Areas With Widespread Community Transmission of COVID-19

- Recommendations for screening and triage
- Screening algorithm/decision tool

Diagram/Schematic of Screening/Triage Areas in the Context of Widespread Community Transmission

Areas With Sporadic Cases/Clusters of Cases of COVID-19

- Recommendations for screening and triage
- Screening algorithm/decision tool

Diagram/Schematic of Screening/Triage Areas in the Setting of Sporadic Cases and Clusters of Cases

Considerations for Specific Populations and Comorbidities

Home Care Guidance

Visit PreventEpidemics.org for more.
Prevent Epidemics is a project of Resolve to Save Lives, an initiative of Vital Strategies.
Areas With Widespread Community Transmission of COVID-19

Recommendations for Screening and Triage

1. Communicate with patients before they arrive for care:
   - Inform them of screening procedure that will be in place at the health facility; this will require sending messages out to the community using traditional and social media.
   - If possible, establish a hotline for patients to call or text if they are seeking care for respiratory symptoms. If possible, use as a telephone consultation to determine if a visit is needed.
   - Inform patients of preventive measures to take as they seek care (e.g. wearing a mask, having tissues to cover cough/sneeze).

2. Screen all patients and visitors presenting to the primary health center (PHC), including those presenting for antenatal, vaccine, TB, HIV, and other routine services.

3. Develop at least two outdoor areas to screen all patients and visitors prior to entry to the PHC:
   - One screening area for patients presenting to the PHC with respiratory symptoms/concern for COVID-19.
   - One screening area for patients and visitors presenting for routine/other care.

4. Screening area specifications:
   - Ensure the screening areas have adequate ventilation.
   - Four posts with a roof may be used.
   - The roof should have an overhang to address weather (heat, rain).
   - Individual seating (not benches) should be used and placed at least 2 meters apart.
   - A space of 2 meters should be maintained between all patients and/or visitors and between patients and health care workers. If there are space constraints, at least 1 meter of space should be maintained.*

5. Dedicated, trained staff should conduct screening and triage. Consultation with the PHC clinician should be available for triage/risk stratification of suspected cases. Training should include: screening and triage procedures, COVID-19 case definition, and appropriate use of personal protective equipment (PPE).

* Health care facilities may construct portable barriers to demarcate the recommended separations between patients or health care workers and patients.
6 Equipment needed for screening staff as well as any other staff working in the screening areas or inside the PHC:

- Alcohol-based hand rub.
- Face shields and medical masks (not N95 respirators).
- Tissues for patients to cover their mouth/nose when coughing or sneezing.
- Bins/waste receptacles with lids for disposable tissues.
- No-touch infrared thermometers.
- Patients suspected to have COVID-19 should be immediately provided a mask. If masks are not available, provide paper tissues or request the patient to cover their nose and mouth with a scarf, bandana, or T-shirt. Those who need to be referred for isolation or a higher level of COVID-19 care should wait in a separate, dedicated space allocated within the outdoor screening area that is only for suspected COVID-19 cases. Restrict the number of family members in the waiting area for suspected COVID-19 cases.

7 Provide up to date information on the referral system, including contact information for referral hospitals and local public health authorities, to all health care workers and staff.
Screening Algorithm/Decision Tool in the Context of Widespread Community Transmission

**SCREENING**

Screen all patients and visitors for: fever (temperature > 37.3°C using a no-touch infrared thermometer or history of subjective fever) OR cough OR shortness of breath OR sore throat prior to entry into health facility.¹

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>
| • Provide routine care at facility or send home if not seeking care for another reason.  
• Use standard precautions. | • Provide a mask to patient if available.  
• Report to the local surveillance officer for case investigation and contact tracing. |

**TRIAGE**

<table>
<thead>
<tr>
<th>Mild³</th>
<th>Severe⁴</th>
</tr>
</thead>
</table>
| • Isolate in community facilities, if available, or instruct patients to self-isolate at home.  
• Provide home care guidance sheet.  
• Counsel patients about when to seek higher level of care and risk factors for developing severe disease.  
• Provide information on where to seek care if needed. | • Refer for higher level of care. |

¹ Maintain at least 2 m of distance between patients and health care workers.

² Known risk factors for severe COVID-19: Age >60, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, immunocompromising conditions (e.g. HIV, cancer treatment).

