

# Obafemi Awolowo University Teaching Hospitals' Complex (OAUTHC), Ile-Ife

## COVID-19 Response Committee

### Protocol for Managing Possible Cases of COVID-19

#### Background

Coronavirus disease (COVID-19) is a global pandemic spreading in many countries of the world since December 2019. Since it started till date, there have been over 300,000 confirmed cases with over 14,000 deaths. Nigeria reported the first case on February 27, 2020 and in the last few days, we have entered an accelerated phase of the disease with rapidly increasing number of confirmed cases. As at 23<sup>rd</sup> March 2020, there has been a total of 36 confirmed cases with one death in Nigeria. However, there has been no case in Osun State.

#### Signs and Symptoms of Covid-19 Infection

Signs and symptoms may include:

- Dry (non-productive) cough
- Fever
- Difficult breathing/shortness of breath
- Tiredness
- Headache
- Anosmia (loss or absence of the sense of smell)

#### Note

About 80% of infected persons may have no symptoms but are still able to transmit the virus.

#### Guiding Principles

The guiding principles for this protocol are premised on the need to:

- Protect the health and well-being of all hospital staff from COVID-19 infection;
- Provide optimal care for all patients awaiting confirmation of COVID-19 diagnosis;
- Ensure that all other patients continue to receive appropriate care;
- Prevent the spread of SARS-COV-2 within the hospital and in the community; and
- Ensure appropriate and adequate collaboration with relevant state and federal government agencies.

#### Operational case definitions for OAUTHC

The following case definitions shall apply to OAUTHC and will be reviewed from time to time as more information becomes available.

##### 1. Possible Case:

A *Possible Case* is a person who recently returned to Nigeria in the last 14 days **OR** who has had contact with a confirmed case of COVID-19 **AND** has:

- Clinical or radiological evidence of pneumonia (if an X-ray has been taken) **OR**
- Influenza-like illness (fever and acute onset of any of dry non-productive cough, sneezing, nasal discharge, hoarseness of voice or sore throat).

*Possible Case* shall be admitted in the hospital's holding bay for COVID-19 testing. Depending of the outcome, a possible case may be referred for isolation in Osogbo if positive or discharged

home to continue self-quarantine for 14 days if negative. Consequently, admission to the holding bay may not be taken lightly as patients admitted in the bay will be considered as exposed persons on discharge especially if other positive cases are on admission during the period of admission.

## 2. Possible Case with Severe Illness

A *Possible Case with Severe Illness* is a person who fulfils the criteria in (1) above **AND** in addition:

- has respiratory distress syndrome; OR
- is aged 60 years and above; OR
- has other co-morbidities, for example, diabetes mellitus, hypertension, etc.; **OR**
- is receiving or requires supportive therapy, for example, intravenous fluid, oxygen or any other medical or surgical intervention.

A *Possible Case with Severe Illness* shall continue to be managed at the current point of care. The Focal Person, Department of Community Health should be notified immediately. Do not transfer to the holding bay.

### Note:

Several common illnesses including malaria and cough or cold in children present with features and symptoms similar to COVID-19. Consequently, no patient may be sent to the hospital's holding bay on mere suspicion of COVID-19. All patients who do not meet the criteria for *Possible Case* or *Possible Case with Severe Illness* should be treated as appropriate. If they have no other indication for admission, discharge home with clear instructions on what to do to keep safe.



### **Members of Staff**

Members of staff who just returned to the country or those who are concerned they have been exposed to confirmed case of COVID-19 should self-quarantine at home for 14 days and notify the Focal Person, Department of Community Health. Such staff should notify the Focal Person, Department of Community Health immediately, if they notice any change in health status, in particular, fever ( $\geq 37.5^{\circ}\text{C}$ ), dry non-productive cough, flu-like illness or any other health concern during self-quarantine. Efforts should be made to protect other household members by keeping strict hand washing and cough etiquette in the household. In addition, efforts should be made to decontaminate the house with hypochlorite solution as appropriate.

## Use of Personal Protection Equipment

Use appropriate PPEs as required. Health care providers shall apply standard precautions for all patients including maintaining a dignifying distance of 1.5 to 3 meters. Departments or units where close contact with the sick patient is inevitable, for example, Dentistry, ENT, Ophthalmology, etc., attending health workers – physicians, surgeons, nurses, shall apply category II level of protection – as described in table 1 below. Please notify, the COVID-19 Response Committee if recommended PPEs are not available. Below are the guidelines for the use of PPEs.

Table 1: PPE application by patient category

PPE category	Level I	Level II	Level III
Patient Category	<i>All Sick Persons</i>	<i>Possible Case</i>	<i>Possible Case with Severe Illness</i>
Level of precaution	Standard Precautions	Transmission-Based precautions for aerosol	Full protection.
Types of mask	Standard Medical or Surgical Mask	N95 or FFP2 	N95 or FFP3 
Type of Gown	Work uniform (Ward Coat, Scrubs)	Disposable Coats/Gown/Apron	Disposable Isolation Clothing ( <i>Tyvek suit</i> )
Gloves	Disposable Latex Gloves	Surgical Gloves	Elbow length Latex Gloves
Head Cover	Disposable Surgical Cap (Only if required)	Disposable Surgical Cap	Disposable Surgical Cap or Hood
Foot Wear	Normal Foot Wear	Covered Foot wear	Rubber Soled Boots
Eye Protection	Anti-fog goggles (Only If required)	Anti-fog goggles	Anti-fog goggles or face shield

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**Algorithm for Managing Possible COVID-19 Patients**

