

ANNEX: PIH COVID-19 Annex provides a space for job aids tools and quick references for staff to use in implementing a response to the COVID-19 pandemic. All documents here correspond directly to the Official PIH Guides and are organized accordingly. These will be frequently updated to correspond directly to the official guidelines.

Data Collection Tools

1. Contact tracing and Community-based Care
2. Intake, Symptoms Screening, Exposure, and Outcomes
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Facilities and Infrastructure

1. PHI BHI Covid Response

COVID-19 Data Collection Tools Overview

Introduction

Based on analysis of WHO tools and other clinical frameworks, we have prepared data collection forms and registers for paper, Excel, and use with CommCare, and OpenMRS. These tools are a guide to help your team identify the data that could be collected, and map out your own workflows for data sharing and data use.

Even while specific forms & tools may vary by country, we aim to establish a common core of key performance indicators that will be powerful tools to inform PIH's care delivery, advocacy, and fundraising.

These tools are not finalized documents, they are sample materials for planning. We expect sites and facilities will adapt these via translations and other changes to meet your team's needs. We hope to have your feedback on these options and improve them collaboratively.

Word and Excel documents are provided in the PIH COVID 19 Sharepoint folder. For CommCare and OpenMRS options, please contact BostonSIS@pih.org and we can help get these tools set up for you. Note that additional options for REDCap and other tools are under investigation and consideration, and our Boston team can also help connect you with relevant experts.

Click on the form areas below to be taken to form descriptions:

1. [Contact Tracing and Community-based Care](#)
 - A. [Contact Tracing and Isolation Monitoring Register](#)
 - B. [Case Monitoring in Community Register](#)
 - C. [Suspected Case Testing Follow-Up Register](#)
2. [Intake, Symptoms Screening, Exposure, and Outcomes](#)
 - A. [Intake and Symptom Screening for Cases or Contacts](#)
 - B. [Exposure and Final Outcomes for Cases or Contacts](#)
3. [Lab Orders and Test Results](#)
 - A. [Rapid Test Request and Result Form](#)
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 - A. [Facility Patient Register](#)
 - B. [Facility Admission Form](#)
 - C. [Facility Daily Progress Form](#)
 - D. [Facility Discharge Form](#)

1. Contact Tracing and Community Monitoring Registers

Find editable versions [here](#).

A. Contact Tracing and Isolation Monitoring Register

What	A register to collect a COVID-19 case's recent contacts. This register allows any contact tracer to find and screen contacts. The register also allows contact tracer to follow up with contacts to monitor for symptom development, refer for testing, and close out contact record at the end of isolation period or upon conversion to a case.
Where	List of contacts can be filled in facility if case is admitted or in community if case is at home/isolation facility. Contact follow up happens in community wherever contact is.
Who	Contact Tracer
When	When a COVID-19 case gives a list of their contacts, then it is maintained at any follow up with contacts

B. Case Monitoring in Community Register

What	A register of patients who are positive but have mild symptoms and are isolating at home/isolation facility. Health workers will need to monitor these people for worsening symptoms and support home-based care.
Where	Community, either at home or an isolation facility where the case is.
Who	Any care team member following up with community-based cases of COVID-19
When	A new person is added to a team member's list when they become responsible for monitoring a case in the community.

C. Suspected Case Testing Follow-Up Register

What	A register for people who are still waiting for confirmatory testing and may not be COVID-19 cases despite symptoms or exposure. Suspected cases move off this list quickly when their diagnosis is presumed, confirmed or ruled-out at the end of the isolation time period.
Where	First filled at the laboratory where patient receives first rapid test. Intended for tracking at community level, but could be adapted for follow up of admitted patients who are also awaiting confirmatory test results.
Who	Community care team member who is assigned to follow up with patients who need confirmatory testing
When	When a symptomatic person requires confirmatory testing to determine diagnosis. Suspect is assigned to a community care team member, and moved from the list when it is determined that patient will be isolating in community, or admitted to facility, or is not a COVID-19 case.

COVID-19 Contact Tracing and Isolation Follow Up List

Case ID:	Case Name:	Case phone number:
Case Address:	Nearest health facility:	Date of interview : ____/____/____ (DD/MM/YY)
Data Collector name:	Data Collector phone:	Location of interview: <input type="checkbox"/> Facility <input type="checkbox"/> Community

Line No.	Assigned Contact ID	Phone Number	Age	Date of Last Contact with Case (DD/MM/YY)	Scheduled Date of Isolation End (DD/MM/YY)	Date Symptoms Develop (DD/MM/YY)	Referred for testing and results	Assigned Case ID ¹	Final Outcome ²
	Name of Contact	Address of Contact (Town/Village and Landmarks)	Sex						
1				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
2				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
3				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
4				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
5				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
6				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
7				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
8				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						
9				/ /	/ /	/ /	<input type="checkbox"/> refer <input type="checkbox"/> + <input type="checkbox"/> -		
			<input type="checkbox"/> M <input type="checkbox"/> F						

¹Received on positive test result or presumed positive.

²NS=Never had symptoms REC=recovered RF=refuse D=died L=Lost A=admitted

COVID-19 Case Community Monitoring List

Page # _____

Data collector name:	Location:	Date (dd/mm/yyyy):
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Line Number	Case Name	Address of contact (Town/Village & Landmark) OR (Location of isolation)	Sex	Date of Symptom Onset (DD/MM/YY)	Date of Scheduled Isolation End (DD/MM/YY)	Develop Severe Symptoms?	Still symptomatic at end of isolation? If Yes → New Date of Isolation End	Final Outcome ¹ (See codes below)
	Assigned Case ID	Phone Number	Age			Refer to health facility?		
	Assigned Contact ID (if case started as a contact)							
1			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
2			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
3			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
4			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
5			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
6			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
7			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					
8			<input type="checkbox"/> M	/ /	/ /	<input type="checkbox"/> severe <input type="checkbox"/> refer	<input type="checkbox"/> still symptom / /	
			<input type="checkbox"/> F					

¹REC=Recovered D=Died RF=Refuse Follow up L=Lost A=Admitted

COVID-19 Suspected Case List (for patients who need confirmatory testing)

Name of data collector		Location of data collector	
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#	Date of initial diagnostic test (DD/MM/YY)	Case ID or Contact ID	Full Name	Age	Address of Suspected Case (Town/Village and Landmarks)	Date of First Rapid Test (DD/MM/YY)	Scheduled Date of Second Rapid Test (+5 days from first) OR Actual Date of PCR Confirmatory Test (DD/MM/YY)	Results of Second Rapid Test or Confirmatory Test	Suspected Case Next Steps ¹ (See codes below)
1						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
2						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
3						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
4						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
5						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
6						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
7						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
8						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
9						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
10						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
11						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
12						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
13						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	
14						/ /	<input type="checkbox"/> 2 nd RDT <input type="checkbox"/> PCR / /	<input type="checkbox"/> + <input type="checkbox"/> -	

¹**Next Step Codes** :RF=Case refuses follow up; N=Follow up not necessary; A=Admitted; L=Lost; M=Move case information to Case Community Monitoring List

2. Intake, Symptoms Screening, Exposure, and Outcomes

Find editable version [here](#).

Note: these forms are combined into one document. If printed front and back the forms are combined into the below:

A. Intake and Symptom Screening for Cases or Contacts

What	<ul style="list-style-type: none">• Demographics and Conditions (front of form):<ul style="list-style-type: none">○ Demographic information○ Maternal, neonatal and child health information○ Pre-existing conditions• Symptom screening (back of form):<ul style="list-style-type: none">○ History of illness and fever○ Danger signs○ Other symptoms
Where	Facility screening or Community. Stays with facility staff if patient is admitted to facility, community health worker if patient is isolating at home or in an isolation facility, or with patient if there is not community follow up available.
Who	Facility or Community frontline worker
When	Once – at first interaction with individual

B. Exposure and Final Outcomes for Cases or Contacts

What	<ul style="list-style-type: none">• Exposure (front of form):<ul style="list-style-type: none">○ General COVID-19 exposure information (travel, occupation, contact with known case)○ Contact with COVID-19 case information• Final Outcomes (back of form):<ul style="list-style-type: none">○ Defines final outcomes for Cases (COVID-19 cases). Note: that discharge from a facility while the patient is not yet recovered is not a final outcome. Follow up will be required to get final outcome of these patients.○ Defines final outcome for Contacts (those who had contact with confirmed cases, but never were confirmed or presumed to be positive). Note: final outcome for Contacts includes being converted to a Case if Contact receives a confirmed or presumed COVID-19 diagnosis, a case outcome will be required for these people.
Where	Facility or Community. Stays with facility staff if patient is admitted to facility, community health worker if patient is isolating at home or in an isolation facility, or with patient if there is not community follow up available.
Who	Facility or Community frontline worker
When	Exposure is taken once at first interaction with individual. Final Outcomes is filled when a patient has a final outcome in either the facility or the community.

