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Editorial

Medical and Dental Consultants' Association of Nigeria (MDCAN) Standard Operating Procedure (SOP) on COVID-19 Outbreaks for Use by Consultants and Other Health Workers at Service Points Within Hospitals in Nigeria

Introduction

SARS-CoV-2 virus, the causative agent of COVID-19, is a virus belonging to the family of Coronaviridae (genus: Beta coronavirus), a large family of enveloped, positive-sense single-stranded RNA viruses.[1] The main route of human-to-human transmission is predominantly through the mucous membrane of the nose, mouth, and eyes.[2-4] However, other modes of transmission, for example, faeco-oral,[5] and sexual intercourse,[6] have also been postulated.

The Medical and Dental Consultants' Association of Nigeria (MDCAN) by its statutory function is providing this protocol to ensure easy COVID-19 identification as well as the protection of all healthcare providers from suspected or confirmed cases of COVID-19. It is pertinent to adopt a protocol for consultation and referral of patients with COVID-19. The standard operational procedure (SOP) applies to all health workers, including Medical Doctors, Nurses, Medical Laboratory Scientist/ Technologist, Technicians, Attendants, Pharmacist, Physiotherapists, Administrators and all support staff in the hospital. The patients seeking consultation, visitors, and any persons within the hospital also have roles to play.

Role

The role of all persons, visiting, working, or seeking medical services in the hospital is to ensure adherence to infection control techniques in their conduct. The staff must, in addition, follow the recommended diagnostic checklist and referral system for patients with suspected COVID-19 as modified and domesticated by the various hospital management teams.

Materials Needed

The materials needed include but not limited to Personal Protective Equipment (PPE), hand sanitizers, free-flowing water, liquid soap, disinfectants (Lysol, Hypochlorite solution, 70% alcohol), triage area and holding area (where suspicious patients are kept), Isolation room, Ambulance, Posters, Handbills, and Banners.

Safety Measures

All staff of the hospital must correctly wear facemasks, gloves, and aprons while on duty at least for this period of COVID-19 outbreak and follow universal precautions. Healthcare givers in-charge of COVID-19 triage are particularly mandated to be fully kitted with PPE while on duty. In case of vomiting, diarrhea, and any other bodily fluid contaminating the environment, such contaminants shall be disinfected by pouring of hypochlorite on the bodily fluid and leaving it for at least 30 min before cleaning. In the event of handling of a patient with suspected COVID-19, the PPE shall be safely removed and replaced with a new one before handling the next patient. There shall be a dedicated isolation unit for suspected COVID-19 patients with movement tightly restricted to within the designated area. All suspected COVID-19 patients shall be moved to the dedicated unit as soon as they are suspected. Posters, handbills, and banners on COVID-19 shall be made available to staff, patients, and relations.[7-9]

Procedural Steps

1. Pre-Registration and Triage sitting: Sitting arrangement shall be such that patients do not make physical contact with themselves or other persons in the clinic (at least 2 m apart).
2. COVID-19 Triage and Screening: All service points/ units within the hospital shall establish a COVID-19 Triage point to screen patients for COVID-19. The only assignment of the officer-in-charge of the triage will be to screen patients for COVID-19 via their medical history and/or physical examinations. Any suspected case of COVID-19 shall be moved to the holding area and when confirmed, can be transferred to the isolation unit immediately. While this is on-going, the medical officer and team on duty/call shall be responsible for putting measures in place for isolation and containment.

Triage points shall include but not limited to:

i. General Outpatient Clinics
ii. Accident and Emergency Units
iii. Emergency Pediatric Unit
iv. Medical Outpatient Clinic
v. Surgical Outpatient Clinic
vi. Health Insurance Clinic
vii. Ophthalmology Clinic
viii. Labor Ward
ix. Dental Clinic
x. Immunization Clinics

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xi. Gynecology Clinic
xii. Ante-Natal Clinic
xiii. ENT Clinic
xiv. Pediatric Clinic 1
xv. Psychiatric unit
xvi. HAART Clinic

Screening patients for COVID-19 Use the following symptoms to screen patients

- Sudden onset of fever (>38.6°C),
- Intense weakness (particularly proximal muscles)
- Muscle pain
- Headache
- Sore throat
- Vomiting
- Diarrhea
- Features of impaired kidney & liver function
- History of contact with known or dead COVID-19 person (s)

