



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

King Dinuzulu Hospital Complex

PO DORMERTON, 4015
75 DR RD Naidu, SYDENHAM, DURBAN

Tel: 031 242 6000: Fax: 031 2099586

thami.Chizama@kznhealth.gov.za

Ezakwa Dinuzulu

NEWS

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FLU CLINIC and COVID 19 TESTING STATION.

King Dinuzulu Hospital Complex (KDHC) needed to establish a screening area and a flu clinic as an urgent response to the mandate by the Minister of Health, Dr. ZL Mkhize to scale up screening, triaging and testing of patients for COVID 19.

KDHC was screening patients at the entrance in the foyer when they had already entered the facility. The mandate was that triage areas should be as close to the gates that patients/clients use as possible. In the clinics clients should be triaged and screened for COVID-19. Patients with symptoms of flu should be directed for further exclusion of COVID-19 prior to joining normal flow. The hospital layout was reviewed to identify a suitable area for establishing the new screening and Flu clinic. The Car Park in front of the District Hospital was found to be suitable for accommodating a marquee or awning to establish a screening as well as a separate Flu clinic. The space identified is ideally situated to accommodate all patients that seek care at the district hospital, psychiatric hospital, dental clinic and spinal-orthopedic clinics. Patients that travel by car will be able to enter via the covered walkway from the patient parking area close to the screening area. There is a covered walkway used as a patient waiting area with alternate seats being occupied for social distancing.

A more cost effective option was the installation of two aluminum awnings in the car park with wind blinds that can serve as a screening as well as a free standing Flu clinic with partitions to create semi-private cubicles. Divine Health Forum is a non-governmental organization that pledged to pay for the erection of the structures. They embarked on fund raising and requested for donations towards the completion of this project.

Due to the urgency of the project, It is hereby recommended that in terms of Treasury Regulation 21.21 as issued in the PFMA (Act 101 of 1999), KDHC is given permission to accept the donation post -facto from the Divine Health Forum NPO to the value of R152700.

No financial implication to the institution as the project was donated. Donation was in the form of erecting structures and not in monetary terms



Patient flow to Flue Clinic



COVID19 Response Team planning meeting



IPC Mrs Shezi demonstrating

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

CEO's OFFICE UPDATE

Honorable Counsellors and all our stakeholders.

- With the rapid, global spread of the COVID19 infections, it is clear that these are unprecedented times. I am writing to you today with some important updates on how King Dinuzulu hospital Complex is responding to the pandemic.
- KDHC has established a dedicated multi-disciplinary COVID 19 response team to lead the facility efforts in the fight against the virus.
- We have identified dedicated patients care areas where we will quarantine the COVID 19 suspects ward and isolate the confirm cases ward H. the MDR/TB section will have a separate quarantine and isolation ward.
- In light of the increase incident of COVID local transmissions, it has become necessary to scale up screening and testing. A comprehensive program has been put onto place to make sure that testing so being done stately for health care providers and all community members.
- The health minister has since mandated all institutions to set up screening areas and flue clinic near the gates and sidestep the use of mar-quees. With the assistance some organizations
- The health and well-being of our staff is our top priority .as such, since the outbreak was announced, a number of trainings, sharing reliable information about the virus, have been conducted for the KDHC community.
- Lastly, the staff residence was handed over to department of public works. However we were informed by Director Mr Shezi that the building is a quarantine site for COVID19 suspects and KDHC management will be responsible. Our commitment to our mission is unwavering .although our buildings are closed to visitors our hearts and hands continue to be wide open for our communities.



DR. Zanele Dlamini

In appreciation of our sponsors

King Dinuzulu Management wishes to express our gratitude for your act of generosity towards Flue clinic and COVID 19 testing station and activation. We are certain our staff members and patients highly appreciated the items you donated:

- * Divine life society SA
- * DIVINE HEALTH FORUM NPC
- * THE HEALTH NINJA PRY LTD
- * BETHSAIDA MINISTRIES INTERNATIONAL
- * RUDRA ENTERISES PRY LTD
- * DR.S. KHALID
- * DR.BARAKZAI
- * DR A.J. NIEHAUS
- * DR. DEVJEE
- * DR N. MISRA



Clinical Pathway for the Management of COVID 19 Suspect and Confirmed Cases at King Dinuzulu Hospital Complex

The novel Corona virus SARS -2 causing COVID 19 was first described in December 2019 in Wuhan Province in China. The World Health Organization declared it a global pandemic on the 11th of March 2020 calling on countries to put in place urgent measures to contain the spread of Covid-19 due to its infectiousness and high mortality particularly in patients who were older, immunocompromised and had co-morbid conditions. South Africa diagnosed the first patient with a case of imported COVID 19 on 3 March 2020 and has been experiencing a slow but steady rise of infections and deaths as testing capacity increases. The President declared a National State of Disaster on 15 March 2020 enacting the Disaster Management Act when there were 61 cases of COVID 19. Since then, all spheres of government have been actively involved in management of the Outbreak Preparedness and Response.

