

Health Facility deskguide in the context of COVID-19

Diagnosing and treating regular common infections in the context of COVID.

Generic version of 14/07/20 for low-middle income countries

This is for use in the consultation room as a concise desk guide in the context of COVID-19. It is based on WHO and available publications. It is to be used in support of, but not as a substitute for your clinical judgement and more detailed guidelines. Read this guide along with the training 'Module for Health Facilities COVID-19'.



Signs outside a health facility outpatient reception entrance.

Reviewing Patients: Screen, diagnose and manage:

Decide if:

- 1) COVID is suspected
- 2) Any other likely disease present
- 3) COVID severity and risk factors

Ask about their symptoms and concerns as usual¹, and

ask about signs of suspected COVID in *all* patients:

- **Fever?** (hot/cold, shivers or temperature > 37.5°C)
- **Cough?** New and continuous cough?
- **Loss of taste or smell?**
 - If any, also ask about:
- Shortness of breath or difficult breathing (look and count breathing rate)
- Contact history. A contact is someone who has touched or cared for someone with COVID or been in close contact with a case (within 1 meter for more than 15 mins).

Identify a COVID suspect

Is a COVID suspect if acute onset respiratory illness i.e. fever **and** one other sign/symptom of respiratory disease such as a cough or loss of taste or smell (see below protect yourself).

Diagnose and Manage other likely illness (even if COVID is also suspected)

Ask about symptoms and look for signs of the usual/other common diseases

If fever, ask and look for the signs of diseases causing fever including:

- Malaria – do a rapid diagnostic test (RDT), if positive give antimalarial ACT treatment if negative consider other causes of fever
- Urinary tract infection if frequency or burning passing urine, check urine for infection and if positive (or if test not available and typical symptoms) start antibiotic

If cough (+/- fever) ask and look for another illness such as:

- Upper respiratory infection (cold symptoms etc.) – symptomatic treatment
- Pneumonia, if difficult breathing/ rate is raised (20 or more in an adult), and a raised pulse and fever - give an antibiotic, e.g. Doxycycline or Amoxicillin
- If has a cough > 2 weeks, or night sweats – then also send 2 sputum's for a TB test.

If diarrhoea – advise extra fluids, best given as rice water or oral rehydration salts (ORS).

If fever or head/ muscle aches, give Paracetamol (maximum 2 x 4 = 8 a day in adults).

Etc. as per national or international clinical standard treatment guidelines.

¹ This guide and should be adapted and used according to your country guidelines, context and is not a replacement for your clinical judgement.

Education to say for everyone to avoid COVID illness

- There is no cure, so we treat the symptoms, eg if very breathless, giving oxygen
- You can spread the disease to others through coughing and from the virus on surfaces when touching them with unwashed hands and touching your face/ eyes
- Everyone to keep 2 meters from others 'socially distance', avoid busy places.
- Anyone can get the disease - but child and young adults get no or very mild illness.
- Older people, and adults with chronic illnesses, can get more ill – are at higher risk.
- If fever 'hot body', cough, breathless, loss of taste or smell – get health worker advice
- If very difficult breathing eg in week two of symptoms – go urgently to hospital.

People with chronic conditions are 'High Risk' of severe complications:

- Lung, heart or kidney disease
- History of high blood pressure, diabetes
- HIV not yet well controlled on drugs

Say to these patients and their family members:

- continue your regular chronic disease treatment (ensure they get sufficient drug supply)
- avoid contact with people coughing and do as in the 'Education below', more strictly
- if ill, seek health worker advice, if get difficult breathing - go urgently to hospital.

Manage COVID-19 Patients according to severity of disease:

Severe Visible difficulty breathing OR Raised respiratory rate (25 breaths/ minute or more) OR Low BP (diastolic 60 or less, or systolic less than 90mmHg) OR Tachycardia (greater than 110) OR New confusion- not clear about person, place or time	ACTION: Transfer urgently to a hospital where oxygen is available.
Moderate cough, fever, breathless on exertion - but not when speaking and can carry out regular daily tasks	ACTION: Refer for testing. Give antibiotic if suspect pneumonia, advise if difficulty breathing – go urgently to hospital.
Mild flu-like illness: No moderate or severe COVID symptoms but not difficult breathing or other signs	ACTION: Refer for testing. Educate on COVID and signs of deterioration

Educate on home isolation for patients with possible COVID:

1. People with COVID symptoms. To stay home for a minimum of 10 days from when symptoms started (or a positive test) AND until 3 days without fever or respiratory symptoms (other than cough, which may persistent long after being infectious).
2. Family members and other contacts with a COVID case, should stay at home for 14 days from contact, but can end their quarantine if their household member/contact tests negative.

