



Alpha Clin⁺™ CLINIC

Guidelines

COVID 19 Preventative Measures

1. Introduction:

The current COVID-19 pandemic has resulted in the declaration of a National State of Disaster in South Africa. A nation-wide lockdown is ongoing since 26 March 2020.

In the light of the global COVID-19 pandemic, we would like to support the Government, NICD and DOH with surveillance by implementing the approved preventative steps to limit the impact of COVID-19 in health care facility environments for both patients and staff at community pharmacies and clinics.

2. Purpose:

1. Early and timeous identification and diagnosis of patients and staff at risk of COVID-19 infection
2. Early referral for appropriate treatment, care and timeous return to normal day to day activity
3. The protection of other unaffected staff, consumers, visitors and clients.

3. Responsibility:

It is the responsibility of the Owner, Responsible Pharmacist, Pharmacy Staff and Clinic Sister to ensure that all preventative measures are in place and adhered to

4. Procedure:

When client enter pharmacy:

- Patients should wear a mask when entering the pharmacy.
- Sanitiser to be available at door to sanitise hands.
- Ask screening questions and record it, should any risk present that the client might have been exposed to virus that you would be able to contact them.
- Temperature to be done for each patient.
- If you suspect any possibility of an infection, then refer to **COVID-19** Public **Hotline** 0800 029 999
- High Risk patient:

- Person with acute respiratory illness with sudden onset of at least one of the following:
- Cough, sore throat, shortness of breath or fever $\geq 38^{\circ}\text{C}$ measured or history of fever and met at least one of the following epidemiological criteria:
- Had been in closed contact with a probable or confirmed COVID-19 positive person.
- History of travel outside of South Africa.
- Work or attended a health care facility where SARS-CoV-2 infections were or might have been treated.

In Clinic:

- All surfaces in the clinic should be cleaned with an alcohol-based sanitiser at regular intervals based on level of use.
- Work surfaces include shelves, bed, trolleys, cupboards, fridge,
- Tools you use to be able to do your work include computer, keyboard, telephone, cell phones, scales, equipment
- Clinic surfaces touched by patients need to be sanitised between each patient seen
- Leave bed without linen or cover with a plastic cover that can be wiped with alcohol sanitiser between each patient. Same for pillow. (Rather leave be without pillow and only use if necessary). Linen can be covered with disposable linen savers that needs to be disposed after each patient that used the bed. Should linen stay on bed then it needs to be washed with hot water and soap after possible contamination.
- Clean all equipment used during consultation between patients
- Remove all soft toys and place out of reach or preferably in cupboard.
- Limit toys to something that can be wiped after baby or child left the clinic with an alcohol based disinfectant.
- No mobiles
- No blankets
- Ensure adequate ventilation in the clinic where possible
- Allocate one pen for your own use and one pen to clean between each patient consultation
- Sister to wash hands regularly between patients and sanitise
- Sister can use gloves
- Always wear a mask. If you have a shield then a mask should be worn in conjunction with the shield, this is to protect not just you but also your patient.
- Make sure that you use the mask correctly:

- At any time if surgical masks are touched by unwashed hands, get wet, are soiled, or are removed from the face, they will become contaminated and will no longer provide effective protection. They should then be discarded.
- Masks that are not wet, were not touched by unwashed hands and were not removed from the face, can be worn for up to 8 hours.
- Do not touch your face unless your hands are clean.
- Limit patients in the clinic. Remember social distancing of at least 1.5m - 2 m if possible.
- Let parent hold baby for baby vaccines, limit contact with patients for procedures only
- Weigh baby with clothes on and place only on scale if it was sanitised before use. You may make use of a linen saver but this needs to be discarded after weighing each baby.
- Let your patients sanitise their hands when entering your clinic and on leaving.
- Remember to always treat your patient with dignity and respect.
- Educate your patient.
- Each Patient to sign COVID-19 Pandemic Medical Procedures and Indemnity Disclosure and Consent Form attached hereto, and parent or guardian for minors acknowledging the risk of possible infection at the Clinic as Health Care facility.
- Keep record of all patients seen in clinic to enable you to notify them should they have been in contact or close to a COVID-19 positive patient.

5. Guidance on routine immunization services

Immunization is an essential health service. Vaccines are critical for preventing life-threatening infectious diseases that have high mortality in children, including measles, rotavirus and others. Thus, it is essential for every child to receive their full schedule of vaccines.

During the lockdown period, immunization visits should continue uninterrupted. Contact between individuals should be minimized by measures including scheduled appointments, social distancing, hand hygiene and cloth masks.

In hospitals and obstetric units, newborn vaccination will continue as per the Expanded Program on Immunization Schedule. Road to Health Booklets of children presenting to a Health Centre, including hospitals, should be thoroughly checked for missed immunizations. Children must be caught up with all vaccinations for which they are age-eligible, unless there are specific contraindications.

For medical queries regarding catch-up immunization, contact Amayeza Vaccine helpline vaccines@amayeza-info.co.za; 0860 160 160

Please note

The guidelines are based on what is currently known about the Coronavirus Disease 2019 (COVID-19). The National Institute for Communicable Diseases are used as reference and guidelines will be updated as additional information becomes available.



COVID-19 Pandemic Medical Procedures and Indemnity Disclosure and Consent Form

I(Name)(ID number)

hereby knowingly and willingly consent to

..... (Procedure).

During the COVID-19 pandemic:

- I understand that COVID-19 can be transmitted from person to person by small droplets from the nose and the mouth which are spread when a person with COVID-19 coughs or exhales
- These droplets might land on surfaces and objects around the person. People then infect themselves by touching these surfaces and then touch their eyes, nose or mouth without sanitizing first.
- COVID-19 can also be breathed in as the droplets might be in the air.
- I am aware that social distance of at least 1.5. can assist in prevention.
- The COVID-19 virus has an incubation period and people might not be showing any symptoms even though they might be positive and can be highly contagious.
- I am aware that being in the pharmacy and clinic that I might have an elevated risk to be exposed to the COVID-19 virus.

I am aware that I would need to wear a mask and would not be allowed into the pharmacy or clinic without one.

I confirm that I am not presenting with any of the following symptoms:

- Fever
- Shortness of breath
- Sore throat
- Dry Cough
- Tiredness
- Loss of taste or smell
- Runny nose

I have not been in contact with a positive COVID-19 person during the last two weeks (14 days).

I am fully aware and understand that there may be risks involved in the procedure and these have been explained to me. I will not hold Alpha Clin Clinics Inc, their directors, employees, agents or representatives and / or Nursing Health Care Practitioners liable for any injury or damages incurred pursuant to the procedure, whether or not directly or indirectly attributed to the Healthcare Professional administering the procedure.

I consent that my health information may be shared with other Healthcare Professionals i.e. Nursing Practitioners in the Clinic Group, for the purpose of the management of my health to achieve the best personal health outcomes.

My consent is voluntary and informed.

Signed at (Pharmacy)

..... (Town/City)

On thisday of(Month).....(Year)

.....
Patient/Guardian name and signature

.....
**Healthcare Professional/
Counsellor Name and Signature**