

COVID-19 INFECTION PREVENTION & CONTROL POLICY**1. INTRODUCTION**

The outbreak of a novel human coronavirus was declared a Public Health Emergency of International Concern by the World Health Organisation (WHO) on 30 January 2020. This particular coronavirus, named COVID-19, is an acute respiratory illness which causes higher mortality in older people and people with underlying medical conditions.

The residents of TOTALCARE are therefore considered high risk for adverse outcomes from infection. This necessitated the rapid development and implementation of a COVID-19 policy to supplement the standard TOTALCARE Infection Prevention & Control (ICP) policies.

This policy shall be updated continuously as new information becomes available in order to ensure alignment with national and international government and health organisation standards. Last updated on *06.04.2020*.

TOTALCARE is committed to the health and well-being of our residents and staff.

2. PURPOSE OF THIS POLICY

The purpose of this policy is to provide staff, residents and other concerned parties with reliable information regarding COVID-19 and inform the reader of the measures implemented, and precautions taken, at all TOTALCARE facilities.

3. LOCKDOWN EXEMPTION

Operating in the healthcare industry, TOTALCARE delivers what is deemed an essential service. It is therefore permitted to operate amidst the national state of disaster and is exempt from the resulting national lockdown. TOTALCARE's official certificate allowing trade during the lockdown, as issued by the Companies & Intellectual Property Commission, is available on request.

4. RELEVANT DOCUMENTATION

The following list of policies, guidelines, websites and official notices are either referenced in this policy or carry specific relevance to the stipulations of this policy.

- 4.1. Totalcare Operational Policy: Infection Prevention & Control (OP257).
- 4.2. Totalcare Operational Policy: Infection Prevention & Control - Food Service Management (OP529).
- 4.3. OP303: Cross Infection Policy: Infection Prevention & Control (OP303).
- 4.4. World Health Organisation: Infection Prevention & Control guidance for Long-Term Care Facilities in the context of COVID-19 (Interim Guidance: 21 March 2020).
- 4.5. WHO: Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health (Interim Guidance: 19 March 2020).
- 4.6. WHO: Infection prevention and control during health care when COVID-19 is suspected (Interim Guidance: 19 March 2020).

- 4.7. Centers for Disease Control and Prevention guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)
- 4.8. The Labour Relations Act, 1995 (Act No. 66 of 1995).
- 4.9. South African Government Gazette, 25 March 2020): Disaster Management Act, 2002: Amendment of Regulations issued in Terms of Section 27(2).
- 4.10. South African Government Gazette, 19 March 2020: Covid19 Block Exemption for the healthcare sector, 2020.

5. COVID-19

5.1. Nature of the virus

Coronaviruses are a family of viruses that is known to cause illnesses ranging from the common cold to pneumonia. COVID-19 is a strain of the coronavirus family that has caused severe cases of pneumonia throughout the world. While COVID-19 is a mild disease for most individuals, it can make some very ill. It has been reported that 1 in 5 individuals that catch the virus need hospital treatment.

Older individuals and people with underlying medical conditions, such as cardiovascular disease (heart disease), chronic respiratory disease (lung disease), diabetes, cancer, HIV/AIDS and other immunodeficiencies are at a higher risk of severe infection.

5.2. How COVID-19 Spreads

Current information suggests that the route of human-to-human transmission of COVID-19 is either via respiratory droplets or contact. Any person who is in close contact (within one meter) of someone who has respiratory symptoms (sneezing, coughing, etc.) is at risk of being exposed to potentially infective respiratory droplets.

Otherwise stated, when infected individuals sneeze, cough or exhale, they release infected droplets of fluid. These droplets spread the virus when it is inhaled or when it comes in contact with another person.

People can also become infected with the virus by touching contaminated surfaces or objects and then touching their eyes, nose or mouth. It is still unclear exactly how long the virus can survive on surfaces.

Current data suggests that the virus is mainly transmitted through contact with respiratory droplets rather than through the air. Accordingly, COVID-19 is not considered an airborne disease.

5.3. General guidelines to reduce COVID-19 spreading.

- 5.3.1. Practice good respiratory etiquette, i.e. cover your mouth and nose when sneezing or coughing and wash/sanitise your hands thereafter.
- 5.3.2. Practice good hygiene, i.e. frequent and thorough hand washing, especially after contact with any person or surface that might be contaminated, after eating and drinking, or after using the bathroom.
- 5.3.3. Practice social distancing, by maintaining at least one meter distance between yourself and anyone who is coughing or sneezing.
- 5.3.4. Ensure all surfaces are kept clean and hygienic through regular sanitising.

6. INFECTION PREVENTION AND CONTROL

This section outlines measures implemented regarding infection prevention, control and response in line with WHO and CDC guidelines.