Key messages about home isolation for patients and contacts:

Tell² patients and family members present to:

- Stay at home. They should not leave to go to the shops, markets, restaurants, places of worship, work, school. They should not use public transport.
- Most people will need help from family or friends to help them isolate such as getting food or water for them.
- Household members with symptoms should try and stay and sleep in a separate place to other household members. If not possible, always remain 2 meters apart.
- Open windows and clean shared areas regularly with disinfectants.
- Cover the mouth and nose with your bent elbow when you cough or sneeze. Wash hand immediately.
- Wash hands with soap for at least 20 seconds under running water, frequently; or by use minimum 60% alcohol-based hand rub/sanitizer if water is not available. When hands are visibly soiled wash hands with soap and water.
- Avoid touching your eyes, nose, and mouth (especially with unwashed hands).
- Use separate cutlery, plates, towels to household members with no symptoms
- Double bag waste and leave aside for 3 days then put in the waste bin.
- Avoid contact with elderly, those with chronic disease, infants or pregnant women
- Do not have visitors at home, not family or friends.

Monitoring and communication during home isolation

- Call or go to a hospital/ doctor for advice if breathless/ difficult breathing or hot (temp > 38°C, despite Paracetamol), or is mentally confused.
- COVID test positive people to be quarantined at a treatment center, if available.
- Tell patient/family to look out for any changes especially in breathing. Say the difficult breathing may start about a week (6–10) days after illness started in 1 in 5 of adults – to go to hospital urgently, as you may need oxygen and intensive care.
- Tell which health hospital (one with oxygen) to go to and plan on how to get there, if very difficult breathing. Go as soon as the breathing becomes more difficult.

Health Staff Communication

With a suspect for COVID **call the national/local helpline and/or inform the surveillance team** who will arrange a sample collection and transport it to the lab.

Also communicate details directly with the district office, and with Community Health Worker (CHW), by phone.

Ask the CHW to follow up (keeping 2m distance), including asking family members, in case they develop worse symptoms especially difficult breathing – go urgently to hospital.

² This guide is written by Dr John Walley, Clinical Professor of International Public Health, University of Leeds, and country partner organisation colleagues. Comments welcome, to j.walley@leeds.ac.uk

Protect yourself and others

Remember COVID spread is by:

- i) droplets from nose, cough, talking (not by aerosols like TB) therefore staying more than 2 meters away helps reduce transmission.
- ii) by hands, contaminated with droplets of the virus, touching surfaces, then their eyes and nose or mouth. Therefore, regular handwashing is essential.

Caring for patients with NO COVID symptoms:

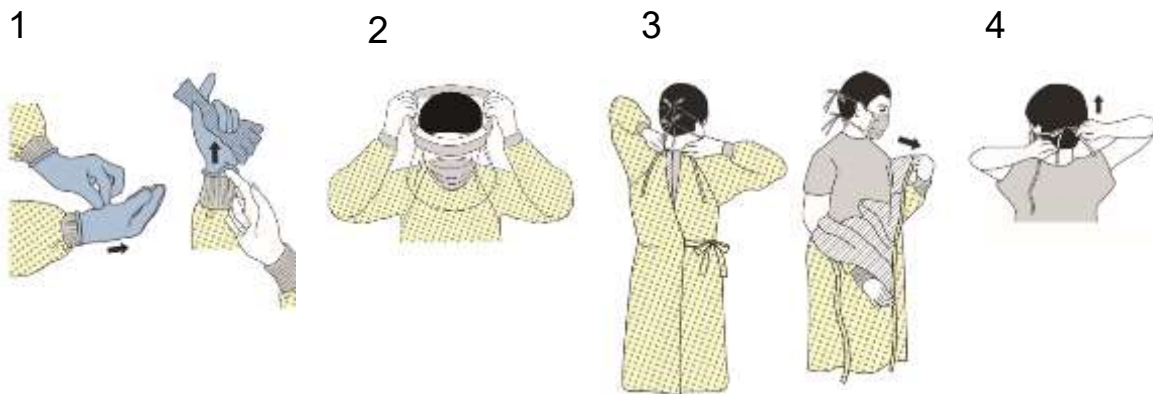
Standard precautions are sufficient. This includes regular hand washing before and after each patient and encouraging cough hygiene. Open windows to help ventilation.

Put on PPE when caring for patients with suspected COVID-19

No physical contact with patients e.g. screening, talking	Physical contact with patients E.g. examination, taking a COVID swab
<ul style="list-style-type: none">• Medical mask• Eye shield/goggles	<ul style="list-style-type: none">• Medical mask• Eye shield/goggles• Gloves• Gown/apron

Removing PPE:

Always wash your hands after removing PPE. Remove in the following order. Avoid touching potentially contaminated areas. Only touch the straps and string of the mask and eye shield. Only touch the inside of the gown and gloves with bare hands.



- Masks can be used for up to 6 hours if needed
- Remove mask if wet, damaged, soiled or if it becomes difficult to breathe
- If you touch front of your mask/eye protection immediately wash hands
- Goggles/face shield can be worn for whole shift, decontaminated, and re-used
- Change gloves between each patient. Double gloving not required.
- Do not reuse medical masks or gloves
- Cotton clothes/gowns can be washed and re-used