Covid 19: ENT DIVISION TBH PROTOCOLS:

CLINICAL (NON-SURGICAL)WORK:

OPD:

All non-emergency and non-urgent OPD visits to be cancelled:

- In advance as far as possible
- If they still arrive, at arrival (see clinical screening below)

Screened area to be set up opposite the clerks.

Social distancing 2 metres apart – for patients AND staff – to be practiced in arrival/waiting area and everywhere

Ward OPD Sister/designated Screening Doctor to take responsibility for the Clinical Screening of every patient (see attached questionnaire)

Clinical screening sheet to be competed on each patient:

- ?Known Covid 19 +ve
- ?Exposure to known CV 19 +ve person
- Symptoms: cough / sore throat / body aches / fever / anosmia /headache
- Temperature >37.8C (temperature to be taken) (NB sterile technique!)
- ?Recent travel anywhere outside of South Africa
  (NOTE: this exposure risk is anticipated to broaden considerably if Covid 19 takes hold in RSA, and may become irrelevant)
- Patient to receive basic preventative counseling re Covid 19, and given a sheet of paper with this Corona Virus Prevention Advice (attached)

Dr in charge of OPD that day to review the screening sheet on each patient, and categorise patient:

- **Non-urgent and non-emergency**
  - Not to be seen
  - To be asked to call OPD in 3 months
  - Explain that this is in patient's best interests
  - If the patients has symptoms/signs of Covid infection, to be advised to stay isolated, rest and sleep, and monitor symptoms – present for Covid care to hospital if condition becomes serious
- **ENT EMERGENCIES/URGENCY:**
  - High Risk for COVID 19: any of
    - Known Covid 19 +ve
    - Not known +ve but Symptoms: cough/sore throat/body aches/fever/anosmia/headache
    - Not known +ve but Exposure:
      - exposure to CV 19 +ve person /

- recent travel anywhere outside of South Africa
- NOTE: this exposure risk is anticipated to broaden considerably if Covid 19 takes hold in RSA, and may become irrelevant

- Low risk: exclusion of the above

High Risk patients:

- To be seen in separate designated room, room 4808
- Separate high risk and low risk teams each day
- Drs (and nurses if applicable) seeing high risk patients to wear Maximal Personal Protective Equipment (PPE):
  - Full waterproof gown
  - Double gloved
  - N 95 Mask
  - Perspex face protective mask over that
  - "Orthopaedic" cap/headgear
- Room to have minimal furnishing and equipment
- Full set of equipment which might be required for any patient to be stored in the adjoining student exam rooms – these cleared of normal furnishing
- Room and all equipment used on the patient to be thoroughly cleaned down with disinfectant by the staff in their protective equipment and windows opened to let it air, before they doff PPE
- PPE discarded after use
- Room and that equipment not to be used again for 30 minutes

Low risk patients:

- To be seen in standard OPD rooms/treatment rooms
- All doctors consulting with these patients to observe basic protective technique / Basic PPE:
  - Wash hands before and after examination, before sitting down to desk to write etc
  - Scrubs (kept separate by each clinician and changed daily)
  - Non-sterile gloves (used all day, washed before and after exam)
  - Mask with Perspex face screen (used all day)
  - All instruments used on a patient to be discarded into Cidex immediately after use, for cleansing
  - Disinfect all surfaces in between patient consults

WARD G5:

Similar to OPD Protocol

Screened area to be set up at front waiting area

Every person entering the ward to be clinically screened:

- Patients being admitted
- Visitors
- Staff (stickers saying "screened" for these)

Table at entrance to ward with disinfectant, and Rules of Entering Ward (attached)

Social distancing 2 metres apart – for patients AND staff – to be practiced in arrival/waiting area and everywhere

Same screening and categorization of patients as in OPD

Low risk patients to be seen/consulted with in the usual Drs examination room

High risk patients to be seen/consulted with in designated OPD Room (keys for access at night)

Same principles wrt cleaning of room, discarding of equipment, etc

Admissions:

- Admissions to reduced to the minimum necessary
- Single bed rooms to be used preferentially
- Large 6 bed wards to be reduced to 4 beds, with beds in 4 far corners of the ward
- Any Covid +ve patients needing to be admitted, to be in either
    - designated TBH Covid ward (other than G5)
    - designated back single rooms of the ward. Screen across ward corridor in front of those rooms.

THEATRE:

All elective surgery cancelled, except for emergency and urgent cases

First consider treating medically if this is acceptable practice

When operating:

All patients for theatre to be admitted 2 days before and screened for Corona Virus – swabs and blood tests

- Patients testing positive: notify Hospital Management and take necessary action

- Patients testing negative: Still take care:

- Anyone dealing with the potential of scattered secretions or aerosolized particles (intubating anaesthetist / Rhinology / Airway Surgery / use of ear drill) to use Maximal PPE which includes Powered Air Purifying Respirator for surgeon
- Minimise number of staff in theatre
- Other surgery: basic PPE at all times.

Acquaint yourself with Guidelines for Tracheostomy (attached) in COVID19

QUARANTINING AND MONITORING OF EXPOSED/POSSIBLY INFECTED STAFF:

Should not happen if above practiced

Any staff with symptoms to report these immediately and practice isolation:

- Fever
- Hyposmia
- Cough

Close contact to infected person – (15mins at a distance less than 2 metres AND without a surgical mask):

- be quarantined for 14 days, monitoring symptoms and temperature

Brief contact – Close contact to infected person – (>2 mins at a distance less than 2 metres AND without a surgical mask):

- continue to function
- wear a surgical mask
- monitor symptoms
- twice daily temperature checks