

Case management plan in health facilities for Covid-19, Montserrado County, Liberia, April 2020

The aim of this plan is to harmonize coordination efforts about Covid-19 and produce an action-oriented response at the facility level. The rationale of these actions is; case prevention, identification and management and or referral. The action team include all levels of employees such as facility entry staff, administrative and clinical staff because they all have important roles in interaction and supporting patients/recipients of care.

Main operational areas

1. Fit in national prevention and case management plan
2. Harmonized training for all staff according to cadres (benefit from nationally organized trainings and offer facility level additional emphasis if need be)
3. Clear communication channel for alert cases at facility and to national co-ordinational center
4. Clear action point and triage for categories of recipients of care according to symptom status, or services needed
5. Establish teams with clear roles for Covid-19 preparedness at the facility
6. Establish infection prevention measures and availability of the amenities needed
7. Establish clear suspected case management/case management measures
8. Work out other supporting operational logistics
9. Coordination with community, partners and local donors for effective leverage of information dissemination fill in technical and resource gaps
10. Create a forum for sharing periodic updates (weekly basis) on what transpires and work out issues that require remedial actions
11. Establish clear plan of managing PHLIV so that there is minimal exposure
12. Estimate budgetary needs to support various components of the response

Specific actions on selected operational measures

Alignment with NPHIL management plan on training

- All facilities will be subject to national coordination by NPHIL, Montserrado County Health Team and NACP as regards to standard information package, standard training and reporting system
- Training package has been developed by NPHIL
- USAID/PEPFAR through LINKAGES will support some case management trainings which will include the LRCs and HIV focal persons of the 13 facilities and other staff
- At minimum staff from each ART site of the 13 PEPFAR supported facilities will join the national (TOT) and will thereafter be required to train their colleagues at the facility.
- Since everybody is at risk, the facility training will be in four groups; security/ground staff, administrative and support staff, senior leadership and clinical staff for the entire facility. Facility will present the training plans with numbers of people to trained for each group bearing in mind the need to reduce crowding to avoid risk of exposure

- NACP, CHT approved trainers will support the facility focal person to conduct the facility-based trainings

Facility specific preventive measures and triage

Each facility will establish multistage preventive procedures using specifically designated and oriented personnel

Stage 1 (Temperature control and infection prevention)

- Management of temperatures using infrared thermometers at entry point
- The next step will be a well-managed hand washing facility with soap available and disposable towels. This should have a focal point person oriented to enforce hand washing by everyone and make sure there is always water, soap and used towels are properly disposed of. If the facility cannot afford a dedicated person during this intense period, LINKAGES would support the cost of identifying one
- Enforce the comprehensive infection preventive measures as per national protocol and in response to measures of environmental impact mitigation, these complement actions for Covid-19

Stage 2 (triage for recipients of care)

- Upon entry to specific screening unit for any service, all suspicious cases should preferably be separated from those with suggestive symptoms
- At the entry of consultation, establish whether the recipient of care has cough, fever, flu. Those that say yes to these will immediately take another alert screening route where covid-19 specific assessment will be done to include history of recent travel or contact with anyone who travelled. Use the agreed protocol for further action and alert from NPHIL
- Facilities should quickly determine other recipients of care that just needs to pick their medicines and go. Pharmacists should also plan to have triage dispensing where people who do not need further instructions should just get their medicines and go

Consolidation of infection prevention package and response team

- The appointed facility Covid-19 coordinator should work with the team to ensure that infection prevention measures and corresponding amenities are in place. The summary of materials is included in the appendix
- Alongside Covid-19 focal point person other team members facilitating various tasks such as temperature, hand washing, triage coordinator should support the focal point person”

Establish a plan for patient management for Covid-19

- Assemble and coordinate diagnostic amenities for Covid-19
- Identify the specific admission wardroom for suspected Covid-19 cases
- Identify the specific admission wardroom for confirmed Covid-19 cases
- Identify the intensive care unit and necessary response equipment such as oxygen supplies and ventilators if available
- Develop a referral plan for specialized care

Specific reporting procedures of covid-19 for investigation and testing

- Health facilities will identify suspected cases according to the criteria set by NHPIL
- The facility will keep these cases at a designated place set by the facility to ensure public safety and dignity of the suspected case
- The case will be immediately reported to the zonal surveillance officer (contact will be sought from the respective district office)
- The zonal surveillance officer will immediately conduct an investigation with his/her team of trained community contact tracers
- The zonal surveillance investigation team will be following up on contacts of the suspected cases and at the same time they will respond to suspected cases from facilities
- The zonal surveillance officer will report the suspected cases to the district
- The district will report to the County Health Team who will send a designated, and specifically trained laboratory team to collect samples from suspected cases, transport and test them at NHPIL (samples collected are nasal and oropharyngeal swabs). These swab kits are at CHT
- The county health team will report to NHPIL

Specific measures to support PLHIV

Everybody has a risk of exposure but PLHIV, may carry additional vulnerability with close physical contact with crowds of people as some of them may have variable immune strength. There is a need to have a mitigation plan so that service delivery to them will continue being optimal and ensure further protection.

A. Facility dependent strategies

To know their PLHIV in detail in terms of how many PLHIV, how many are stable who will need multi-month dispensing and ART delivered through community groups or supported by health care worker delivery. How many are not suppressed who need special adherence counseling and delivery of ART (may also be supported by health worker delivery or special appointments on non-crowded days), how many have problems with adhering to visit schedules because that is an indicator of problems with adherence. Based on these guiding thoughts, facilities are requested to share their specific plans of supporting PLHIV especially schedules of home visits, calls, community groups, appointments on non-crowded days for certain groups of PLHIV and any support they need to carry that out.

B. National level support with multi-month supplies

The critical point of decongesting the facility is the multi-month dispensing. However, this is heavily dependent on the availability of ART stocks at the country level. A quick chat with CHEMONICS indicates that enough TLD stock will be available to sustain 3 to 6 months of dispensing. Facilities are requested to closely coordinate with NACP on supplies.

The specific actions proposed by health facilities to support PLHIV include the following:

- ART delivery such as community delivery units such as support groups (clarify how this is going to be handled)
- Multi-month dispensing options (of 3-6 months) and follow up via phone numbers to ensure straight adherence
- Devise measures to make condoms and lubricants available (can be done through community channels using peer outreach systems or other delivery options-clarify)

- Facilitating transport of clinician who will help deliver patients medications in community
- ART team to support clients in directly distributing medication to PLHIV in communities and this will require additional transportation reimbursement and airtime needs
- Triage scheduling of patients for refill and viral load testing
- Tracing of lost patients
- Establishing community-based teams to work with ART team
- Need for adequate supply of drugs, test kits, cotrimoxazole, condoms and lubricants by NACP
- Continuously check on patients via phone calls, periodic safe visitation to their homes and communicating with patients to do follow up visits to facility for emergency cases
- Proper planning patients viral load testing

Reporting to leadership, NPHIL and coordination with community, partners and local donors

- Each facility will appoint a designated focal point person for reporting suspected cases, providing daily alerts and weekly updates to facility leadership who in turn reports through designated zonal surveillance officers
- The focal point person will be responsible for dissemination of national informational leaflets
- The OICs or hospital directors will be responsible for coordination with community, partners and local donors for effective leverage of information dissemination fill in technical and resource gaps. FHI 360 will support the modalities for coordination and support facility leadership to bring forth issues that require coordination

Appendix: General requirements by all facilities to support Covid-19 response

- Hand sanitizers
- Trash cans
- Chlorite
- Dettol
- Hand washing containers
- Personal protective equipment- PPE
- Gloves
- buckets for chlorinated water
- Tents to support space challenges (fortunately already procured by LINKAGES and awaiting deployment)
- Transportation reimbursement for community support to PLHIV in terms of adherence counseling and medicine delivery
- Airtime for communication and PLHIV counseling
- Gasoline support to NACP to support supervision