COVID-19 Patient Intake and Symptoms Screening

1. Patient Status at Intake	<input type="checkbox"/> Confirmed case	<input type="checkbox"/> Presumed case	<input type="checkbox"/> Contact
1.1 Case ID (if COVID-suspected or -confirmed):			
1.2 Contact ID (if close contact of COVID case):			

*a person may have a contact and case ID if they started as a contact and then were converted to a case

2. Contact Information and Demographics	
2.1 First name:	2.2 Surname:
2.3 Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	2.4 Date of Birth: ____/____/____ (DD/MM/YYYY)
2.5 Age: ____ Years ____ Months (if <60 months)	2.6 Nearest Health Centre
2.7 Telephone number	2.8 National social number/ identifier
2.9 Other Electronic Number (HIV ID/NCD ID/EMR ID)	2.10 Community Health Worker Name
2.11 Province/Region if non-national, list country here	2.12 District/Commune
2.13 Town or Village	2.14 Landmark/street name

3. Visit Information		[pre-print country here]
3.1 Facility Name list community if not in facility	3.3 Date of interview ____/____/____ (DD/MM/YYYY)	
3.2 Data collector name	3.4 Data collector phone number	

4. Symptoms	
4.1 Has the respondent experienced any respiratory symptoms (cough, shortness of breath, sore throat, running nose) in the last 14 days?	<input type="checkbox"/> No <input type="checkbox"/> Yes
4.2 Fever ($\geq 38^{\circ}\text{C}$) or history of fever	<input type="checkbox"/> No <input type="checkbox"/> Yes → Start date: ____/____/____ (DD/MM/YYYY) → Maximum temperature: _____
4.3 Dry cough	<input type="checkbox"/> No <input type="checkbox"/> Yes → Start date: ____/____/____ (DD/MM/YYYY)

5. Danger Signs	
5.1 Rapid Breathing or Shortness of Breath	<input type="checkbox"/> No <input type="checkbox"/> Yes → Start date: ____/____/____ (DD/MM/YYYY)
5.2 Altered consciousness	<input type="checkbox"/> No <input type="checkbox"/> Yes → Start date: ____/____/____ (DD/MM/YYYY)
5.3 Inability to eat, drink, or walk	<input type="checkbox"/> No <input type="checkbox"/> Yes → Start date: ____/____/____ (DD/MM/YYYY)
If yes to at least one danger sign, patient needs to be seen by clinician immediately	

COVID-19 Other Symptoms and Pre-existing Conditions

6. Other symptoms		Check all that apply
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Runny nose	If Yes to any → Start date for first symptom: ____/____/____ (DD/MM/YYYY)
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Loss of appetite	
<input type="checkbox"/> Muscle aches (Myalgias)	<input type="checkbox"/> Neurological signs	
<input type="checkbox"/> Fatigue or general malaise	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Vomiting or Nausea	<input type="checkbox"/> Rash	
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Conjunctivitis	
<input type="checkbox"/> Headache	<input type="checkbox"/> Other symptoms, specify: _____	

7. Pre-existing Condition(s) check all that apply		
<input type="checkbox"/> Obesity <input type="checkbox"/> Underweight <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> HIV <input type="checkbox"/> TB <input type="checkbox"/> Heart disease <input type="checkbox"/> Asthma (requiring medication) <input type="checkbox"/> Mental health condition:	<input type="checkbox"/> Chronic lung disease (non-asthma) <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> Haematological disorder/Sickle cell disease <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Chronic neurological impairment/disease <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Other immune deficiency <input type="checkbox"/> Other pre-existing condition:	
7.2 Smoking	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Never	
7.3 Vaccinated for influenza last 12 months	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Unknown	Date: ____/____/____ (DD/MM/YYYY)
7.4 Received pneumococcal vaccine	<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Unknown	Date: ____/____/____ (DD/MM/YYYY)

8. Maternal and Child Health Information			
8.1 Pregnant	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes →	Trimester: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Unknown	
	→	Estimated delivery date: ____/____/____	
	<input type="checkbox"/> Unknown	(DD/MM/YYYY)	
8.2 Post-partum Delivery in last 6 months	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes →	Delivery date: ____/____/____	
	<input type="checkbox"/> Unknown	(DD/MM/YYYY)	
8.3 Is patient <1 year old?	YES →	Breastfeeding?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<input type="checkbox"/> Unknown
8.4 Is patient <5 years old?	YES →	Are vaccinations up to date?	<input type="checkbox"/> Yes
			<input type="checkbox"/> No
			<input type="checkbox"/> Unknown

COVID-19 Patient Exposure Screening Form

1. Patient Status <input type="checkbox"/> Confirmed case <input type="checkbox"/> Presumed case <input type="checkbox"/> Contact	
1.1 Case ID (if COVID-suspected or -confirmed):	
1.2 Contact ID (if close contact of COVID case):	

*a person may have a contact and case ID if they started as a contact and then were converted to a case

2. Contact Information and Demographics (fill if separated from intake form)	
2.1 First name:	2.2 Surname:
2.3 Telephone number	2.4 National social number/ identifier
2.5 Province/Region	2.6 District/Commune
2.7 Town or Village	2.8 Landmark/street name

3. General Exposure Information		
3.1 Have you travelled within the last 14 days?		<input type="checkbox"/> Yes → <input type="checkbox"/> Domestically <input type="checkbox"/> Internationally <input type="checkbox"/> No <input type="checkbox"/> Unknown
If YES → Countries, Regions and Cities visited:		Start date: ____/____/____ (DD/MM/YYYY) End date: ____/____/____ (DD/MM/YYYY)
3.2 Have you been present in a healthcare facility in the last 14 days?		<input type="checkbox"/> Yes → Facility: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
3.3 Occupation	<input type="checkbox"/> Health worker <input type="checkbox"/> Health laboratory worker <input type="checkbox"/> Student <input type="checkbox"/> Other, specify: _____	If YES to any → location of work or study: _____
4.4 In the past 14 days, have you had contact with anyone with suspected or confirmed COVID-19 infection?		<input type="checkbox"/> Yes → Go to Primary Case Contact Information <input type="checkbox"/> No → Go to Symptoms Form <input type="checkbox"/> Unknown → Go to Symptoms Form

5. Primary Case Contact Information	
Complete if respondent had contact with a known/suspected COVID-19 Case	
5.1 Name of primary COVID-19 case	5.2 Case ID of primary COVID-19 case
5.3 Relationship to primary COVID-19 case	5.4 Date of last contact with case ____/____/____ (DD/MM/YYYY)
5.5 Does contact live with primary case?	<input type="checkbox"/> Yes → Number of days during the time the case was ill that were spent within 6 ft of case _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Unknown Number of rooms in the home _____ Number of residents in the home _____

COVID-19 Patient Follow Up Form

1. Patient Status	<input type="checkbox"/> Confirmed case <input type="checkbox"/> Presumed case <input type="checkbox"/> Contact
1.1 Case ID (if COVID-suspected or confirmed):	
1.2 Contact ID (if close contact of COVID case):	

*a person may have a contact and case ID if they started as a contact and then were converted to a case

3. Close CONTACT Record	
Complete if respondent had contact with a known/suspected COVID-19 Case	
3.1 What was contact outcome?	<input type="checkbox"/> Completed isolation period without becoming a confirmed or presumed COVID-19 case <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Died <input type="checkbox"/> Refused follow up <input type="checkbox"/> Became a confirmed or presumed COVID-19 case → Go to Close CASE Record
4. Close CASE Record	
Complete if respondent was a known/suspected COVID-19 Case	
4.1 What was case outcome?	<input type="checkbox"/> Recovered outside health facility (isolation period ended) <input type="checkbox"/> Recovered at health facility (discharged) <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Died <input type="checkbox"/> Transferred out (Facility name: _____) <input type="checkbox"/> Refused treatment or follow up

3. Lab Orders and Test Results

Find editable versions [here](#).

A. Rapid Test Request and Result Form

What	<ul style="list-style-type: none">• Submit orders and specimens to lab for testing• Record test results
Where	At screening location and in laboratory. Stays with facility staff if patient is admitted to facility, community health worker if patient is isolating at home or in an isolation facility, or with patient if there is not community follow up available.
Who	Orders: Completed by Clinical staff Results: Completed by Clinical or Laboratory Staff
When	When tests are ordered and completed

B. Lab Register

What	<ul style="list-style-type: none">• Record basic patient information in one row per patient to easily tally number of each kind of test performed and the results
Where	In laboratory. Stays in laboratory.
Who	Clinical or Laboratory Staff
When	When tests are ordered and completed



CommCare option available



OpenMRS lab order and entry

Date: _____

COVID-19 Test Register

Facility Name: _____

Case ID	Patient Name	Age	Reason			Date of 1st Rapid Test	1st Rapid Test						Date of 2nd Rapid Test (if applicable)	2nd Rapid Test (if applicable)						Date of PCR Test (if applicable)	PCR Test			Notes			
			Symptoms	Exposure	Contact		Antibody Test				Antigen Test			Antibody Test				Antigen Test			Positive	Negative	Invalid				
	IgG Positive	IgM Positive					Negative	Invalid	Positive	Negative	Invalid	IgG Positive		IgM Positive	Negative	Invalid	Positive	Negative	Invalid	Sample ID							
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	Ex	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> M <input type="checkbox"/> F	S	NV	C		IgG +	IgM+	(-)	inv	(+)	(-)	inv		IgG +	IgM+	(-)	inv	(+)	(-)	inv		(+)	(-)	inv		

COVID-19 TEST REQUEST FORM

1. Patient Status at Intake

1.1 Case ID (if COVID suspected):

1.2 Contact ID (if close contact of COVID case):

*a person may have a contact and case ID if they started as a contact and then were converted to a case

2. Contact Information and Demographics

2.1 First name:

2.2 Surname:

2.3 Sex: ☐ Male ☐ Female

2.4 Date of Birth: ____/____/____
(DD/MM/YYYY)

2.5 Age: ____ Years ____ Months
(if <60 months)

2.6 Telephone number

Check if patient is a health worker: ☐

3. Request Information

[pre-print country here]

3.1 Facility Name

3.2 Date of request ____/____/____
(DD/MM/YYYY)

3.3 Type of test: ☐ Antibody test (IgM/IgG)
☐ Antigen test
☐ RT PCR test

3.4 Type of specimen: ☐ Nasal swab
☐ Oropharyngeal swab
☐ Venous blood
☐ Finger prick (blood)

3.5 Additional info/Comment:

3.6 Requested by:

3.7 Signature:

To be completed in the laboratory

4. Specimen/Sample Information

4.1 Sample ID:

4.2 Collected by:

4.3 Sample Collection Date and Time: ____/____/____ ____:____
(DD/MM/YYYY) HH:MM

5. Test Information

5.1 Test Performed by:

5.2 Test Date and Time: ____/____/____ ____:____
(DD/MM/YYYY) HH:MM

5.3 Result Antibody test:

☐ Negative
☐ Positive IgM only
☐ Positive IgG only
☐ Positive IgM and IgG

If result is invalid re-do test

5.4 Result Antigen test:

☐ Negative
☐ Positive

If result is invalid re-do test

5.5 Result RT PCR test:

☐ Negative
☐ Positive
☐ Invalid

3.5 Additional info/Comment:

Result communicated to:

Date of result: ____/____/____
(DD/MM/YYYY)

Signature:

4. Facility-based care for COVID-19 Cases

Find editable versions [here](#). Editable versions of the Facility Admission, Daily Progress, and Discharge forms require a program called Balsamiq (email BostonSIS@pih.org for more information).

