks, goggles, scrub suits, …). based on risk assessment at the point of care **(see table 1).**
- Respiratory hygiene (cough etiquette).
- Prevention of injuries from needle-stick or sharps injuries.
- Safe waste disposal.
- Cleaning and disinfection of environment.
- Safe handling of contaminated linens.
- Cleaning and disinfection of patient-care equipment.

2.2. Materials and equipment needed for triage and screening of COVID-19:

All health should pre-position the following materials and equipment to facilitate screening and triage.

- There is no structure required for triage at health facilities. However, the triage spot must be identified. A plastic table, chair and umbrella placed at the entrance or outside the facility can serve as a triage area.
- Ensure banners, signage and awareness messages are visible for patient, visitors and health workers.
- The triage algorithm for health care workers at the triage spot ***(See Annex 1)***
- Personal Protective Equipment: These include, medical mask or disposable tissue for patients.
- Hand hygiene equipment (alcohol-based hand rub, soap and running water) and hand hygiene posters.
- Infrared thermometer.
- Waste bins and materials for cleaning and disinfection.
- Chlorine HTH (High Test Hypochlorite) 55 to 70 % (With Standard Operating Procedures on preparation)

3. THE SCREEN, ISOLATE AND NOTIFY APPROACH (S-I-N APPROACH)

One of the most critical actions for the prevention and control of the COVID-19 is to identify cases early and separate such patients from others who are not infected.

Every patient coming to a health facility during the COVID-19 outbreak period must be safely screened for features suggesting of COVID-19 disease applying recommended case definitions.

3.1. How to screen Individuals for COVID-19?

The following steps are recommended to carry out screening and triaging at all health facilities. The screening approach is summarized in triage algorithm (*annex 1 and 2).*

- Set up a triage station at health facility point of entry.
- Use triage questions based on case definition *(annex 3)* to obtain relevant history including travels.
- Take temperature reading.
- Maintain a record/information sheet for all facility visitors.
- Maintain a distance of at least 1m from patients and between patients at all times.
- Waiting room chairs for patients should be 1m apart.
- If feasible, maintain a one-way flow for patients and for staff.
- Provide clear signage for symptoms and directions.

- Family members should wait outside the triage area to prevent overcrowding.
- Observe for cough:
  - If coughing, fast track patient for consultation, ensure he coughs into elbow. Give medical mask if available, or disposable tissue paper or advice patient to use scarf, shirt, or hanger chief.
  - If sneezing, teach to sneeze into disposable tissue or elbow. Give medical mask to use.
- Ensure patient performs hand hygiene after sneezing or coughing.

- **If patient does not meet case definition for suspect case of COVID-19, then he/she should continue to access routine care in the health facility with standard precautions applied at All TIMES.**

Figure 1: PICTORIAL REPRESENTATION OF A TRIAGE STATION

3.2. Isolation of suspected COVID-19 patients

If the Patient meets the case definition, he/she is a suspect case and should be immediately isolated.

- Once identified at screening as a suspected case, give the patient a medical mask (if available) or a disposable tissue paper, or advice patient to use cloth, scarf or hanger chief for covering mouth when coughing.
- Then, move the patient to a holding area for further evaluation and transfer.
- In case patient is likely to stay at the facility for a longer time awaiting transfer;
  - Place the patient in a single-person room with the door closed and windows open or in another designated area;
  - Ensure HCWs caring for the patient adhere to Standard Contact and Droplet precautions;
  - Only essential HCWs with designated roles should enter the room and wear appropriate Personal Protective Equipment (PPE);
  - Expedite any tests e.g. RDT for malaria.

While in isolation educate the patient:

- Explain the reasons for isolation/holding and ensure patient understands by repeating the reasons
- Explain the procedures you are following with respect to controlling transmission to family members, healthcare workers and the community.
- Educate the patient on respiratory hygiene and cough etiquette.

