



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



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## INTERNAL MEMO

Date:	7 August 2020		
To:	<b>Minister ZL Mkhize, Honorable Minister of Health</b>	From:	<b>Ministerial Advisory Committee (MAC) on COVID-19</b>

### MANAGING OUTBREAKS IN HEALTHCARE FACILITIES

#### Problem statement

- The epidemiology of COVID-19 in South Africa is progressing at different rates in the provinces along a continuum of isolated cases to clusters of cases to community transmission. Presently provincial epidemiological reports provide detail regarding the distribution of cases by time, person and place. Currently, the Western Cape, Eastern Cape and Gauteng provinces have the greatest burden of disease with entrenched community transmission. Other provinces, including Limpopo, Mpumalanga, North West and Free State report much lower case numbers, and have either isolated cases or clusters.
- Whilst generalised disease containment efforts across the provinces are in place, including contact tracing, quarantine and isolation, it is necessary to focus COVID-19 containment efforts on specific areas, especially as lockdown regulations ease, and people resume activities of daily life. These areas of focus include responses to case/s of COVID-19 in:
  - a. Healthcare facilities (including care homes for the aged or mentally infirm);
  - b. Schools; and
  - c. Workplaces.
- This advisory focuses on COVID-19 containment responses in healthcare facilities (HCFs).

## MAC considerations:

The response to detection of COVID-19 in HCFs is based on the following principles:

- Transmission of COVID-19 infections amongst patients and staff of HCFs carries serious consequences including infection of healthcare workers (HCWs) and vulnerable patients, staff shortages due to the need for quarantine and isolation, morbidity and mortality of HCW and patients, ward and institutional shut-down, adverse media publicity, loss of trust in the safety of health care institutions and government.
- A single case of COVID-19 in a HCW or patient in whom infection was unsuspected (and therefore correct preventive measures were not used) constitutes a serious event and should be responded to immediately in order to contain infections and prevent further spread.
- Whilst the COVID-19 pandemic is raging, HCFs will continually face the risk of introduction of the infection through unsuspected cases in patients (including asymptomatic infection), and in HCWs who acquire symptomatic or asymptomatic infection in community.
- Prevention of COVID-19 infections in HCF is critical. Procedures to detect cases early in HCWs and patients should be implemented. Infection prevention measures to reduce transmission in HCFs should be implemented; so that opportunities for transmission are limited should early cases go undetected.

## Recommendations

- The comprehensive guidelines for the detection, response and prevention of COVID-19 in HCFs, prepared by the NICD, should be adopted in all HCFs.
- Provincial hospital services, primary healthcare services, hospital managers, clinical service managers, quality assurance managers, and infection prevention and control (IPC) practitioners should be familiar with COVID-19 detection, response and prevention procedures for HCFs.
- The National and Provincial Departments of Health should be aware and accept that COVID-19 outbreaks will occur in HCFs despite the best efforts, and that a transparent and 'no-blame' culture is best in order to facilitate clear reporting, directed and positive responses to HCF outbreaks. Non-reporting of outbreaks should be actively discouraged.
- Provincial Departments of Health implement COVID-19 preventive measures in HCFs as detailed in the NICD guidelines including:
  - a. Universal daily symptom screening of HCWs on entrance to the facility.
  - b. Access to COVID-19 testing with rapid turn-around-times in the presence of single and even apparently minor COVID-like symptoms in HCWs.
  - c. Permissive occupational legislation to facilitate remaining away from work in event of COVID-like symptoms in HCWs.
  - d. Universal masking of HCWs (including non-clinical staff) at all times whilst on HCF premises.
  - e. Social distancing measures amongst HCWs whilst on facility premises especially in recreational areas, tea rooms and during meetings.
  - f. Frequent hand hygiene.

g. Application of IPC guidelines according to current South African recommendations including administrative and environmental controls and the use of personal protective equipment.

- COVID-19 response teams be created and activated, where feasible, in HCFs. Their responsibility is to investigate, mitigate and respond to cases of COVID-19 that are detected in HCFs, and that these response teams include senior management, IPC specialists, clinicians, laboratory manager/ pathologist, environmental health practitioners, epidemiologists, human resources and organised labour.
- COVID-19 response teams should inform staff, organised labour, district and provincial authorities immediately upon detection of COVID-19 cases (HCWs or patients) and clearly state what is and is not known about the case and what is being done to address the matter.
- Regular reports be issued regarding the progress of investigations and strengthening of preventive responses.

Thank you for your kind consideration of this advisory from the MAC on COVID-19.

Kind regards,



**PROFESSOR SALIM S. ABDOOL KARIM**

**OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19**

**DATE: 7 August 2020**

**CC:**

- » **Dr S Buthelezi (Director-General: Health)**
- » **Dr T Pillay (Deputy Director-General: National Health Insurance)**
- » **Dr S Zungu (Project Lead: Sectoral Response to Covid-19)**
- » **Incident Management Team**