6.1. Staff Related Measures

- 6.1.1. Standard ICP training and awareness is emphasised and closely monitored. This includes hand hygiene and respiratory etiquette, standard infection control precautions and transmission-based precautions. Training is also provided on the nature of COVID-19, including early recognition of symptoms.
- 6.1.2. Quantity of hand sanitiser available throughout the facility has been increased and proper use thereof is monitored.
- 6.1.3. Staff are screened daily with a thermometer. Staff presenting with fever or who are visibly ill are sent off duty.
- 6.1.4. Each healthcare staff member shall wear a face mask when on duty. Best practice guidelines shall be adhered to in terms of how to put on, remove, and dispose of face masks.
- 6.1.5. For the duration of the national lockdown, all staff reside on the premises. This is to minimise their contact with high risk environments such as public transport and densely populated areas.
- 6.1.6. For the duration of the “lock-in” (point 6.1.4.) health care staff are working 10-day shifts. This is to further minimise the number of people that come into contact with the residents. Additionally, these extended shift cycles correspond with the average incubation period of the disease. This optimises the chances of identifying if a staff member has contracted the disease and acting rapidly.

6.2. General Measures

- 6.2.1. No visitors are allowed on premises. Special permission for visitors can be requested from management for exceptional circumstances.
- 6.2.2. Group activities and outings are cancelled.
- 6.2.3. Hygiene practices are intensified.
- 6.2.4. Contact between residents and employees are limited as far as practically possible.
- 6.2.5. All rooms are kept well ventilated.

6.3. Early Recognition

Early identification, isolation and care of COVID-19 cases are essential to limit the spread of the virus. The following surveillance protocols are implemented with regards to residents:

- 6.3.1. The health status of any newly admitted resident is assessed to determine the presence of any signs of respiratory illness, including fever, cough or shortness of breath. Barrier nursing techniques are followed in conducting these assessments. Physical distancing is practiced from any new residents with extra caution, whilst taking care not to contributing to feelings of isolation.
- 6.3.2. Each resident is assessed twice daily for the development of a fever ($\geq 38^{\circ}\text{C}$) and continuously observed for coughing or shortness of breath.
- 6.3.3. Residents with fever or respiratory symptoms will immediately be reported to management for further action.

6.4. Source Control

This entails care for the COVID-19 patient and prevention of onward transmission. If a resident is suspected of having COVID-19, the following steps should be taken:

- 6.4.1.** Isolate the resident in a single room.
- 6.4.2.** Handle the resident in line with barrier nursing techniques. Strictly comply with all ICP practices.
- 6.4.3.** Notify the family and appropriate local authorities about the suspected case in order to arrange that the patient is tested for COVID-19 as per government instruction.
- 6.4.4.** A clinical assessment will be conducted by the TOTALCARE general medical practitioner with respect to disease severity, for the potential patient to be transferred to an acute health facility. If this is not possible or necessary, the COVID-19 patient can be isolated and cared for at the TOTALCARE facility.
- 6.4.5.** The number of staff in contact with the patient should be limited as far as possible.
- 6.4.6.** Maintain a record of all persons entering the patient's room.

6.5. Environmental Precautions

Adherence to general operational policies and procedures related to hygiene are emphasized. This includes cleaning, laundry and food and beverage management.

6.6. Administrative and Management Controls

- 6.6.1.** Rapid communication channels are open between operational management and top management to report on the status of resident and staff health, well-being and operations.
- 6.6.2.** Policies, notices and general communication is drafted and implemented as the situation changes and new information becomes available.
- 6.6.3.** Strategic management of operations is continuously monitored and adapted as needed in these unprecedented times.

6.7. Home Nursing

TOTALCARE's responsibility extends to all residents of the retirement village/estate. The village nurse will continue providing home nursing services and home check-ins during this time. This service is essential to ensure the physical and psychological health of all village/estate resident, by checking for any symptoms of disease and combatting feelings of isolation. The following ICP precautions are taken with regards to our home nursing services:

- 6.7.1.** The village nurse will practice barrier nursing techniques in line with best practice.
- 6.7.2.** The village nurse will not be allowed to enter the care center. A non-contact protocol is implemented for all interaction between her and the care center staff.
- 6.7.3.** Reporting on the health status of residents are maintained and communicated to management.

7. VALUE STATEMENT

TOTALCARE values the physical and psychological well-being of all our staff and residents. The utmost care will be taken during these challenging times to provide the necessary healthcare and adhere to precautions, whilst creating a calm and comfortable environment. We are committed to avoid unnecessary hysteria and rely on valid and reliable data sources. We appreciate the commitment of each staff member and support of every family member.