3.3. Notification of suspected COVID-19 patients

- Notify the Public Health Emergency Operation center (PHEOC) about the suspected case by calling the toll free number **6666**
- In addition, notify the County/State surveillance offers or WHO-Field Supervisor for the respective catchment area.
- Provide the following details.
- Name of State/County.
- Name of Health Facility.
- Name of Caller.
- Patients time of arrival, signs & symptoms.
- Patients general condition.

4. OTHER CONSIDERATIONS FOR HEALTH FACILITIES

General IPC considerations for health facilities with general in-patient services.

Table 1. General IPC recommendations for health facilities

	Recommendation
a) Facilities with general in-patient services	❖ Minimize visits by family and friends and assign only one caregiver who is in a good health and has no underlying chronic conditions or comorbidities Provide orientation to the care giver on IPC measures. ❖ Restrict the patient's movement within the facility. ❖ In wards with multiple beds, maintain a bed distance of at least 1 – 2 meters between patients. ❖ Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. ❖ Use disposable gloves and a medical mask when providing oral or respiratory care and when handling stool, urine and other waste. ❖ Perform hand hygiene before and after removing gloves and the mask.
b) Maintain a sanitary environment	❖ Clean and disinfect patients surrounding using 500 mg/L (0.5%) chlorine containing disinfectant frequently every day (e.g. Jik, Hypo).

	in all health facilities	❖ Clean and disinfect daily surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bedframes and other bedroom furniture. ❖ Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (i.e., equivalent to 5000 pm or 1 part bleach5 to 9 parts water) should be applied
c)	Staffing considerations	❖ Consider adjusting staff duty rota to allow adequate off-duty days and reduction in number of staff working together on the same shift

Annex 1: Triage of patients at health facilities with suspected COVID-19 infection (no or limited community transmission)

Hand hygiene all patients perform hand hygiene at entrance (handwashing or use a sanitizer)
Identify signs and symptoms of respiratory infection:

- Fever (>38°C) * **-And-**
- At least 1 sign or symptom of respiratory disease (e.g., cough or shortness of breath)

NO → Refer to access routine health services and care

YES

Place medical mask on patient (if available) or give patient tissue paper, or advice patient to use hanger chief or scarf and remind him/her of cough etiquette

Identify Travel and Direct Exposure History:

- Has the patient traveled / resided in a country with confirmed COVID-19 cases during the 14 days prior to symptom onset? **-or -**
- Has the patient had **contact**** with an individual with confirmed / probable COVID-19 during the 14 days prior to symptom onset?

NO → Refer to access routine health services and care

YES

Separate from the rest of the patients:

- **Place the patient in a single-person room with the door closed or in another designated area**
- **Ensure Health Care Workers (HCWs) caring for the patient adhere to Standard Contact and Droplet precautions**
- **Only essential HCWs with designated roles should enter the room and wear appropriate Personal Protective Equipment (PPE)**