³ Mild illness: Patients with uncomplicated upper respiratory tract viral infection may have nonspecific symptoms: fever, cough, fatigue, malaise, muscle pain, sore throat, dyspnea, nasal congestion or headache. Rarely, patients may present with gastrointestinal symptoms. Older patients and those with immunocompromising conditions may have atypical symptoms. (World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-infection-is-suspected.)

⁴ Severe illness: Patients with severe COVID-19 may have severe respiratory illness, including hypoxia, which can develop rapidly over a short period of time. (Centers for Disease Control and Prevention. COVID-19 Infection Prevention and Control Guidance. https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html)

⁵ Warning signs of severe disease include: respiratory rate >30, trouble breathing, confusion/difficulty to arouse. In children, warning signs include signs of respiratory distress (grunting, chest indrawing, inability to breastfeed/drink, central cyanosis), fast breathing (breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40, lethargy or unconsciousness, and convulsions.
Diagram/Schematic of Screening/Triage Areas in the Context of Widespread Community Transmission

Health care worker with mask to ask all patients their reason for visit, and direct to Area B or Area C.

Area A

Area B

Area C

Entrance for patients with symptoms/concerns for COVID-19

Waiting area

Screening area

If COVID-19 SUSPECTED

If COVID-19 NOT SUSPECTED

PHC Entrance

Routine care of PHC patients

Patient/visitor entrance for patients presenting for routine care

Waiting area

Screening area

HCWs

2m

2m

2m

Individual stools or seats for patients

Send home patients with symptoms/suspected COVID-19 who can be managed at home.
Areas With Sporadic Cases or Clusters of Cases of COVID-19

Recommendations for Screening and Triage The recommendations outlined below are for settings with sporadic cases or clusters of cases prior to widespread community transmission, and where contact with suspected or confirmed cases and travel history remain relevant.

1 Communicate with patients before they arrive for care: (followed by bulleted list)

   • Inform them of screening procedure that will be in place at the health facility; this will require sending messages out to the community using traditional and social media.
   • If possible, establish a hotline for patients to call or text if they are seeking care for respiratory symptoms. If possible, use as a telephone consultation to determine if a visit is needed.
   • Inform patients of preventive measures to take as they seek care (e.g. wearing a mask, having tissues to cover cough/sneeze).

2 Screen all patients and visitors presenting to the primary health center (PHC), including those presenting for antenatal, vaccine, TB, HIV, and other routine services.

3 Develop at least two outdoor screening areas to screen all patients and visitors prior to entry to the PHC:

   • One screening area for patients presenting to the PHC with respiratory symptoms/concern for COVID-19
   • One screening area for visitors and patients presenting for routine/other care
4 **Screening area specifications:**

- Ensure the screening areas have adequate ventilation.
- Four posts with a roof may be used.
- The roof should have an overhang to address weather (heat, rain).
- Individual seating (not benches) should be used and placed at least 2 meters apart.
- A space of 2 meters should be maintained between all patients and/or visitors and between patients and health care workers. If there are space constraints, at least 1 meter of space should be maintained.*

5 **Dedicated, trained staff should conduct screening and triage.** Training should include: screening and triage procedures, COVID-19 case definition, and appropriate use of personal protective equipment (PPE). Consultation with the PHC clinician should be available for triage/risk stratification of suspected cases.

6 **Equipment needed for screening staff as well as any other staff working in the screening areas or inside the PHC:**

- Alcohol-based hand rub.
- Face shields and medical masks (not N95 respirators).
- Tissues for patients to cover their mouth/nose when coughing or sneezing.
- Bins/waste receptacles with lids for disposable tissues.
- No-touch infrared thermometers.

7 Patients suspected to have COVID-19 should be immediately provided a mask. If masks are not available, provide paper tissues or request the patient to cover their nose and mouth with a scarf, bandana, or T-shirt. Those who need to be referred for isolation or a higher level of care for COVID-19 care should wait in a separate, dedicated space allocated within the outdoor screening area that is only for suspected COVID-19 cases. Restrict the number of family members in the waiting area for suspected COVID-19 cases.

