

Module 18: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 3 activities below using these instructions and the Module 18 Zoom facilitation slides.

Suggested time: 40-50 minutes

Activity 1: COVID-19 testing criteria multidisciplinary discussion (*advance on slide 2*)

Objective: Explain the principles of clinical management of COVID-19, including the importance of supportive care and other treatments.

1. Remind learners of the topic: (*advance on slide 3*)

In this module, we learned about Zahra. Zahra is a 46-year-old married mother of two children who works as a teacher at a primary school. She enjoys good health and frequently visits her friends, one of whom recently traveled abroad. She developed a cough with congestion one week ago and has had an intermittent low-grade fever with myalgia and fatigue for the last 3-4 days. She has heard a rumor that a case of COVID-19 was diagnosed in the school where she works. She is concerned and presents to the local clinic for evaluation. Her past medical history is significant for diabetes and high blood pressure. She takes metformin and lisinopril. She is HIV negative. On presentation her T is 38.1C and RR 16. Her pulse is 100bpm and her BP is 115/75mmHg. Physical exam is otherwise unremarkable.

2. Explain the activity:

(*Advance to slide 4*)

You will now have the opportunity to discuss approaches to management of COVID-19 in two different scenarios based on Zahra's case. You will be moved into breakout rooms to discuss the scenarios for 10 minutes. For each of these scenarios, identify what infection prevention controls should be implemented and whether Zahra should be admitted or sent home?

Scenario #1: Zahra's oxygen level drops to 89% and she begins to exhibit shortness of breath when speaking in full sentences. You do not have access to COVID-19 testing.

Scenario #2: Zahra continues to be febrile, her respiratory rate remains around 15, and she does not develop dyspnea. You do not have access to COVID-19 testing.

Write these scenarios down (or take a screenshot) so you can remember them in your breakout group.

3. Move students into breakout rooms

4. After 10 minutes, close breakout rooms and return students back to large group

5. Guide learner reflection on the activity: (*advance on slide 6*)

Ask each group to share their answers to the scenarios. Answers are below for your reference.

For both Scenarios #1 and #2

While you are evaluating a patient suspected to have COVID-19 in your health facility, proceed as if the patient is a presumed case, even in the absence of COVID-19 testing. In addition, exclude other diagnoses, including TB and pneumonia, and consider performing CXR and HIV testing if available. Ideally, from an IPC perspective, the following steps should be taken.

- Have the patient wear a surgical mask. If necessary to preserve the supply of N95 masks, health care workers and patient attendants should wear surgical masks. N95 respirators should be preferentially used if there is high risk for aerosolizing (ventilation, high-flow cannula, 1 hour after nebulizers, and while collecting swabs) or if TB is suspected.
- Isolate the patient in an examination room with the door closed. If an examination room is not readily available, ensure the patient is not allowed to wait among other patients seeking care.

Scenario # 1:

A decision to be admitted should be based on the patient's clinical status as well their pre-morbid status (i.e. whether they have any pre-existing health issues) and if they are immunocompromised. Anyone presenting with severe pneumonia (RR >30 breaths/min), severe respiratory distress or Oxygen sats <93% on room air (such as Zahra in this scenario) should be considered for prompt admission if capacity allows. Those with more severe acute respiratory distress should be prioritized for admission. Treatments such as corticosteroids (dexamethasone) should be considered.

Scenario # 2:

In this scenario, Zahra has mild illness. The WHO defines mild illness as uncomplicated upper respiratory viral infection with non-specific symptoms. The elderly and immunocompromised (including HIV with low CD4 and/or viral load >200 copies/mL) may present with atypical symptoms. Due to physiologic adaptations, pregnancy or adverse pregnancy events (such as dyspnea, fever, or GI symptoms) may overlap with COVID-19 symptoms.

For those with mild illness, hospitalization may not be indicated unless there is concern about rapid deterioration or an inability to return to hospital, but isolation to contain/mitigate viral transmission should be prioritized. All patients cared for outside the hospital should be instructed to manage themselves according to local/regional protocols for home isolation and return to a designated COVID-19 hospital if their clinical status worsens.

Activity 2: Key recommendations role play *(advance to slide 7)*

Objective: Explain the principles of clinical management of COVID-19, including the importance of supportive care and other treatments.

1. Remind learners of topic:

(advance to slide 8) During discharge of patients with suspected COVID-19, key recommendations are essential to communicate with the patient and caregiver. Key recommendations may include the following:

- Place the patient in a well-ventilated single room (i.e. with open windows, adequate light, and an open door only if it leads to outside and not to another part of the house where there are other people).
- Limit movement of the patient in the house and minimize shared space.
- Ensure shared spaces are well ventilated (keep windows open).
- Household members should stay in a different room or, if not possible, maintain a distance of at least 2m from the ill person.
- Limit the number of care givers. Ideally assign one person who is in good health and has no underlying chronic conditions.
- Perform hand hygiene after any type of contact with the patient or their immediate environment.
- To contain respiratory secretions, a medical mask should be provided to the patient when around other household members.
- Caregivers should wear a tightly fitted medical mask that covers their mouth and nose when in the same room as the patient.
- Clean common surfaces with alcohol-based disinfectant or soap and water.

2. Explain the activity: *(advance to slide 9)*

You will now have the opportunity to practice communicating recommendations for patients and caregivers discharged home with suspected COVID-19. You will be moved into breakout rooms in pairs for a role play activity. One learner will play the health professional and the other will play the patient. The health professional role will share key recommendations with the patient. After five minutes, you will switch roles.

3. Move students into breakout rooms for role play.

4. After 10 minutes, close breakout rooms and return students back to large group.

5. Guide learner reflection on the activity. *(advance to slide 11)*

Ask the learners to share how it felt to communicate recommendations. What went well? What would they do differently next time?

Patient and household member should be educated about personal hygiene, basic IPC measures and how to care for the family member suspected of having COVID-19 disease as safely as possible to prevent spreading to household contacts. The patient and family should be provided with ongoing support and education.

Activity 3: Interprofessional care for patients with COVID-19 (*advance to slide 12*)
Objective: Reflect on strategies to improve interprofessional care of patients and support each other as team members during the COVID-19 pandemic.

1. Review topic: *stay on slide 12)*

Every health professional plays an important role in clinical care of patients with COVID-19 and in the larger public health response. In the stressful setting of the current pandemic, it is important to support each other as members of an interdisciplinary team.

2. Explain the activity: (*advance to slide 13*)

You will now have the opportunity to discuss three important questions as a group. You will be moved into breakout rooms in groups and will have 10 minutes to take part in a multidisciplinary discussion.

- 1) As the epidemic evolves in your setting, what do you think the roles of different health professions are?
- 2) Why is each profession so important to an effective public health response?
- 3) What are strategies for health professionals to cope with stress and anxiety during the pandemic?

3. Move learners into breakout rooms for 10-minute activity

4. Close breakout rooms and return students to large group

5. Ask the groups to share their thoughts. (*advance to slide 15*)

For your reference, possible answers include the following:

- Every health professional plays an important role in clinical care of patients with COVID-19 and the larger public health response.
- The risk of exposure exists for health professions, including frontline clinical staff, community health teams, laboratorians, and other clinical professionals.
- Public health and infectious disease specialists are an indispensable resource for clinical teams and for consults.
- Team members can support each other to practice proper infection prevention and control (for themselves and for patients).