Background/Statement

King Dinuzulu Hospital Complex has 671 hospital beds across 3 levels of care, district, (Family Medicine, Pediatrics, Obstetrics and Gynecology, regional, (Psychiatry and Drug-Resistant TB) and quaternary (Cardio-thoracic and Spinal Orthopedic Surgery). It is designated as a facility admitting asymptomatic suspect cases for COVID-19 if the patient cannot self-isolate or suspects with moderate or severe symptoms awaiting test results (PUI) and confirmed patients.

Purpose

This SOP serves to guide all healthcare workers of the procedures to manage COVID-19 suspects and outpatients presenting to King Dinuzulu Hospital Complex.

Objectives

1. To ensure a high quality of patient care during the COVID-19 public health emergency
2. To prevent and interrupt the onward transmission of Corona Virus SARS-2 to health care workers, general patient population and community
3. To advise on management of asymptomatic patients suspected of COVID-19 infection.
4. To advise on management of symptomatic patients suspected of COVID-19 infection.
5. To advise of allocation of appropriate clinical staff for the management of patients with suspected COVID-19 infection

To promote and maintain the optimum care of health care workers through the use of universal precautions, standardized management protocols and clear communication channels

Applicable Legislation/Policy Documents

Disaster Management Act 2002

Constitution of South Africa

National Health Act

Occupational Health and Safety Act

NDOH COVID 19 Policies

NICD Policies

DPSA Circular 07/2020

COVID 19 Infection Prevention and Control Guidelines

Allocation of Scarce Critical Care Resources during the COVID-19 Public Health Emergency

Flu Clinic and COVID19 testing station at King Dinuzulu Hospital Complex



Screening area



Flue Clinic



Flue Clinic entrance



Cough booth

Rapid response team and sponsors



IPC Mrs Shezi demonstrating

KDHC Policies on PPE, commissioning of G ward, Surgical ICU and other relevant SOPs

Screening of patients

All patients will be screened for symptoms of COVID-19 prior to entry into the hospital using a symptom screening tool in the designated screening area (Annexure 1)

Patients who fulfil the PUI case definition will be escorted to the Flu Clinic for further assessment and testing as required

If the patient meets the PUI criteria, a swab for SARS-CoV2 will be taken and the patient will be assessed clinically and the ability to self-isolate safely for mild symptoms

Also maintain a high index for other respiratory infections such as TB, PCP

The NHLS laboratory will be informed of the suspect COVID-19 specimen and all relevant documentation must be filled in correctly.

The IPC sister needs to be informed of the PUI

Once the patient is confirmed positive, the patient will be notified using the Notifiable Medical Condition system

The relevant district authority will be informed to ensure community based contact tracing can commence

Dr Niehaus will monitor daily statistics of COVID-19 tests and results

Inclusion Criteria to G ward

All suspect COVID-19 patients who are unable to self-isolate safely or have moderate to severe disease will be admitted; except the patients who meet the criteria below:

Uncontained Psychiatric and

Confirmed Drug-Resistant Tuberculosis

Management of COVID-19 suspects who are confirmed unable to self-isolate at home.

Adult patients who are COVID-19 suspects will be admitted to G Ward for isolation and management while awaiting test results.

Staffing will be allocated to G ward according to the daily roster created by the Nursing Management and Clinical Managers of each department with oversight by the doctors in A&E and Anesthetics departments.

In the event of an emergency after hours cover will be provided by A&E and Anesthetics doctors

Management of asymptomatic Paediatric patients suspected of COVID – 19 infection

An asymptomatic child suspected with COVID-19 will be admitted to G ward if parent and child are unable to self-isolate at home

The mother can be admitted as a border mother to accompany the child

Both parent and child will require testing

Management of pregnant women who are suspected of COVID – 19 infection

- 5.4.1 Pregnant women with confirmed COVID-19 infection who require admission will be admitted to G ward.
- 5.4.2 Normal vaginal deliveries will be managed in G ward by the maternity staff.
- 5.4.3 If surgical intervention required patient will be transported to a designated COVID19 theatre for the procedure.
- 5.4.4 Post-delivery the mother and baby will be in G ward whilst convalescing or awaiting COVID-19 test results.
- 5.4.5 The baby will room-in with the mum in G ward. Mum must be given a surgical mask especially during breastfeeding
- 5.4.6 Patient will be discharged from O&G care as per departmental protocol but will remain under medical care as per non-pregnant adult protocol and transferred to a designated COVID-19 facility for continuity of care.
- 5.4.7 If positive the mum and baby will be transferred to the appropriate facility