Case Definition

Patients with the above symptoms should be classified as follows:

a. Suspected COVID-19 Patient; if a patient presented with fever, cough, and difficulty in breathing PLUS, if within 14 days of onset, have travelled through an endemic area, OR made contact with a confirmed case, OR visited healthcare facility where a confirmed case had been treated. Any healthcare worker with respiratory illness with a recent contact (< 14 days) who had come in contract with a patient with recent travel history can also be regarded as a suspect.[7]

b. Probable COVID-19 Patient; if test result is indeterminate or positive using the Pancorona virus test or the contact had died of suspected COVID-19 infection before samples were collected.

c. Confirmed COVID-19 Patient; if laboratory test has been used to diagnose COVID-19 with or without signs and symptoms.[7]

Alerts and Chain of Communication

Whenever there is a suspected case, the following shall be the chain of communication for rapid action and containment.

A. Medical Officer in the COVID-19 Triage
B. Consultant on a Duty Business

While this is on-going, the medical officer and team on duty/call shall be responsible for putting measures in place for isolation and containment.

Referral of Patients with Suspected COVID-19

The referral system shall involve collaboration with the State Ministry of Health, the Nigerian Centre for Disease Control (NCDC) and World Health Organization (WHO). All identified patients shall be moved within 30 min of their diagnosis out of the triage area to the isolation unit of the hospital and within 6 h out of the isolation unit in the hospital to the state isolation center.[7-9]

Ambulance Services

Dedicated ambulance shall be used for the transfer of such patients.

Disinfection

Every item with which the patient made contact shall be appropriately disinfected before further usage starting from the seat to the isolation room and the ambulance.

Quarantine and Contact Tracing

The COVID-19 Rapid response team shall also assist the collaborators at the state level on quarantine and contact tracing. While this is on-going, the medical officer and team on duty/call shall be responsible for putting measures in place for isolation and containment.

Handling of Corpse

All deaths traceable to COVID-19 within the hospital setting shall be reported immediately to the Rapid Response Team who in turn will liaise with the Local Government Public Health Department for hygienic burial by cremation or deep (3 m) burial. Hospital staff must put on full PPE, decontaminate, and disinfect the environment using NAFDAC approved bleach.[7] Mortuary staff and all family members directly involved in preparing the corpse for burial must also wear full PPE.[7] Pathologist must also put on full PPE during autopsy. The causes of death of all corpses brought to the morgue shall be ascertained before admission.

Concluding Remarks

The COVID-19 pandemic is still ravaging the universe. The central thrust in the containment of the spread of COVID-19 is screening, contact tracing and isolation, coupled with maintenance of social distancing, wearing face mask in public places, regular hand washing with soap, and use of alcohol-based hand sanitizer.

For several weeks, many countries have adopted a lockdown approach with varied results; however, the negative impact of the lockdown on these economies cannot be overemphasized. Consequently, most countries are beginning to re-open business even though no proven cure or vaccine has been produced.

The economy of Nigeria and indeed, most resource-limited settings is under severe stress as a result of the worldwide lockdown. Additionally, the diverse social, geographical, and cultural peculiarities have

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made community spread of the pandemic inevitable. Interstate and intrastate movements have continued unabated. Majority of the populace do not wear a face mask, and worse still, social distancing has mostly been ignored. Furthermore, the activities of some government officials have not helped matters; thus, the full capacity to adequately test, contact trace, and isolate is lacking. Majority of the populace does not believe in the existent of COVID-19, thinking that more people are dying from other causes than the reported COVID-19 pandemics.

There is an urgent need to convey a meeting of critical stakeholders to perform a risk-benefit analysis to determine how to effectively and safely open the economy to avoid total collapse which will comparatively kill a higher percentage of people.

The MDCAN remains committed to partnering with relevant government MDAs in addressing the challenges posed by the COVID-19 pandemic through the deployment of its specialist Medical Consultants across the country to join in the management of the disease.

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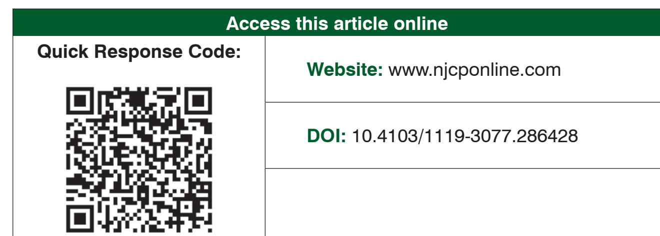

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