8 Provide up to date information on the referral system, including contact information for referral hospitals and local public health authorities, to all health care workers and staff.*

*Health care facilities may construct portable barriers to demarcate the recommended separations between patients or health care workers and patients.*
Screening and Triage in the Setting of Sporadic Cases and Clusters of Cases

**SCREENING**
Screen all patients and visitors for: fever (temperature > 37.3°C using a no-touch infrared thermometer or history of subjective fever) OR cough OR shortness of breath OR sore throat prior to entry into health facility.

**TRIAGE**
Clinician to assess severity of illness, presence of risk factors.

**MILD**
- Depending on national guidelines and capacity, refer for admission, or isolation in community facilities, or instruct patients to self-isolate at home.
- Provide home care guidance sheet.
- Counsel patients about when to seek higher level of care and risk factors for developing severe disease.
- Provide information on where to seek care if needed.

**SEVERE**
- In the past 14 days, has the person been exposed to a suspected or confirmed COVID-19 case or traveled to an area reporting community transmission?
- Provide a mask to patient if available.
- Report to the local surveillance officer for case investigation and contact tracing.
- Refer for higher level of care

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6 Maintain at least 2 meters of distance between patients and health care workers

7 Known risk factors for severe COVID-19: Age >60, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, immunocompromising conditions (e.g. HIV, cancer treatment)

8 MILD illness: Patients with uncomplicated upper respiratory tract viral infection, may have nonspecific symptoms: fever, cough, fatigue, malaise, muscle pain, sore throat, dyspnea, nasal congestion or headache. Rarely, patients may present with gastrointestinal symptoms. Older patients and those with immunocompromising conditions may have atypical symptoms. (World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-sars-cov-2-suspected)

9 Warning signs of severe disease include: respiratory rate >30, trouble breathing, confusion/difficulty to arouse. In children, warning signs include: signs of respiratory distress (grunting, chest indrawing, inability to breastfeed/drink, central cyanosis), fast breathing (in breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40; lethargy or unconsciousness, and convulsions.
Diagram/Schematic of Screening/Triage Areas in the Setting of Sporadic Cases and Clusters of Cases

Health care worker with mask to ask all patients their reason for visit, and direct to Area B or Area C.

Area A

Area C

Entrance for patients with symptoms/concerns for COVID-19

Waiting area for patients who need to be referred

Screening area

If COVID-19 SUSPECTED

Waiting area

Area B

Patient/visitor entrance for patients presenting for routine care

Triage

Depending on national guidelines and local capacity, even patients with mild symptoms may be referred for admission, or isolation in community facilities.

Send home patients with symptoms/suspected COVID-19 who can be managed at home.

Individual stools or seats for patients

Routine care of PHC patients

If COVID-19 NOT SUSPECTED

PHC Entrance
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
<th>Equipment*</th>
</tr>
</thead>
</table>
| **Screener**                  | A community member or an existing healthcare worker to interview patients from a distance to see if they meet screening criteria | • Face mask  
• Eye protection (e.g., face shield or goggles)  
• Alcohol-based hand rub  
• Gown  |
| **Triage clinician**          | A healthcare worker to assess the severity of symptoms and determine if there is another underlying cause for medical attention | • Face mask  
• Eye protection (e.g., face shield or goggles)  
• Alcohol-based hand rub  
• Gown  |
| **Environmental services/cleaning staff** | Existing facility staff                                                       | • Face mask  
• Eye protection** (e.g., face shield or goggles)  
• Gown and/or apron  
• Boots or closed toe work shoes  
• Reusable rubber gloves |

*The reuse of masks, eye protection, or gowns without appropriate decontamination/sterilization is strongly discouraged. The removal, storage, re-donning and reuse of the same, potentially contaminated PPE items without adequate reprocessing is one of the principle sources of HCWs risk due to hands and face self-inoculation.