A. Facility Patient Register

What	Monitors the overall situation in the wards as a way to understand the status of currently and historically admitted cases. Collects information about admission date, basic demographics, COVID-19 and secondary diagnoses, intensive care needed, medications and outcomes
Where	Filled in facility ward. Stays in facility.
Who	Clinical staff
When	Patient information is entered on admission. Staff maintains register throughout treatment receives a facility outcome. (Facility outcome may not be a patient's final outcome if they are discharged before recovery.)

B. Facility Admission Form

What	Based on WHO Core Case Record form - collects information at admission like symptoms, medications, secondary diagnoses
Where	Filled in facility ward. Stays in facility unless patient is discharged to recover in home/isolation facility, then forms transfer with patient to a community health worker, or isolation facility staff. If there is no community health worker or isolation facility staff available then forms should stay in facility.
Who	Clinical staff
When	Filled upon admission to health facility

C. Facility Daily Progress Form

What	Based on WHO Core Case Record form – daily assessment of vitals and lab results and admission to intensive care
Where	Filled in facility ward. Stays in facility unless patient is discharged to recover in home/isolation facility, then forms transfer with patient to a community health worker, or isolation facility staff. If there is no community health worker or isolation facility staff available then forms should stay in facility.
Who	Clinical Staff
When	Filled daily for any number of days admitted to the facility

D. Facility Discharge Form

What	Based on WHO Core Case Record form – discharge information for patients upon leaving the facility, includes secondary diagnoses and medications given to patient upon discharge
Where	Filled in facility ward. Stays in facility unless patient is discharged to recover in home/isolation facility, then forms transfer with patient to a community health worker, or isolation facility staff. If there is no community health worker or isolation facility staff available then forms should stay in facility.
Who	Clinical Staff
When	Filled at time of discharge from facility

Date: _____

COVID-19 Patient Treatment Register

Facility Name: _____

Date of Admission D/M/Y	Case ID	Patient Name	Age	COVID-19 Suspected or Confirmed	Admit to ICU	ICU Start Date	Intensive Care			Medications				Discharge Date D/M/Y	Outcome Date D/M/Y	Outcome (see codes below)	Transfer Out Facility	Notes
			Sex	Secondary Diagnosis		ICU End Date	Oxygen Therapy	Noninvasive Ventilation	Vasopressor	Inotrope/ Vasopressor	Chloroquine	Hydroxy- chloroquine	Antivirals					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> susp <input type="checkbox"/> conf	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

OUTCOME CODES:**REC**=Recovered at facility and discharged, **ISO**=Discharged to Isolation/unwell,**TO**=Transfer Out, **REF**=Refused Care, **D**=Died

Admission Note

Date: _____ **Time:** _____

Patient Demographics

Employed as Healthcare Worker ☐ Yes ☐ No

Patient is pregnant? ☐ Yes ☐ No

Gestational Age: _____ weeks

Or Expected Due Date: _____

Post-partum patient? ☐ Yes ☐ No

Outcome: ☐ live birth ☐ still birth Delivery Date: _____

Patient is Infant? ☐ Yes ☐ No

Gestational Outcome: ☐ Term birth (≥37wk GA) ☐ Preterm birth(<37 wk GA)

Breastfeed: ☐ Yes ☐ No

If child, vaccinations up to date? ☐ Yes ☐ No

Home Medications

Allergies

Comorbidities ☐ None ☐ Unknown

Type 1 Diabetes ☐ Chronic kidney disease ☐

Type 2 Diabetes ☐ Asthma ☐

Hypertension ☐ Chronic pulmonary disease (not asthma) ☐

Epilepsy ☐ Tuberculosis ☐

Sickle Cell disease ☐ Cardiomyopathy ☐

Rheumatic Heart Disease ☐ Stroke ☐

HIV ☐ Malnutrition ☐

Mental Health Condition:

Smoking: ☐ Current ☐ Past ☐ Never

Other:

Onset/Admission

Transfer from other facility? ☐ Yes ☐ No

Transfer facility: _____ Admission Date: _____

Known contact with COVID-19 patient in 14 days prior to symptoms ☐ Yes ☐ No

Patient Name:

Patient Id:

Age:

EMR Id:

Sex:

Hospital day #:

Patient History

Symptom start date: _____

Fever <input type="checkbox"/>	Chest pain <input type="checkbox"/>
Cough <input type="checkbox"/>	Muscles aches (Myalgias) <input type="checkbox"/>
With sputum production <input type="checkbox"/>	Fatigue/malaise <input type="checkbox"/>
Shortness of breath (Dyspnea) <input type="checkbox"/>	Nausea/vomiting <input type="checkbox"/>
Sore throat <input type="checkbox"/>	Diarrhea <input type="checkbox"/>
Runny nose <input type="checkbox"/>	Loss of taste/smell <input type="checkbox"/>
Headache <input type="checkbox"/>	Confusion <input type="checkbox"/>
Other, specify:	

Vitals

Temp	°C	°F	Cap refill time	<input type="checkbox"/> < 3 sec
Pulse	bpm			<input type="checkbox"/> ____ sec
RR	bpm		Pain: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
BP	/	mmHg		
O2 _____ % on _____ L/min			<input type="checkbox"/> room air	

Physical Exam

AVPU	<input type="checkbox"/> Alert	<input type="checkbox"/> Verbal	<input type="checkbox"/> Pain	<input type="checkbox"/> Unresponsive
System	Normal	Findings		
HEENT	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Thorax	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Urogenital	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Musculoskeletal	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Neuro	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other, specify:				

Admission Note

COVID-19 Testing

Specimen Date	Specimen Type	Test Type	Test Result
___/___/___	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Venous blood <input type="checkbox"/> Finger prick (blood)	<input type="checkbox"/> Antibody test (IgM/IgG) <input type="checkbox"/> Antigen test <input type="checkbox"/> RT PCR test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive IgM only <input type="checkbox"/> Invalid <input type="checkbox"/> Positive IgG only <input type="checkbox"/> Positive IgM and IgG <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid
___/___/___	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Venous blood <input type="checkbox"/> Finger prick (blood)	<input type="checkbox"/> Antibody test (IgM/IgG) <input type="checkbox"/> Antigen test <input type="checkbox"/> RT PCR test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive IgM only <input type="checkbox"/> Invalid <input type="checkbox"/> Positive IgG only <input type="checkbox"/> Positive IgM and IgG <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid
___/___/___	<input type="checkbox"/> Nasal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Venous blood <input type="checkbox"/> Finger prick (blood)	<input type="checkbox"/> Antibody test (IgM/IgG) <input type="checkbox"/> Antigen test <input type="checkbox"/> RT PCR test	<input type="checkbox"/> Negative <input type="checkbox"/> Positive IgM only <input type="checkbox"/> Invalid <input type="checkbox"/> Positive IgG only <input type="checkbox"/> Positive IgM and IgG <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Invalid

Other testing

Test	result	Test	result
Haemoglobin	g/L or g/dL	Sodium	mmol/L
Haematocrit	%	Potassium	mEq/L
WBC count	x10 ⁹ /L or x10 ³ /μL	BUN	mmol/L or mg/dL
Lymphocyte count	cells/μL	Creatinine	μmol/L or mg/dL
Neutrophil count	cells/μL	Glucose	mmol/L or mg/dL
Platelets	x10 ⁹ /L or x10 ³ /μL	Total Bilirubin	μmol/L or mg/dL
Lactate	mmol/L or mg/dL	ALT/SGPT	U/L
CRP	mg/L	AST/SGOT	U/L

Chest X-Ray performed? ☐
Result:

Ultrasound performed? ☐
Result:

Other diagnostic tests:

Other findings:

First Line Medications

- ☐ Hydroxychloroquine 400mg PO q12h x 24 hours then 200mg q12h for 5-10 days
☐ Chloroquine phosphate 500mg PO bid for 10 days

Second Line Medications

- ☐ Lopinavir/ritonavir 400mg/100mg PO q12h x 14 days
☐ Remdesivir

Antibiotics

- ☐ Ceftriaxone ___ gm q ___ hours ☐ Amoxicillin ___ q ___ hours
☐ Doxycycline 100 mg BID

Diagnosis

COVID-19: ☐ Confirmed ☐ Suspected ☐ No

Secondary/Other Diagnoses:

Supportive Care

- ☐ Oxygen ___ L/min ☐ IV Fluids ___ ml/hour
☐ Paracetamol ___ mg every ___ hour

Provider Clinical Plan

Nursing Admission Note

Signature: _____

Disposition

- ☐ Admit to ward ☐ Discharge to home isolation
☐ Discharge to: _____
☐ Transfer to: _____

Name _____

Signature _____

Daily Progress Note

Date: _____ Time: _____

Patient History

Symptom	new	
Fever	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Cough	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
With sputum production	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Shortness of breath (Dyspnea)	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Sore throat	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Runny nose	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Chest pain	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Muscles aches (Myalgias)	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Fatigue/malaise	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Confusion	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Loss of taste/smell	<input type="checkbox"/>	<input type="checkbox"/> improved <input type="checkbox"/> unchanged <input type="checkbox"/> worsened
Other, specify:		

Testing (since last note)