5.5 Management of patients (adult, pediatric or pregnant) that deteriorate

- 5.5.1 The doctor from A&E roster and specialty team will be called to assess patient who deteriorates in G ward and will, in consultation, with the anaesthetics doctor decide on further management.
- 5.5.2 A patient requiring mechanical ventilation as per the CCSSA guidelines will be moved to the designated COVID-19 High Care ward where intubation will occur. The HCWs will don full PPE for AGP (aerosol generating procedures) prior to intubating the patient.
- 5.3.5 If a post spinal orthopedic surgery patient is in high care, the patient will be moved to the appropriate ward and high care monitoring will be instituted in the ward.

5.6 Further Management of COVID – 19 confirmed cases

- 5.6.1 All intubated or COVID-19 confirmed patients requiring a higher level of care must be transferred to the IALCH following discussion between the transferring and accepting medical teams
- 5.6.2. All positive COVID-19 stable patients must be transferred to the designated facility as per the district referral pathway.

5.7 Decontamination of pathway of suspected COVID–19

- 5.7.1 Ward G must be cleaned thoroughly with the correct detergents for each surface according to the cleaning schedule.
- 5.72 Ward G must be decontaminated with disinfectant post removal of the patient to A&E, high care or discharge.
- 5.7.3 The patients while being moved to the appropriate area must wear a surgical mask. Staff moving the suspect must also use appropriate PPE.
- 5.7.4 A&E must be decontaminated after the patient is transferred to High Care.

5.7.5 Decontamination involves the use of detergent and water as well as the use of disinfectants such as biocide. The lifts including buttons, door handles, floors, walls, bed and mattress must be decontaminated as per policy.

5.8 Mental Health Care Support

5.8.1 All staff will be offered psychological support through the Occupational Health and Employee Assistance Programme (EAP) to allow for debriefing

5.8.2 All patients will be have a mental health care assessment and managed accordingly

Monitoring of Implementation

It is the responsibility of the Heads of Departments to ensure implementation of this SOP and to be discussed at the facility COVID-19 Outbreak team should amendments be required.

Abbreviations

| | |
|----------|---|
| COVID-19 | Corona Virus Disease-19 |
| HCW | Health Care Worker (all members of the multi-disciplinary team) |
| IPC | Infection Prevention and Control |
| KDHC | King Dinuzulu Hospital Complex |
| NHLS | National Health Laboratory Service |
| NICD | National Institute of Communicable Diseases |
| PUI | Patient Under Investigation |
| WHO | World Health Organization |

Annexures:

Patient Flow Algorithm

To follow

Training Plan

All training material to be made available on PowerPoint slides with voice over
Clinical Managers to ensure electronic distribution of training material to all staff including sessional staff with signed off list of staff trained

Topics included in training

PPE- Donning and Doffing

Procedure and Documentation for all COVID-19 specimens

CCSSA guidelines for assessment, oxygen therapy and ventilation

Resuscitation procedures for COVID-19 patients

Do not resuscitate policy and documentation

Palliative Care Guidelines

Communication Plan

Clinical Rosters available at G ward and Switchboard

Clinical Managers to be contacted in the case of any difficulties

If the capacity of G-ward is reached the Clinical Team will contact the Medical Manager to address

Acknowledgements

The KDHC Clinical COVID-19 Committee

To day we talk about Medial liaison at KDHC

Title: Media Enquiry Policy

Policy no: PRO 2014

Policy statement

- a. The management and the Public Relations Officer will be present during media interviews.
- b. Media interviews will be carried out responsibly, factually and within the protocols of the Cooperate Communication.
- C. Patient Rights will be respected during such interviews.

Objectives

To enhance the prestige of King Dinuzulu Hospital Complex by projecting a positive image of the Institution

To provide information about the hospital, to external and internal customers stake holders.

To establish good working relationship with the media also minimizing negative coverage.

Procedure

1. When media enquiry is received the Public Relations Officer will inform the Management and Cooperate Communications department.
2. The particulars of the journalist must be obtained e.g. name, address, company etc.
3. All Questions should be written forwarded to the Public Relations Officer including dead line, date, time and a copy will be sent to Cooperate Communications Dept.
4. An approval will be issued by Cooperate Communication for allowing media representatives to interview or to take photographs of patients.
5. Concern form shall be obtained for photographs below or above 21yrs.

Patient Rights should be protected at all time.

Mr. Thami Chizama
PRO

Public Relations Officer



Mr. Thami Chizama
Reporter/photographer



Mrs. Nontokozi Ntuka Intern
PRO