**Environmental services/cleaning staff should wear eye protection, especially when preparing disinfectant solutions for cleaning and while cleaning areas that are under droplet precautions.
## Considerations for Specific Populations/Comorbidities

<table>
<thead>
<tr>
<th>Comorbidity/Population</th>
<th>Risk Level</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Hypertension           | Higher Risk | • Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months).  
  • Use telemedicine services where available and already in place for routine consultations.  
  • Use trained, remunerated and supplied community health workers to increase home-based service support.11  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |
| Diabetes               | Higher Risk | • Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months).  
  • Use telemedicine services where available and already in place for routine consultations.  
  • Use trained, remunerated, and supplied community health workers to increase home-based service support.11  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |
| Tuberculosis           | Limited information | • Administrative and personal protection measures apply to both conditions (infection prevention and control, cough etiquette, isolation of people suspected to be affected).14  
  • Patient-centered outpatient and community-based care for patients with TB is preferred.15  
  • Provide adequate supplies of medicines to minimize unnecessary visits to treatment centers to collect medicines.16  
  • Use telemedicine technology: electronic medication monitors, video-supported therapy.17  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |
| HIV                    | No evidence to suggest people living with HIV who are clinically and immunologically stable on treatment are at higher risk of acquiring infection or developing more severe illness.14 | • For patients stable on ART, use less frequent clinic visits.19  
  • Postpone routine medical and lab visits to the extent possible for stable patients and who have a suppressed viral load.20  
  • Use multi-month prescriptions and multi-month dispensing for 3–6 months, for people living with HIV stable on treatment.18  
  • Ensure plans for access to care (telemedicine, virtual/phone and messaging, etc.) with strong community systems, when available, to support adherence.20  
  • Engage and leverage civil society organizations and networks of people living with HIV21  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |
| Pregnant women         | Unknown13 | • Essential to screen all pregnant women.  
  • Symptoms due to physiologic adaptations of pregnancy or adverse pregnancy events, such as dyspnea, fever, gastrointestinal symptoms or fatigue, may overlap with COVID-19 symptoms.18  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |
| Persons >60 years of age | Higher Risk | • Ensure adequate supplies of medications. Provide prescriptions for as long as possible (e.g., three months).  
  • Advise to stay at home as much as possible; maintain contact with family and health care providers by telephone.  
  • Advise patients to protect themselves from COVID-19: hand-washing, cleaning and disinfecting high-touch surfaces, staying at home, avoiding crowds and travel, and staying away from ill persons.12 |

Home Care Guidance

- Monitor your symptoms carefully. If your symptoms get worse or you have difficulty breathing/shortness of breath or a change in your mental status, seek care where advised by your primary health care facility.

- Ill patients should stay in a separate, well-ventilated room, if available. Contact with any individuals who are elderly or have underlying medical conditions should be limited.

- If a separate room is not available, maintain a distance of at least 1 meter from others in the home. Consider all household members to be contacts and quarantine for 14 days. If possible, identify another household for isolation of the suspected case and known contacts.

- Ensure that shared spaces are well ventilated (e.g. open windows).

- Do not share household items (e.g. eating utensils, dishes, drinks, towels, bed linens).

- Limit the number of caregivers, ideally to one healthy person, and do not allow visitors. Caregivers should perform hand hygiene after any type of contact with patients or their immediate environment.

Practice Clean Hygiene Regularly

- Cover your nose and mouth with a tissue or elbow when you cough or sneeze. Immediately dispose of the used tissues in a covered trash bin and wash your hands. If handkerchiefs are used, wash with soap or detergent and water.

- Household members should wash their hands with soap and water for at least 20 seconds before and after contact with ill or vulnerable family members, before and after preparing food, before eating, after using the toilet or changing a child’s diaper, and after contact with animals. If soap and water are not available, use an alcohol-based hand rub. If hands are visibly dirty, use soap and water.

- Household members should avoid touching their eyes, nose and mouth.

- If you have a flush toilet, close the toilet lid before flushing.

Frequently Clean and Disinfect Surfaces

- Clean and disinfect regularly touched objects and surfaces such as door handles regularly.

- Bathrooms should be cleaned and disinfected at least once a day.

- Regular household soap or detergent can be used for cleaning first, and then after rinsing, regular household disinfectant containing 0.1% sodium hypochlorite should be applied. Household gloves should be used during cleaning and hands should be washed after removing gloves.
Resources

1. **U.S. Centers for Disease Control and Prevention**
   Accessed March 29, 2020

2. **U.S. Centers for Disease Control and Prevention**
   Accessed March 29, 2020

3. **World Health Organization**
   Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts.
   Accessed March 29, 2020

4. **World Health Organization**
   Advice on the use of masks in the community, during home care, and in health care settings in the context of COVID-19.