Notify

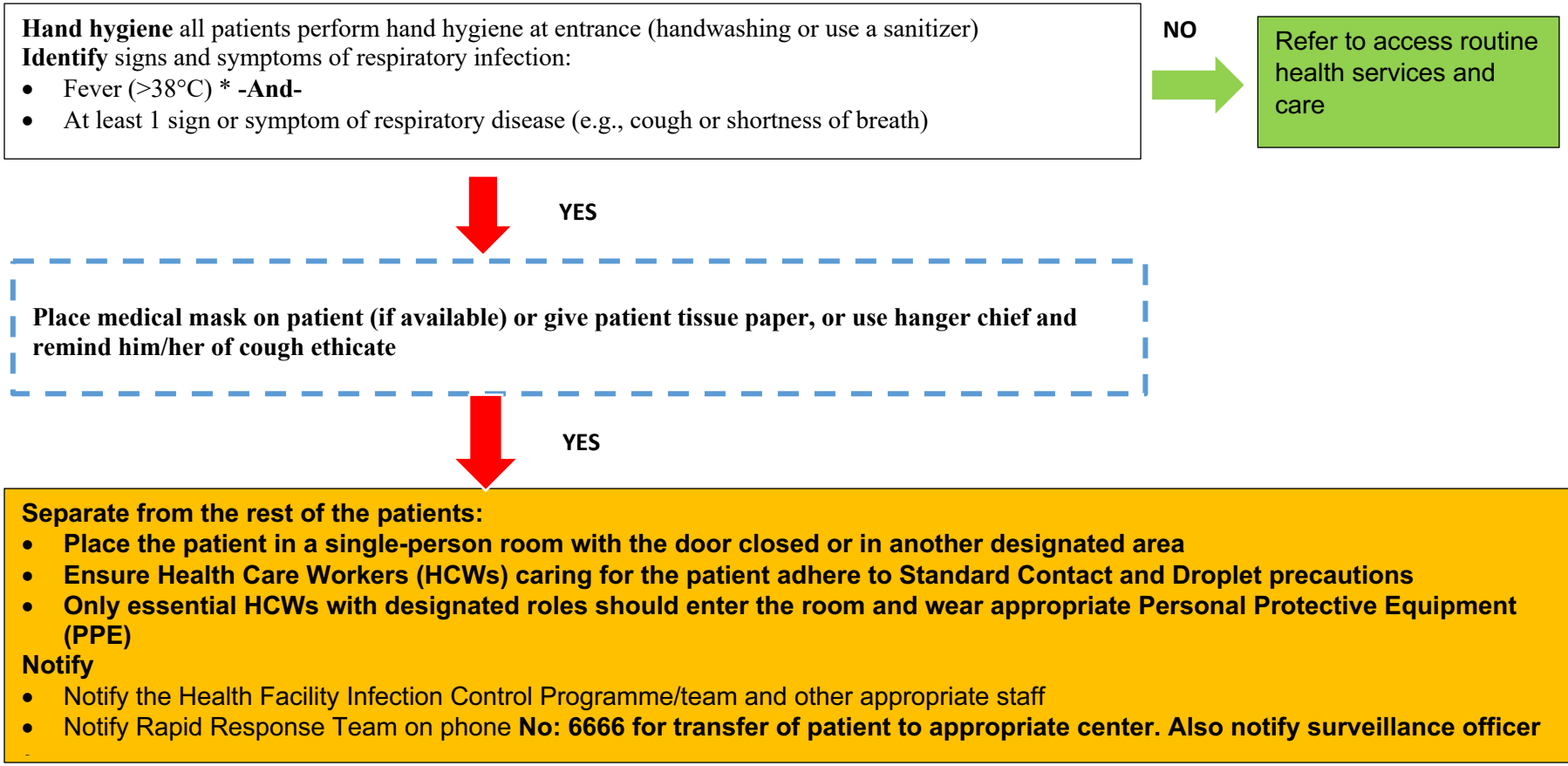
- Notify the Health Facility Infection Control Programme/team and other appropriate staff
- Notify Rapid Response Team on phone **No: 6666 for transfer of patient to appropriate center. Also notify surveillance officer**

*Elderly people may not develop fever, but new-onset of cough or worsening respiratory symptoms

****A contact** is a person who is involved in any of the following within 14 days after the onset of symptoms with the patient:

- providing direct care for patients with COVID-19 disease
- staying in the same close environment as a COVID-19 patient
- travelling in close proximity using any means with (that is, having less than 1 m separation from) a COVID-19 patient

Annex 2: Triage of patients with suspected COVID-19 infection (widespread community transmission)



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Annex 3: Case Definitions, WHO 20 March 2020

Suspect	Probable Case	Confirmed Case
A. Patient with acute respiratory illness (**fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath**), **AND** a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset; **OR** B. Patient with **any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case** (see definition of contact) in the last 14 days prior to symptom onset; **OR** C. **A patient with severe acute respiratory illness (fever and** at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.	A. Suspect case for whom testing for the COVID-19 virus is inconclusive. **OR** B. Suspect case for whom testing could not be performed for any reason.	A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Contact: A person with any one of the following exposures during **2 days before** or **the 14 days after the onset of symptoms** of a probable or confirmed case: 1. Face-to-face contact within 1 meter and for more than 15 minutes; 2. Direct physical contact with a probable or confirmed case; 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment;