

**GUIDELINES TO THE EXTRAORDINARY AHPCSA POLICY DECISION:
STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE
RELATED TO SARS-COV-2 EPIDEMIC
PUBLISHED AT WWW.AHPCSA.CO.ZA ON 28 APRIL 2020**



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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28 APRIL 2020

**GUIDELINES: STATE OF DISASTER: GUIDELINES FOR GOOD
PRACTICE HYGIENE IN RELATION TO SARS-COV-2**

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1. The Allied Health Professions Act 63 of 1982 as amended (“the Act”), the Regulations in terms of the Allied Health Professions Act of 1982 as amended (“the Regulations”) and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended (the Code of Ethics”) have reference.
 2. In order to achieve the objectives of the Act, being inter alia to *assist in the promotion and protection of the health of the public* during the State of Disaster declared by President Cyril Ramaphosa on 15 March 2020, subsequently declared a Level 4 Alert Level by President Ramaphosa on

23 April 2020, but with effect from 1 May 2020, and in order to protect the health of the public, but also that of practitioners and therapists themselves, AHPCSA-registered practitioners and therapists, **are required to adhere** to the ***EXTRAORDINARY AHPCSA POLICY DECISION: STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE IN RELATION TO SARS-COV-2***, as published at www.ahpcsa.co.za on 28 April 2020, and as set out herein in detail to ensure that the Universal Declaration of Human Rights (as per the World Health Organisation – “WHO”) which recognizes “*the inherent dignity*” and the “*equal and unalienable rights of all members of the human family*”, the fundamental rights of patients are respected, namely ***dignity, privacy, confidentiality and informed consent***; that any healthcare services being provided during this national period of disaster as a result the Covid-19 pandemic are appropriate to reduce the spread of this disease as far as possible; and to achieve the objects of the Act to protect the health of the public and all practitioners and therapists.

3. AHPCSA-registered practitioners **are required to adhere to the following guidelines**¹ (which remain subject to any existing or future safety directive or protocol which may be issued by the Minister of Health, the National and Provincial Departments of Health or any other appropriate South African healthcare authority or by the National Institute of Communicable Diseases (www.nicd.ac.za) in the event that they supersede any or all of the below in which case adherence to such safety directives or protocols as may supersede any of all of the below is required) **for the period of the South African State of Disaster during which practitioners and therapists are entitled to operate a healthcare establishment, until otherwise directed by the AHPCSA or the AHPCSA Exco.**

¹ Originally developed and compiled by Dr Christopher Yelverton, University of Johannesburg for and on behalf of the Chiropractic Association of South Africa and as amended for the AHPCSA, with thanks.

GUIDELINES FOR GOOD PRACTICE HYGIENE

DISCLAIMER

Any hygiene intervention must be viewed as a barrier to reduce the spread of disease, but may not be 100% effective. Practitioners should always be cognisant of the associated risks to themselves and patients in the current pandemic relating to the nature of our work, and ensure they are up to date with the latest information and directives regarding aspects of controlling the spread of COVID-19, as indicated in paragraph 3 above.

1. BACKGROUND

These guidelines have been developed to assist practitioners with regard to practice hygiene, specifically as a response to the pandemic, and the need to set out how practices should institute mechanisms to prevent the spread of the disease. The first case of the Coronavirus disease 2019 (COVID19) in South Africa was reported on 5 March 2020 and the disease declared a pandemic on 15 March 2020 by the WHO. The virus itself is referred to as SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) and is extremely infectious, 2.5 times more than influenza. Patients who contract COVID-19 present predominantly with fever, dry cough, malaise and shortness of breath.

COVID-19 compared to other common conditions				
SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

*Sometimes for children

Sources: CDC, WHO, American College of Allergy, Asthma and Immunology

BUSINESS INSIDER

2. HOW SARS-COV-2 IS SPREAD

The virus is spread by droplets during sneezing, coughing or talking, and contact with droplets on surfaces (skin or inanimate objects [fomites]). It enters the body via the mucosal lining of the eyes, nose and mouth. Personal, respiratory and surface hygiene are therefore important to stop the spread:

- Personal hygiene – washing hands (with soap and water) and/or disinfection with sanitiser of hands to remove or inactivate the viruses (if) present on the hands and stop the transfer to your eyes, mouth and nose as well as other surfaces. A minimum of 70% ethyl or isopropyl alcohol solution is required for adequate disinfection.
- Respiratory hygiene – covering of the mouth and nose when sneezing or coughing either with your elbow, or a tissue or paper towel that must be discarded immediately into a waste bin that can close. Make sure to wash or disinfect your hands after you discard the tissue or paper towel.
- Surface hygiene – cleaning and disinfecting general surfaces (with appropriate solutions) that may have been exposed to, or that potentially have virus containing droplets.
- Social distancing – ensuring that there is at least a 1.5 metre distance between people in case a person sneezes or coughs expelling any virus containing droplets.

3. HAND WASHING

The correct method of hand washing is an important aspect of controlling the spread of the disease. The following figures demonstrate the correct method of washing your hands and using hand sanitisers. It is important to note that hand sanitisers will not work if the hands are visibly dirty. Practitioners may consider printing these and place them in practices to assist patients in hand washing principles, and are available for viewing at <https://www.who.int/gpsc/5may/resources/posters/en/>.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

<p>0</p>  <p>Wet hands with water;</p>	<p>1</p>  <p>Apply enough soap to cover all hand surfaces;</p>	<p>2</p>  <p>Rub hands palm to palm;</p>
<p>3</p>  <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p>4</p>  <p>Palm to palm with fingers interlaced;</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p>6</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p>7</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p>8</p>  <p>Rinse hands with water;</p>
<p>9</p>  <p>Dry hands thoroughly with a single use towel;</p>	<p>10</p>  <p>Use towel to turn off faucet;</p>	<p>11</p>  <p>Your hands are now safe.</p>



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



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Clean Your Hands

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4. PERSONAL PROTECTION EQUIPMENT (PPE)

The wearing of personal protective equipment (“PPE”) by both practitioner and patient is subject to any requisite safety directive and protocol which may be issued by the Minister of Health, the National and Provincial departments of Health or any other appropriate South African healthcare authority or by the National Institute of Communicable Diseases (www.nicd.ac.za) and in the event that such safety directives or protocols supersede any or all of the below, adherence to such safety directives or protocols are required at all times:

Face masks

It is important to use these correctly, as incorrect use may do more harm than good, and equally important to appreciate that the mask may make you more likely to touch your face, as it may become an irritant, or that breathing and communication will be affected. Additional information is available at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Guide for using a face mask:

- How to put on a face mask:
 - ✓ Clean your hands with soap and water or hand sanitiser before touching the mask.
 - ✓ Remove a mask from the box and make sure there are no obvious tears or holes in either side of the mask.
 - ✓ Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mould to the shape of your nose.
 - ✓ Determine which side of the mask is the front. The coloured side of the mask is usually the front and should face away from you, while the white side touches your face.
 - ✓ Face Mask with Ear loops: Hold the mask by the ear loops. Place a loop around each ear.
 - ✓ Face Mask with Ties: Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.
 - ✓ Face Mask with Bands: Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
 - ✓ Mould the stiff edge to the shape of your nose.
 - ✓ If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
 - ✓ Pull the bottom of the mask over your mouth and chin.

- How to take the face mask off:
 - ✓ Clean your hands with soap and water or hand sanitiser before touching the mask. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band. Follow the instructions below for the type of mask you are using.
 - ✓ Face Mask with Ear loops: Hold both of the ear loops and gently lift and remove the mask.
 - ✓ Face Mask with Ties: Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.
 - ✓ Face Mask with Bands: Lift the bottom strap over your head first then pull the top strap over your head.
 - ✓ Throw the mask in a bin with a cover. Clean your hands with soap and water or hand sanitiser.

Other PPE

Clinic gowns or scrubs/ disposable aprons: You may consider wearing a clinic jacket or gown to protect underlying clothes to avoid contaminated clothes being taken home.

Gloves: These are not advised, unless performing techniques that require barrier protection. Hand hygiene is more important for treatment procedures.

Face masks/eye protection: Appears to be mainly for aerosolized treatment approaches

Other recommendations: Given the close contact nature of healthcare, distancing is not possible. A level of personal protection and personal protection equipment (PPE) should be considered.

Minimum protocol:

- No jewellery (watches, rings etc.), these make it difficult to clean effectively and can become carriers for droplets
- No sleeves, hand washing should be up to and including the elbows
- Face masks (for the doctor and patient) – sufficient evidence now exists, but no gloves – face mask protocols must be adhered to
- Clothes worn should be washed after practice (on a wash cycle that has a high temperature with washing powder with proper oxidizing agent, and should be tumble dried or hung in the sun for UV disinfection), and preferably not taken home.

5. RISK SYMPTOMS AND HISTORY

It is imperative to ensure the safety of yourself, staff and patients to try ensure no patients with the viral disease access the practice.

Important risk symptoms and history are:

- Cough, fever (above 38 degrees), sore throat, malaise
- Exposure to anyone with suspected or diagnosed with COVID-19 in the last 14 days
- Worked or attended a clinic facility treating COVID-19 patients
- Travel internationally or domestically in the last 14 days

Other factors relating to patient considerations:

Certain groupings have been identified as higher risk relating to the severity of disease, these include:

- Over 60 years of age
- Pre-existing conditions such as:
 - asthma
 - chronic lung conditions
 - hypertension
 - autoimmune diseases
 - organ transplants
 - cancer
 - Immunocompromised
 - Obesity (BMI over 40)
 - Liver or kidney conditions

It should be considered whether the increased risk associated with these groups necessitates face-to-face consultation or treatment. Telemedicine consultations should be considered to triage patients in these groups, and face-to-face consultation or treatment be considered only if necessary.

6. PATIENT SCREENING AND ARRIVAL AT PRACTICE

Minimum protocols:

- Patients should be phoned and screened the day before consultations, and requested to take appropriate action if they are presenting with any risk symptoms or history.
- Appropriate signage at the outside entrance to the practice should warn patients of hygiene and screening procedures.
- Patients should be stopped from entering the practice without control.
- All patients should be sprayed with hand sanitiser and asked to wait outside.
- All patients should wear or be given a face mask to reduce droplet spread.
- On arrival, patients must be screened for risk factors, and preferably sign they do not have risk symptoms or history.
- Consent forms should acknowledge the risks associated with potential exposure to SARS-CoV-2.
- Temperature testing/screening of patients before or as they enter the practice.
- Appropriate medical and administrative records must be kept that will facilitate tracing should a patient develop symptoms.
- A register should be kept of all persons entering the practice on any given day.

7. PATIENT DISTANCING

Social distancing that will be part of everyday living for the foreseeable future as a mechanism to limit the spread of the disease.

Minimum protocol:

- No patients in the waiting room, and patients requested to wait in their car, and called to the reception when suitable. Ideally patients should have no contact with other patients. If not possible, patient should be staggered in a way that allows for 3 meters between where patients will be sitting. Rooms must remain open with adequate air flow to assist in removal of potential airborne droplets.
- Patients should only be accompanied if minors, or require assistance. Family members or friends should be requested to stay in the car.
- Sufficient spacing between consultations (15 minutes is recommended) is critical to allow for ventilation and surface hygiene protocols
- The patient should not be allowed to touch anything inside the practice and use of the toilets should be carefully monitored with a thorough cleaning of surfaces after every use, including doorknobs and door surfaces.

8. CLEANING, DISINFECTION AND SURFACE HYGIENE PROCEDURES

- Remove any items in your waiting or consulting rooms that are not required or that patients may come into contact with unnecessarily, such as books, magazines, children's toys, pens, models etc.
- If towels are to be used, these must be changed after every patient consultation and laundered by the practice to ensure adequate cleaning; this is preferable to having a patient bring in their own linen or towels.
- If gowns are provided for patients, these may not accumulate in changing rooms, and must be removed for laundering between patients; the practitioner is responsible for cleaning these to ensure that they are adequately cleaned.
- Use of disposable linen savers, single use paper towels and other consumables should be used wherever possible.
- Practices should have the necessary waste management, including separating medical waste from routine waste, all needle and sharp containers safely mounted or stored and all used and full medical waste bins and sharps containers in a designated and locked area.

Minimum protocol:

- Surfaces to clean include the entire bed (not only head piece) or examination couch, desks, chairs, door handles.
- Any equipment used during the consultation or for treatment should be thoroughly cleaned and/or disinfected as appropriate between each patient, e.g. BP cuffs, diagnostic equipment, wedges / blocks, activators, fascial release equipment etc.
- Cleaning solutions with at least 70% ethyl or isopropyl alcohol, or 0.5% sodium hypochlorite are recommended (or approved cleaning detergent): check cleaners on small areas before use, as they can damage surfaces.
- Surfaces must be washed at the start and end of the day, and disinfected between each patient.
- Floor surfaces and general areas should be cleaned appropriately as often as required using an appropriate cleaning agent.

9. STAFF IN THE PRACTICE

All staff in the practice must be familiar with screening and hygiene protocols and these should be clearly written up and displayed or readily available

Minimum protocol:

- A staff disinfection and hygiene protocol should be implemented.
- All staff should have PPE as prescribed, a minimum being a face mask at all times
- Consideration must be given to ensure adequate distancing in the workspace and use of / disinfection of shared office equipment, telephone etc.
- Staff temperature screening daily, and recorded.

- All staff members must engage in rigorous hand hygiene after every patient and ensure reception areas, pens, clipboards, credit card machines, credit cards are cleaned between each patient (ask patients to bring own pen, gown, shorts etc.).
- Ensure waiting room chairs, door handles etc. are cleaned between patients.
- Cleaning staff: Must have correct training and PPE, as they are a critical link in the process: Those cleaning chairs and surfaces should use gloves, plastic apron, and disposable paper towels.
- All mops and cleaning equipment should remain in the detergent.

10. IF THE PRACTICE IS EXPOSED TO A CONFIRMED COVID-19 PATIENT

- Close off areas visited by the ill persons.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas and equipment used by the ill persons, focusing especially on frequently touched surfaces.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common household disinfectants should be effective. Follow the manufacturer's instructions.
- Diluted household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing 20 ml bleach per litre of water.

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. Do not shake laundry before cleaning.

Electronics

- Remove visible contamination if present. Follow the manufacturer's instructions. Use of alcohol-based wipes containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Cleaners should wear gloves and otherwise follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.

Source:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaningdisinfection.html>

11. COMPOUNDING AND DISPENSING PRACTICES

- At all times practitioners who dispense, or compound and dispense medicines should adhere to Good Dispensing Practice protocols
- Hand washing with soap and water or disinfection of hands with hand sanitiser should occur before compounding and /or dispensing activities
- Dispensing and /or compounding activities do not require the use of personal protective equipment (PPE)
- Maintain social distancing procedures and minimise contact with patients when giving them dispensed medicines.

ACKNOWLEDGEMENTS

- University of Johannesburg, Standard Operating Procedure for Clinics relating to COVID and Hygiene 2020
- Prof TG Barnard, Director: Water and Health Research Centre, Faculty of Health Sciences, University of Johannesburg.
- Prof Shabir Moosa < <https://profmoosa.com/covid-19-guidelines-for-private-general-practitioners-in-south-africa/>>



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