Test	result	Test	result
Haemoglobin	g/L or g/dL	Sodium	mmol/L
Haematocrit	%	Potassium	mEq/L
WBC count	x109/L or x103/ μ L	BUN	mmol/L or mg/dL
Lymphocyte count	cells/ μ L	Creatinine	μ mol/L or mg/dL
Neutrophil count	cells/ μ L	Glucose	mmol/L or mg/dL
Platelets	x109/L or x103/ μ L	Total Bilirubin	μ mol/L or mg/dL
Lactate	mmol/L or mg/dL	ALT/SGPT	U/L
CRP	mg/L	AST/SGOT	U/L
Chest X-Ray performed? <input type="checkbox"/>		Ultrasound performed? <input type="checkbox"/>	
Result:		Result:	
SARS-CoV-2 Antibody RDT	SARS-CoV-2 Antigen	SARS-CoV-2 RT-PCR	
<input type="checkbox"/> Negative Ab	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	
<input type="checkbox"/> Positive IgM only	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	
<input type="checkbox"/> Positive IgG only	<input type="checkbox"/> Invalid	<input type="checkbox"/> Invalid	
<input type="checkbox"/> Positive IgG+IgM			
<input type="checkbox"/> Invalid			
Other diagnostic tests:	Other findings:		

Primary Diagnoses:

COVID-19: ☐ Confirmed ☐ Suspected ☐ No

Other: _____

Secondary Diagnoses:

Pneumonia	<input type="checkbox"/>	Congestive heart failure	<input type="checkbox"/>
Acute Respiratory Distress Syndrome	<input type="checkbox"/>	Myocarditis	<input type="checkbox"/>
Pleural effusion	<input type="checkbox"/>	Acute renal injury/ Acute renal failure	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	Liver dysfunction	<input type="checkbox"/>
Meningitis/ Encephalitis	<input type="checkbox"/>	Hyperglycemia	<input type="checkbox"/>
Seizure	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>
Dehydration	<input type="checkbox"/>	Cardiac arrest	<input type="checkbox"/>
Other: _____			

Provider Name: _____ Signature _____

Patient Name:	Patient Id:
Age:	EMR Id:
Sex:	Hospital day #:

Vitals

Temp	°C	°F	Cap refill time	<input type="checkbox"/> < 3 sec
Pulse		bpm		<input type="checkbox"/> ____ sec
RR		bpm	Pain:	<input type="checkbox"/> None <input type="checkbox"/> Mild
BP	/	mmHg		<input type="checkbox"/> Moderate <input type="checkbox"/> Severe
O2	____ %	on	____ L/min	<input type="checkbox"/> room air

Physical Exam

AVPU	<input type="checkbox"/> Alert <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Unresponsive	
System	Normal	Findings
HEENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lungs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thorax	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Abdomen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Urogenital	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Back	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Skin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Musculoskeletal	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neuro	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other, specify:		

First Line Medications

- ☐ Hydroxychloroquine 400mg PO q12h x 24 hours then 200mg q12h for 5-10 days
- ☐ Chloroquine phosphate 500mg PO bid for 10 days

Second Line Medications

- ☐ Lopinavir/ritonavir 400mg/100mg PO q12h x 14 days
- ☐ Remdesivir

Antibiotics

- ☐ Ceftriaxone ____ gm q ____ hours ☐ Amoxicillin ____ q ____ hours
- ☐ Doxycycline 100 mg BID

Other Medications

Supportive Care

- ☐ Oxygen ____ L/min ☐ IV Fluids ____ ml/hour
- ☐ Paracetamol ____ mg every ____ hour

Provider Clinical Plan

Nursing Progress Note

Signature: _____

Discharge Note

Date: _____ Time: _____

Patient Name: _____

Patient Id: _____

Age: _____

EMR Id: _____

Sex: _____

Hospital day #: _____

Primary Diagnoses:

COVID-19: Confirmed ☐ Suspected ☐ No ☐

Other: _____

Secondary Diagnoses:

Viral pneumonia <input type="checkbox"/>	Congestive heart failure <input type="checkbox"/>
Bacterial pneumonia <input type="checkbox"/>	Myocarditis <input type="checkbox"/>
Acute Respiratory Distress Syndrome <input type="checkbox"/>	Acute renal injury/ Acute renal failure <input type="checkbox"/>
Pleural effusion <input type="checkbox"/>	Liver dysfunction <input type="checkbox"/>
Anemia <input type="checkbox"/>	Hyperglycemia <input type="checkbox"/>
Meningitis/ Encephalitis <input type="checkbox"/>	Hypoglycemia <input type="checkbox"/>
Seizure <input type="checkbox"/>	Cardiac arrest <input type="checkbox"/>

Other: _____

ICU/Isolation

ICU or High Dependency Unit admission? ☐ Yes ☐ No

Total duration in ICU: _____

date of ICU admission ____/____/____

date of ICU discharge ____/____/____

Discharge Medications

☐ Hydroxychloroquine 400mg PO q12h x 24 hours then 200mg q12h for 5-10 days

☐ Chloroquine phosphate 500mg PO bid for 10 days

☐ Other Antibiotic: _____

☐ Amoxicillin _____ q _____ hours

☐ Doxycycline 100 mg BID

☐ Other Antibiotic: _____

☐ Corticosteroids: Type _____ Route _____ Dose _____

☐ Antifungal agent

☐ Paracetamol _____ mg every _____ hour

Other medications: _____

Therapy given during hospital stay

Oxygen Therapy? ☐ Yes ☐ No

Non-invasive ventilation? (e.g. BIPAP, CPAP) ☐ Yes ☐ No

Inotropes/vasopressors? ☐ Yes ☐ No

Antibiotics? ☐ Yes ☐ No

Other intervention of Procedure: _____

Discharge Information

Discharge Date: ____/____/____

Disposition:

☐ Discharged

Continued home isolation: ☐ Yes ☐ No

☐ Transfer to other facility

☐ Death

☐ Other (specify): _____

Discharge condition: ☐ Good/recovered

☐ Fair

☐ Poor

Follow up plan: _____

Other comments: _____

Name _____ Signature _____



Updated 3 April 2020 | Annex Cleaning and Disinfecting

Introduction: Below describes PIH's approach to Cleaning and Disinfecting throughout the COVID-19 pandemic. Please do not hesitate to reach out with questions to the COVID-19@pih.org

- 1 Cleaning and Disinfecting Guidelines
- 2 Cleaning Clinical Spaces
- 3 Cleaning Non Clinical Spaces
- 4 COVID19 Transport guidelines
- 5 Acceptable Disinfectants
- 6 Liquid Chlorine Preparation (English and French)

Cleaning and Disinfecting Guidelines

1. **Prepare**
 - Don disposable gloves
 - Close off areas to be cleaned
 - Wait as long as practical before beginning cleaning and disinfection
 - Open outside doors and windows
2. **Clean** (*Clean surfaces using a detergent or soap and water **before** disinfection*)
 - Remove visible pollutants (blood, secretions, excreta)
 - Damp mopping is better than dry mopping
 - Wash Surfaces that have come into direct human contact or are frequently touched
 - Sterilize all cleaning materials used
3. **Disinfect**
 - Prepare Solution using Acceptable Disinfectant guidelines
 - Wipe the area with the disinfectant solution using a cloth
 - Start with cleaner regions first, and contaminated regions after
 - Dispose or sterilize cloth immediately after use
 - Doff disposable gloves immediately after disposing cloth
 - Perform hand hygiene using soap and water. (*If water is unavailable, clean hands with alcohol-based hand rub*)



Updated 3 April 2020 | Annex Cleaning and Disinfecting

Cleaning Clinical Areas

Including Isolation units: COVID-19 Cleaning and Disinfection Instructions

Type of Surface	Examples	Soap and Water	Disinfect
<i>Minimally Touched Surfaces</i>	Floors Ceilings Walls Windows	When Dirty. At least 3 times/ week.	After Human Contact /When Dirty. At least weekly.
<i>Frequently Touched Surfaces</i>	Door Handles, Table Tops / Desks, Light Switches ,Computers , Sinks/Basins	Daily	Daily

<i>Disposal of Excreta</i>	Conduct hand hygiene, treat feces as biohazard, disposed in separate toilet/latrine for suspected or confirmed cases of COVID-19, clean bedpan with neutral detergent & water, disinfected with a 1% chlorine or 0.5% sodium hypo-chlorite solution
<i>Laundry</i>	Place soiled linen placed in leak-proof bags/containers, removing solid excrement to be disposed of in a toilet/latrine. Machine washing recommended (warm water at 60–90° C with laundry detergent) <ul style="list-style-type: none">• If machine washing not possible, soak linens in hot water and soap in a large drum using a stick to stir > soak linens in 1% chlorine for approximately 30 minutes> rinse laundry with clean water> dry fully in sunlight



**STOP
COVID**



**Partners
In Health**

Updated 3 April 2020 | Annex Cleaning and Disinfecting

Cleaning Non-Clinical Spaces

Type of Surface	Examples	Soap and Water	Disinfect
<i>Minimally Touched Surfaces</i>	Floors Ceilings Walls Blinds	3 times daily + any known COVID- exposure	3 times daily + any known COVID- exposure
<i>Frequently Touched Surfaces</i>	Door Handles Table Tops / Desks Light Switches Computers Sinks/Basins	3 times daily +between each patient	3 times daily +between each patient



Updated 3 April 2020 | Annex Cleaning and Disinfecting

COVID-19 Transport Guidelines

Updated: 24 March 2020

1. General Hygiene Guidelines for Drivers and Transport Staff

- If possible, wear new disposable gloves for every journey
- If not wearing gloves: Before, during, and after each trip, wash your hands with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60 percent alcohol if soap and water are not available.
- Avoid touching your face, eyes, nose, or mouth with unwashed hands.
- Avoid close contact with passengers
- If possible, ask passengers to sit in the back to create physical distance.
- Have hand sanitizer available for both driver and passengers
- Please reference JOB AID Rwanda Evac for evacuating positive patients to treatment centers

2. Vehicle Disinfection

- Routine Cleaning/Disinfection – *Before and After each trip and at the end of each shift/day*
 - Use a 70% alcohol-based solution (or soap and water if not available) to wipe down all high-touch surfaces: steering wheel, shifter, door handles, windows, any other area that has been touched by passengers or driver
 - Deep cleaning – *After each trip carrying symptomatic patients, follow routine cleaning plus:* Full cleaning of all passenger areas, including: floor, passenger seat, back of front seat, door, window, etc.
- If proper cleaning/disinfection cannot be performed, leave vehicle unused for minimum 48 hours

Recommended Minimum Cleaning and Disinfecting Frequencies

Type of Surface	Examples	Soap and Water	Disinfect
Minimally Touched Surfaces	Exterior, Headliner, Trunk	When Dirty	Only after Human Contact
Frequently Touched Surfaces	Door Handles, Switches, Dashboard, Carpet, Seats Steering Wheel, Shifter, Keys, Interior Windows	Routinely	High Touch Areas

Choosing the Right Disinfectant (please see below for acceptable disinfectants)

- Use an Alcohol-based cleaner for cars.
- Avoid: Chlorine Bleach as it can damage plastic, fabric and metal
- DO NOT MIX SOLUTIONS



Updated 3 April 2020 | Annex Cleaning and Disinfecting

a. Trip Guidelines

<i>Low-Risk Trips</i>	<i>Medium-Risk Trips</i>	<i>High-Risk Trips</i>
<p>As many carriers of COVID-19 are asymptomatic, the only no-risk journey is by yourself.</p> <ul style="list-style-type: none">a. PPE (Mask and Gloves) Recommendations: follow general hygiene guidelinesb. Follow routine cleaning instructions abovec. Maximum capacity: 1 (driver only)	<p>Non-medical trips, including carrying asymptomatic close contacts, Medical trips carrying patients with other conditions (trauma, obstetric), No high-risk passengers (pre-existing health conditions, elderly, etc.)</p> <ul style="list-style-type: none">b. PPE (Mask and Gloves) Recommendations<ul style="list-style-type: none">a. Masks and gloves highly recommended for passengers and driverb. Follow routine cleaning instructions above.c. Maximum Capacity: 4d. Keep windows open during trip	<p>Symptomatic patients, Patients in high-risk categories (pre-existing health conditions, elderly, etc.)</p> <p>Symptomatic and high-risk passengers should only travel for purposes of medical treatment</p> <ul style="list-style-type: none">d. PPE (Mask and Gloves) Recommendations: Masks and gloves must be worn by all occupants in the vehiclee. For moving patients, wear appropriate full PPE, including eye protection, gown and glovesf. After helping a medical passenger out of the car, you should remove all protective equipment and wash your hands or use hand sanitizer before getting back into your vehicle.g. Follow routine and deep cleaning instructions aboveh. Maximum Capacity: 4i. Keep windows open during trip



Updated 3 April 2020 | Annex Cleaning and Disinfecting

Acceptable Disinfectants

Disinfecting Solution	Concentration	Directions	Use on	Do NOT use on
Diluted chlorinebleach (5.25% sodiumhypochlorite)	0.5% (1:50)	Apply, leave for 10 min,rinse	Floors, desks, non- porous surfaces	Computers, phones, screens, fabric, can discolor plastic, metal
Chlorine	.5%	Apply, leave for 10 min,rinse	Floors, desks, non- porous surfaces	Computers, phones, screens, fabric, can discolor plastic, metal
Hydrogen Peroxide	0.5%	Apply	Floors, desks, non- porous surfaces, metal	Fabric
Ethanol / EthylAlcohol	62% minimum	Apply	Computers, Phones, Non- porous surfaces	Can discolor plastic
Isopropyl Alcohol	70% minimum	Apply	Computers, Phones, Non- porous surfaces	Can discolor plastic
Propanol	70% minimum	Apply	Computers, Phones, Non- porous surfaces	Can discolor plastic

Do NOT use: Ammonia, vinegar

Do NOT: mix multiple disinfectants

Preparation and use of disinfectant solution

- Gloves should be worn when handling and preparing bleach solutions.
- Protective eye wear should be worn in case of splashing.
- Cleaning solutions) should be made up daily.
- Leave the disinfectant solution on the surface for a sufficient time is required to kill the virus – 1 minute for alcohol based cleaners
- No rinsing needed with alcohol based cleaners



Updated 3 April 2020 | Annex Cleaning and Disinfecting

Liquid Chlorine Preparation

English Version – Updated 23 March 2020

Liquid Chlorine Preparation				
% Solution		0,05 %	0,5 %	2 %
Use for:		Hands, skin, laundry, clothes	Floors, walls, equipment	Disinfection of stool, vomit, blood. Disinfection of corpses.
Basic Product	Bleach, 5% sodium hypochlorite (5 % active chlorine)	10 milliliters in 10 liters of water	1 liter in 10 liters of water	4 liters in 6 liters of water
	Chlorine laundry powder (30% active chlorine)	16 grams (1 tablespoon) in 10 liters of water	16 grams (1 tablespoon) in 1 liter of water	64 grams (4 tablespoons) in 1 liter of water
	Chlore en granules (HTH) (70 % de chlore actif)	8 grams (1/2 tablespoon) in 10 liters of water	8 grams (1/2 tablespoon) in 1 liter of water	32 grams (2 tablespoons) in 1 liter of water

ALWAYS label solutions using an permanent marker

Note: WaterGuard is 1.25% Sodium Hypochlorite --> if this is used, then will need to use different ratios



Updated 3 April 2020 | Annex Cleaning and Disinfecting

Liquid Chlorine Preparation

Version française – Mis à jour 23 March 2020

Préparation de solution chlorée				
Solution de:		0,05 %	0,5 %	2 %
Utilisé pour:		Mains, peau, linge, vêtements	Sols, surfaces, équipements	Gestion de selles et vomissements (désinfectées dans des seaux), Désinfection de cadavres
Produit de base	JIF, Klowoks liquide (5 % de chlore actif)	10 millilitres dans 10 litres d'eau*	1 litre dans 10 litres d'eau*	4 litres dans 6 litres d'eau
	Klowoks en poudre pour blanchissement de vêtements (30 % de chlore actif)	1 cuillère à soupe (16 grammes) dans 10 litres d'eau*	1 cuillère à soupe (16 grammes) dans 1 litre d'eau	4 cuillères à soupe (64 grammes) dans 1 litre d'eau
	Chlore en granules (HTH) (70 % de chlore actif)	1/2 cuillère à soupe (7 grammes) dans 10 litres d'eau*	1/2 cuillère à soupe (7 grammes) dans 1 litre d'eau	2 cuillères à soupe (28 grammes) dans 1 litre d'eau

ALWAYS label solutions using an permanent marker

Note: WaterGuard is 1.25% Sodium Hypochlorite --> if this is used, then will need to use different ratios



Annex: PPE Guidelines | Updated 3 April 2020

Introduction: Below describes PIH's approach to PPE usage throughout the COVID-19 pandemic. Please do not hesitate to reach out with questions to the COVID-19@pih.org

1. PPE conservation
2. Extended use and reuse of masks and eye protection
3. Extended Use PPE – donning and doffing
4. Nonstandard PPE Memo

PIH Guide to PPE Conservation

Our priority is the safety of our patients and healthcare workers. It is **CRITICAL** that as triage and isolation systems are rapidly planned and implemented, early efforts are made to **conserve PPE** as global stock is limited. Conserving PPE now will ensure enough supplies to keep providers safe throughout the pandemic

Strategically Reduce Individual PPE Use

- **Extend Use & Re-Use:** Extended use is preferred over reuse. Extended use of respiratory protection is defined as the wearing of a disposable mask without removal or re-donning of the mask. Due to the rapidly evolving epidemic and to ensure protection for the frontline health workers many organizations, including the CDC is recommending re-use when necessary. See below for safe re-use procedures.
- **Concentrate Care Delivery:** Develop Strategies to complete multiple task utilizing the same set of PPE. For example: taking vital signs and giving medication at the same time.
- **Appropriate use of PPE:** WHO recommends the use of a surgical mask for the routine care of suspected COVID patients, and the use of N95 in COVID patients during aerosolizing procedures like intubation or nebulization. When able N95 masks should be replaced after any aerosolizing procedure however, re-use of N95 masks may be necessary. N95 masks should be used according to PIH protocols for TB treatment

Reuse PPE:

Face Shields: Reusable face shields can be soaked in sodium hypochlorite 0.5% for 1 hour and left in a clean, open space to dry for at least 1 hour

Gowns: In some wards, gowns may need to be worn continuously as a provider moves between patients. In these cases, the provider should double glove and change outer gloves between patients. If gowns are in short supply, re-usable gowns can be considered. (see PIH guidelines on alternative PPE). If reusable gowns are used they should be machine washed with 60-90° C water and laundry detergent

Surgical and Procedural Masks: Given current supply global levels, most hospitals will need extended use of masks between patients (meaning that the mask is not removed between patients but stays on a provider's face continuously). At many hospitals, masks will need to be re-



Annex: PPE Guidelines | Updated 3 April 2020

used (meaning removed from the face and then put back on in between patients). PIH has a job aid to assist with safe re-use of mask. Key tenants of this include:

- Surgical and procedural masks must be worn by a single wearer.
- The removed mask should be placed in a designated receptacle for reuse.
- Perform hand hygiene immediately before and after putting on or otherwise touching a reused mask.
- Masks must be replaced when dirty or contaminated

Our priority is the safety of our patients and healthcare workers. It is **CRITICAL** that as triage and isolation systems are rapidly planned and implemented, early efforts are made to **conserve PPE** as stock is limited globally. Conserving PPE now will ensure enough supplies to keep providers safe throughout the epidemic – how to safely conserve and re-use PPE?

Minimize Number of People using PPE

- **On Patient Rounds:** Consider only having direct caregivers interact with the patient rather than members of the team responsible for the care of other patients
- **On Shift:** Designate a subset of caregivers to operate in the isolation area, rather than more providers in both areas. All caregivers can adhere to the above strategies to reduce PPE usage
- **In the Operating Room:** Limit surgeries to only essential surgeries and limit the number of observers and non-essential personnel, reducing the number of PPE sets used.
- **In General:** No visitors for patients suspected or confirmed to have COVID-19 (with the exception of parents for children). Visitors cannot enter COVID-19 isolation ward.

Role for hospital administrators:

Hospital administration should actively enforce PPE conservation measures. Some strategies used include:

- Removing or limiting PPE on wards less likely to require them
- Centralized PPE distribution instead of PPE stored on wards
- PPE monitors who can correct individuals when PPE is overused (for example, if an N95 mask is used in a situation where a surgical mask would have been sufficient)



Annex: PPE Guidelines | Updated 3 April 2020

PIH guide to extended use and reuse of masks and eye protection

During the COVID pandemic, extended use (when the mask or eye protection is worn continuously and not taken off between patients) or reuse (when the mask or eye protection is removed and then replaced) of personal protective equipment may be required.

In general:

- ***Keep your mask on continuously as much as possible!*** Extended use is preferred over reuse because there is less risk of spreading the virus.
- ***You can never do hand hygiene enough!*** Remember hand hygiene before and after removing or replacing any PPE item
- ***If you need to take your mask off, take it all the way off.*** For example, do not pull a mask down under your chin to take a drink of water. This keeps your face from being accidentally contaminated by the outside of the mask.

How to remove a mask:

- Perform hand hygiene
- Remove mask carefully by the straps. Do not touch the outside surface (dirty surface).
- Place the mask in your designated storage container – ensure you always place the dirty side (the outside of the mask) in the same direction
- Perform hand hygiene

How to put a used mask back on:

- Perform hand hygiene and put on gloves
- Carefully pick the mask up by the straps, and ensuring the outside does not touch your nose or mouth, replace it on your face
- Remove gloves and perform hand hygiene
- Only re-use your own mask

When to replace a mask for a new one:

- If it is wet or dirty
- If it is damaged
- If it has been used in an aerosol generating procedure, such as intubation, nebulization, or suctioning (for N95s)

When do I need an N95 instead of a surgical mask:

- When swabbing a patient for a COVID test (extended use or reuse ok)



Annex: PPE Guidelines | Updated 3 April 2020

- When performing an aerosol generating procedure, such as intubation, nebulization, or suctioning (discard after the procedure)

How to remove and reuse eye protection:

- Remove eye protection by the handles of the goggles or strap of the face shield. Carefully place outside down (dirty side down) in a 'dirty bin.'
- Perform hand hygiene. Then either:
 - Option 1: Put on new gloves. Clean all sides of the eye protection with the cleaning solution. Place the eye protection into your own designated storage container (separate from your mask), dirty side (outside down). Remove gloves and perform hand hygiene.
 - Option 2: Reusable eye protection may be soaked in sodium hypochlorite 0.5% for 1 hour and left in a clean, open space to dry for at least 1 hour.

Extended Use PPE – Donning



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Updated 27 March 2020

1. Don PPE outside of patients room. Ensure hair is pulled back away from face.

2. Perform hand hygiene

- Alcohol-based sanitizer OR soap and water



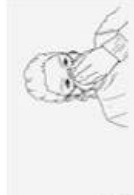
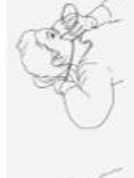
3. Put on gown

- Ensure gown fully covers entire body when closed or tied



4. Put on mask/respirator

- If new mask/respirator, hold mask/respirator in one hand and bring to face
 - Pull lower elastic band over head and below ears
 - Pull upper elastic band over head and above ears
 - Press nose clip to ensure a tight seal of mask
- If re-using mask/respirator, hold by straps only, taking care not to touch the outside (dirty) side of the mask



5. Perform Hand Hygiene

- Alcohol based hand sanitizer



6. Put on gloves

- Ensure gloves go over cuff of gown
- If using same gown between patients, put 2 pairs of gloves on. Change external pair between each patient



Extended Use PPE – Doffing



Updated 27 March 2020

1. Doff PPE, except for mask/respirator in patient's room/ward. Remember gloves, face shield, front of gown and sleeves are CONTAMINATED. Wash hands immediately if you touch any of these surfaces with your bare hands

2. Remove gown

- Avoid touching outside contaminated surface of gown
- Pull gown from head and away from body
- If possible, remove gloves at same time as gown, ensuring you only touch the inside of gown and gloves
- Wrap gown into a ball with contaminated surface (outside of gown) inside
- Discard gown in appropriate receptacle



3. If gloves removed, perform hand hygiene

- Alcohol-based hand sanitizer



4. If not already done, remove gloves

- Grasp gloves in palm of hand and pull glove off
- Discard glove in waste container
- Slowly and gently slide finger under other glove between glove and cuff of gown. Avoid touching contaminated side of glove



5. Perform hand hygiene

- Alcohol-based hand sanitizer



6. Remove eye protection

- If using face shield, tilt head forward, grasp strap and gently pull strap over head, pulling the face shield away from face
- If using goggles, grasp ear pieces behind ears and pull goggles and away from face
- Carefully place outside down (dirty side down) in a 'dirty bin' until they can be cleaned for re-use (see instructions on re-using PPE)



7. Perform hand hygiene

- Alcohol-based hand sanitizer

8. With mask/respirator in place, leave patients room and enter anteroom or hallway

9. Remove mask/respirator

- Pull lower elastic band over head
- Pull upper elastic band over head and pull mask away from face
- If re-using, place mask/respirator in an appropriate storage container (plastic container recommended). Ensure dirty side of mask/respirator is face down



10. Perform hand hygiene

- Alcohol-based hand sanitizer





Guidance on Non-Standard PPE for COVID-19

The global COVID-19 pandemic has led to worldwide shortages of personal protective equipment (PPE). This document discusses alternative non-standard PPE that can be considered. **It is important to note that, at present, none of the options below have sufficient evidence to recommend their routine use.** First steps to expand PPE availability should be PPE conservation which includes extended use, re-use, and limiting the number of people and procedures that would require PPE. Please see PPE conservation guidance.

The use of non-standard PPE should be used as a 'last resort' strategy. The strategies below are unproven and their ability to protect a healthcare worker is unknown.

Non-standard Mask Options

- Locally made cloth masks
 - Should be worn with face shield that extends to the chin or below for added protection
 - To increase effectiveness, masks should be made with tightly-woven, fluid-resistant fabric and fit closely to the face, over both the nose and mouth
 - Effectiveness may decrease when wet; should be replaced if sweaty or damp
 - It should be noted multiple studies show these do not provide as much protection as official surgical masks and they should only be worn as last resort. One study suggests an increased infection risk and a false sense of protection for clinicians.
 - During this time of global shortage there are some institutions that are prioritizing the use of cloth masks in low-risk areas to conserve the use of surgical masks and N95s to higher risk and known risk patient areas.
- Makeshift 'respirators' from surgical masks and viral filters are being researched as alternate N95s in aerosolizing procedures
 - <https://www.childrenshospital.org/research/departments-divisions-programs/departments/surgery/surgical-innovation-fellowship>
- Multiple organizations are researching options to sterilize single use masks, but no standards have emerged yet. More information on this may be available in coming weeks.

Non-standard gown options

- Locally made gowns can be considered in the absence of certified gowns. There is limited data on these.
 - Should be made of cloth with small pore size: non-woven, spun bound fabric, or tightly-woven, fluid-resistant fabric (such as polyester)
 - Certified re-usable gowns are typically coated with a fluorocarbon-based repellant finish to prevent liquid and microbial penetration. This may not be possible with local gowns, so particular care should be taken to avoid getting gowns wet and to change when wet.
 - Design:



Annex: PPE Guidelines | Updated 3 April 2020

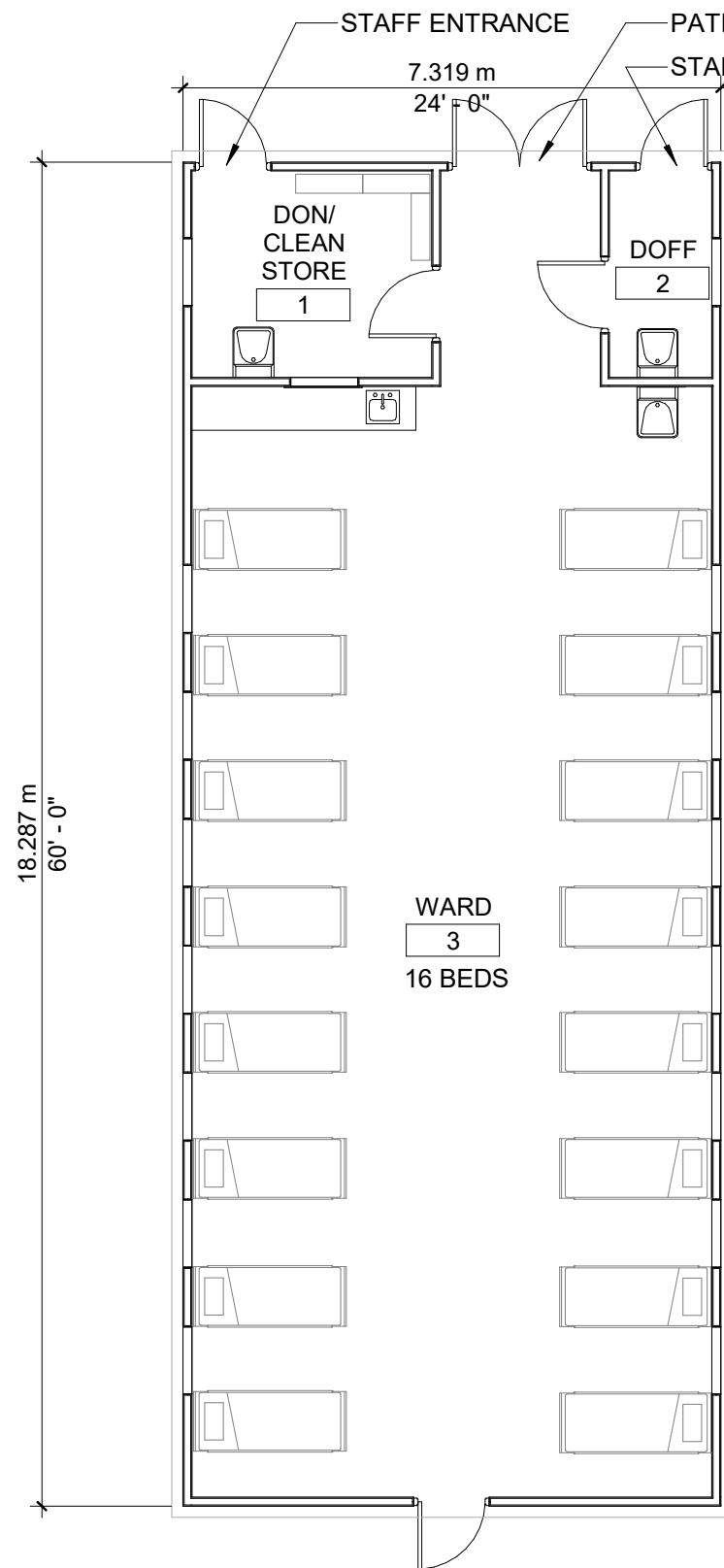
- Extends to knees; fully covers arms and torso (front as one piece and back with ties)
- Cuffs at end of arms (consider thumb loops to prevent gap between gown and gloves)
- Higher neck to protect against splashes
- Tight-seams or sealed seems
- Inspect with each use to ensure no visible holes
- Clothes worn underneath a locally made gown should be inspected after doffing – if soiled, they must be properly sterilized or discarded
- Other gown alternatives include lab coats, patient gowns, aprons, combinations of clothing (sleeve covers + coats) and should be used as a last resort.

Draft- For Review

COVID-19

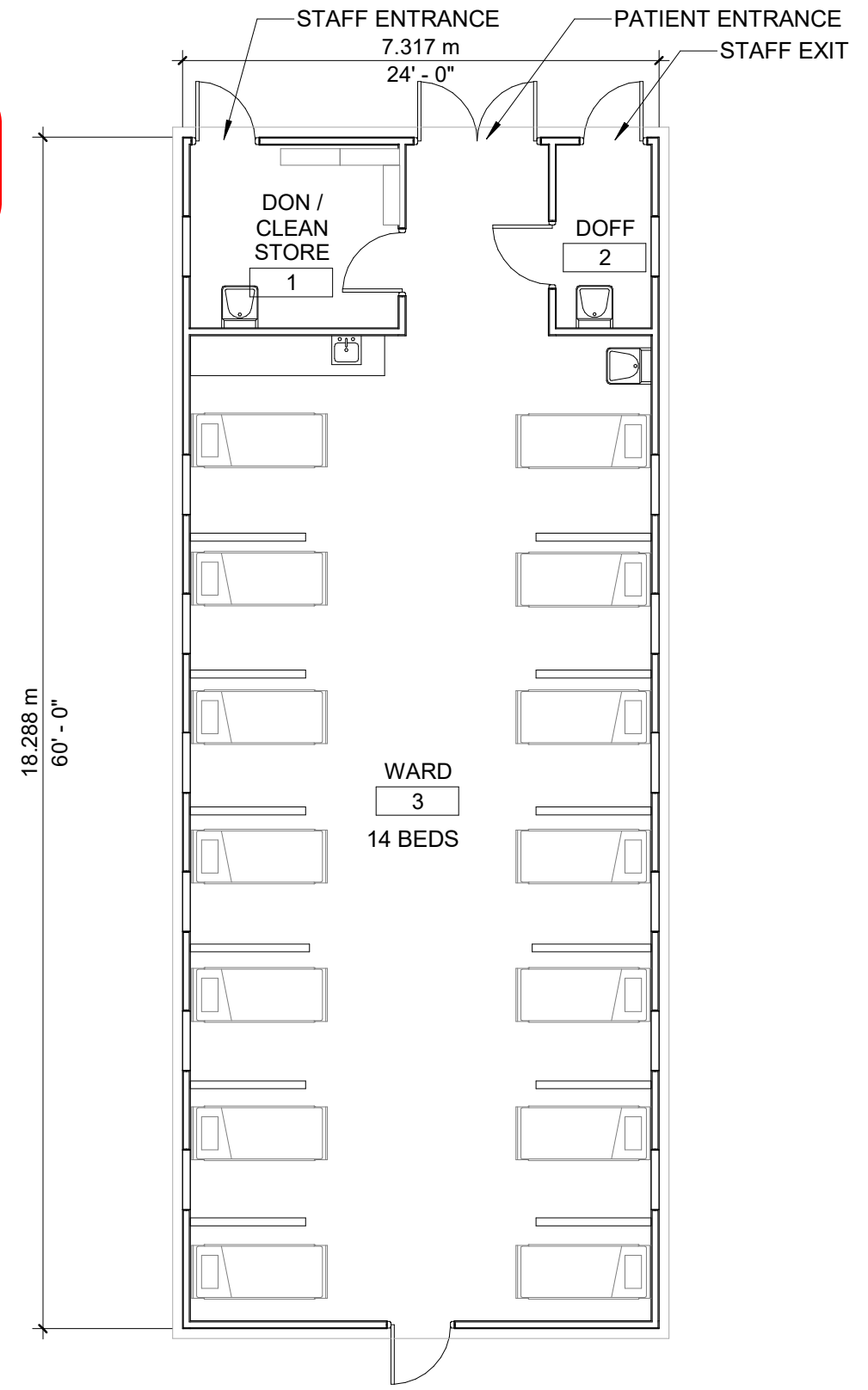
ISOLATION PROTOTYPE



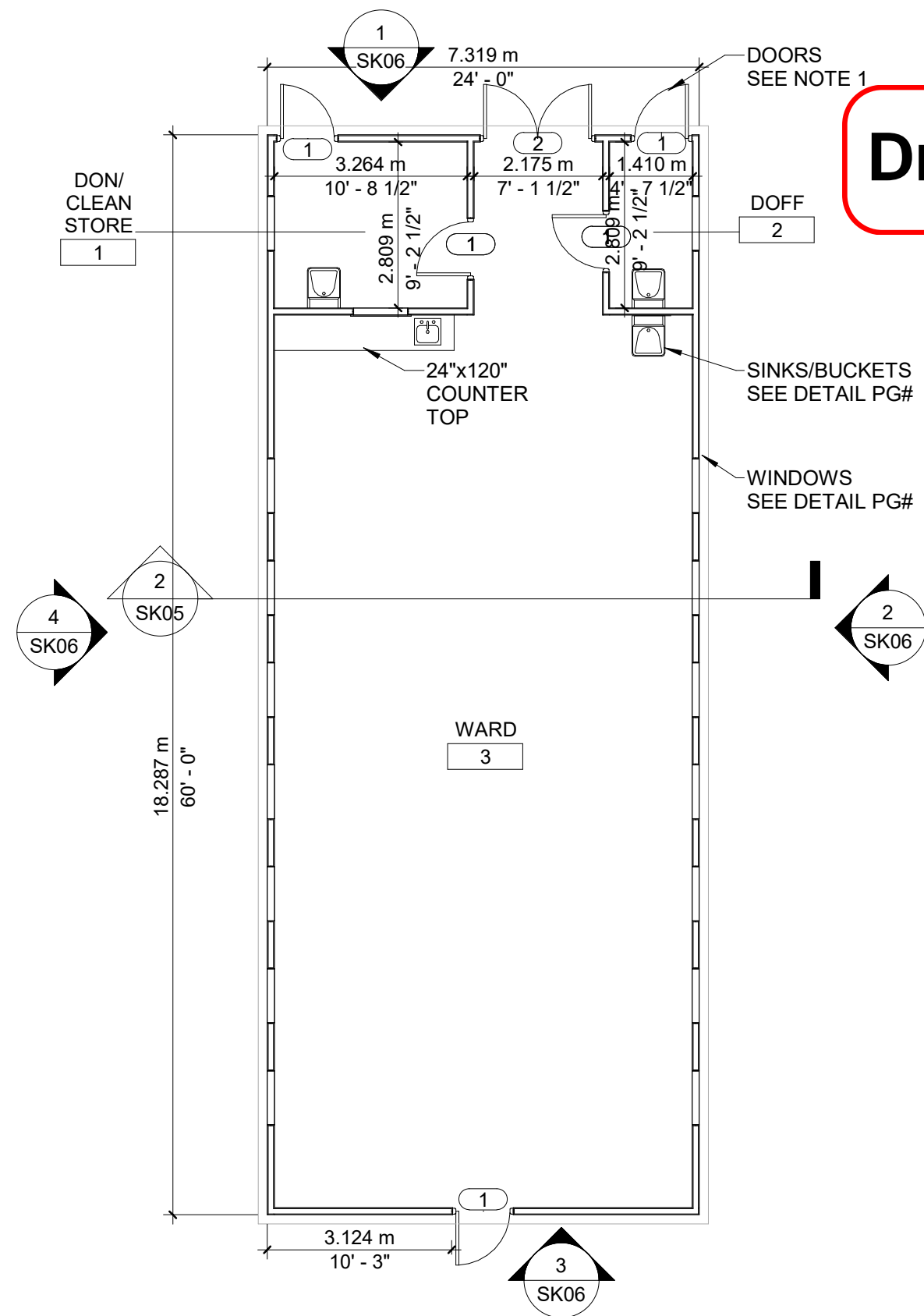


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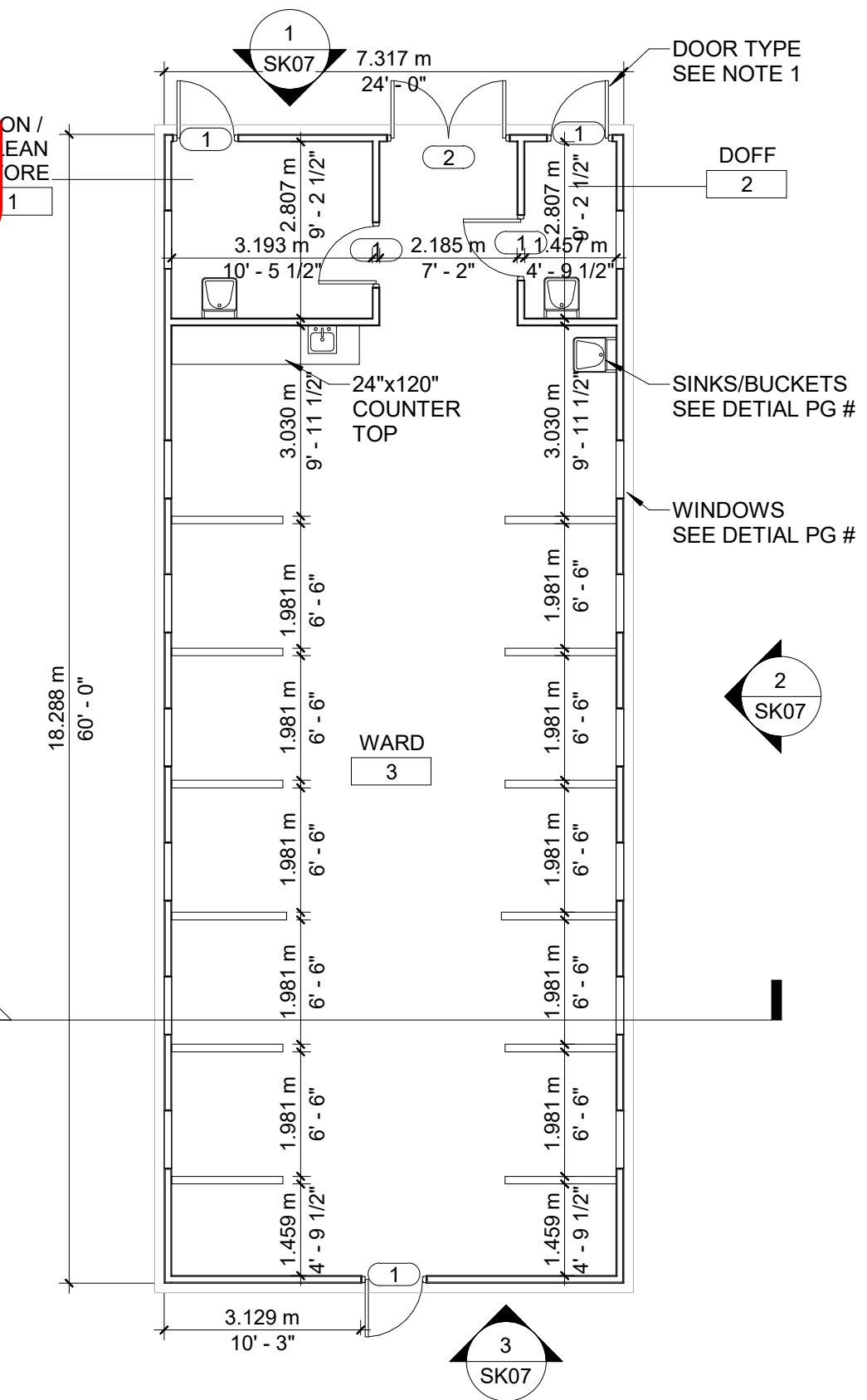
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SCALE 1 : 100



2 PRESUMPTIVE WARD - EQUIPMENT
SCALE 1 : 100



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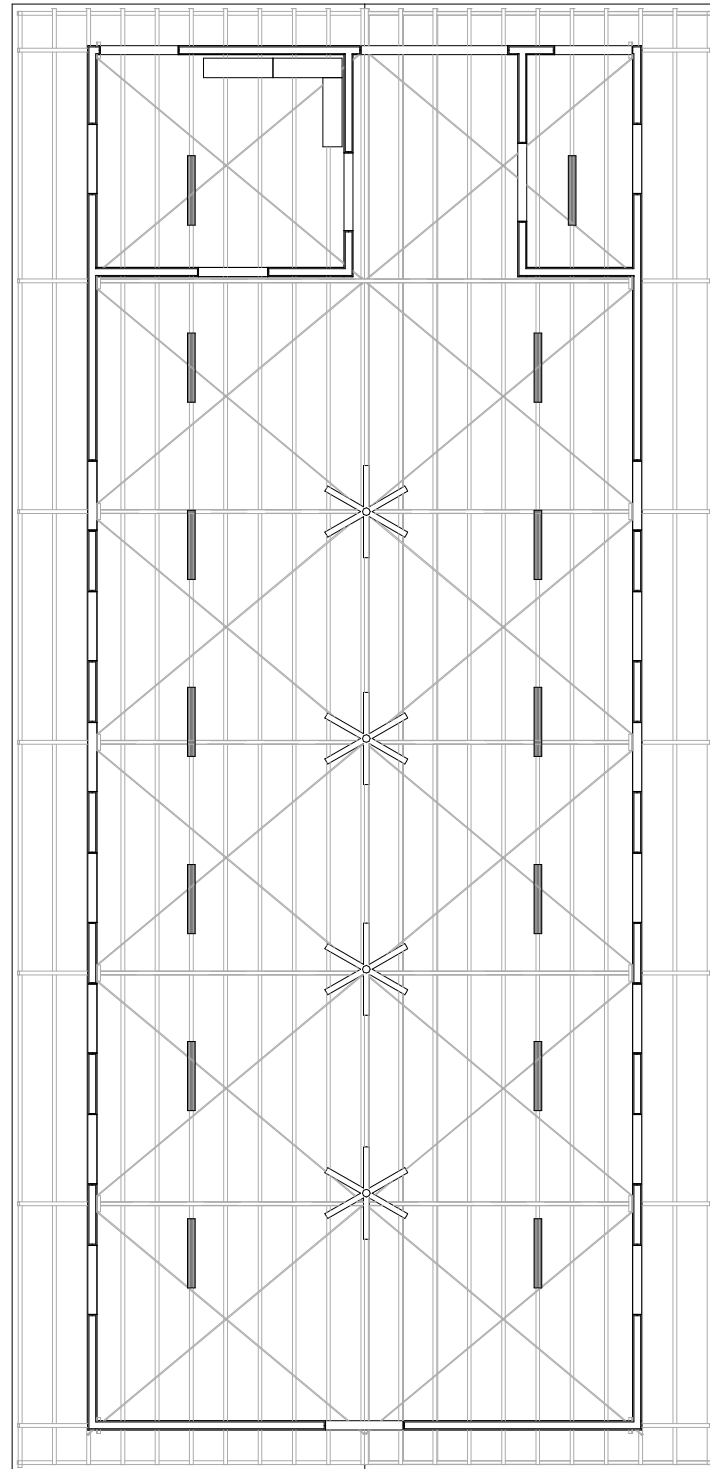


NOTES
 DOOR TYPE 1
 QTY: 6 SINGLE
 36"x86"
 DOOR TYPE 2
 QTY: 2
 DOUBLE 72"x84"

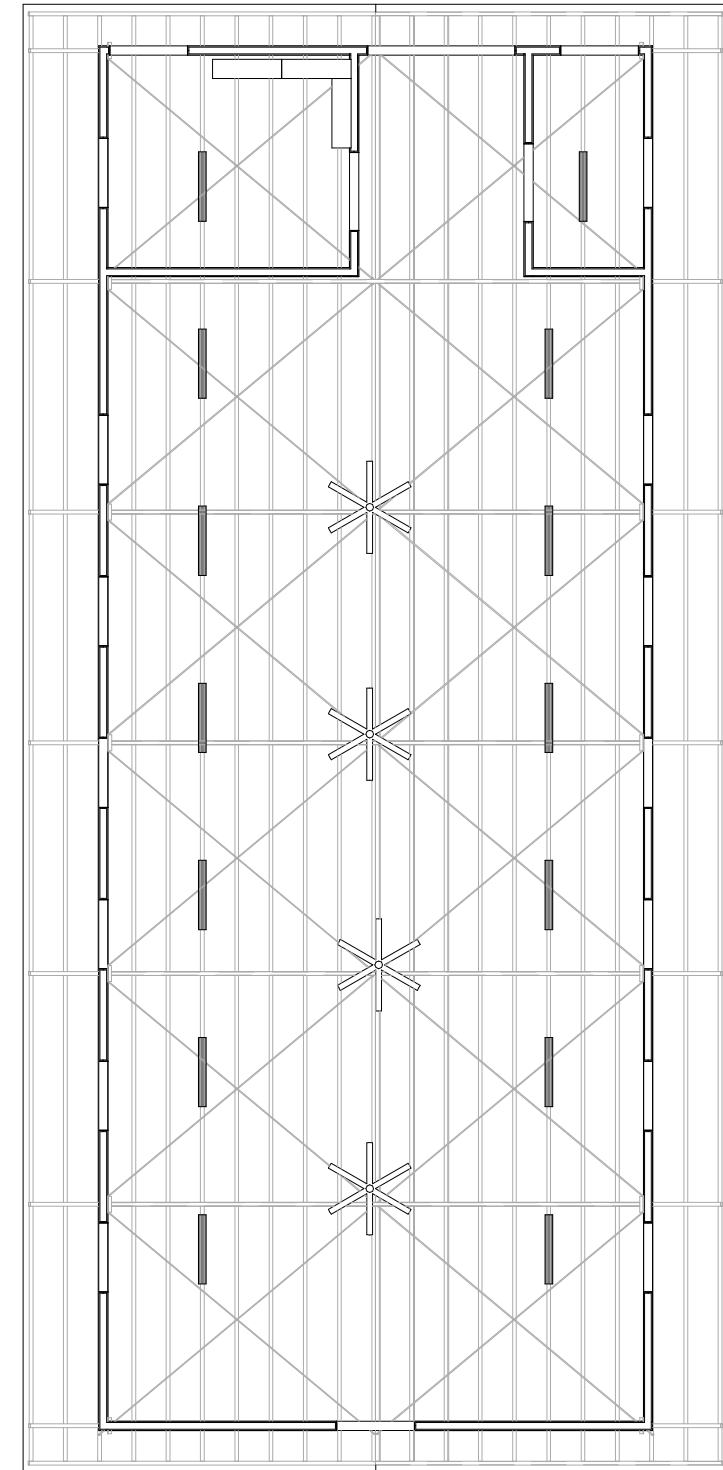
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2 PRESUMPTIVE WARD - DIM + TAGS
 SCALE 1 : 100

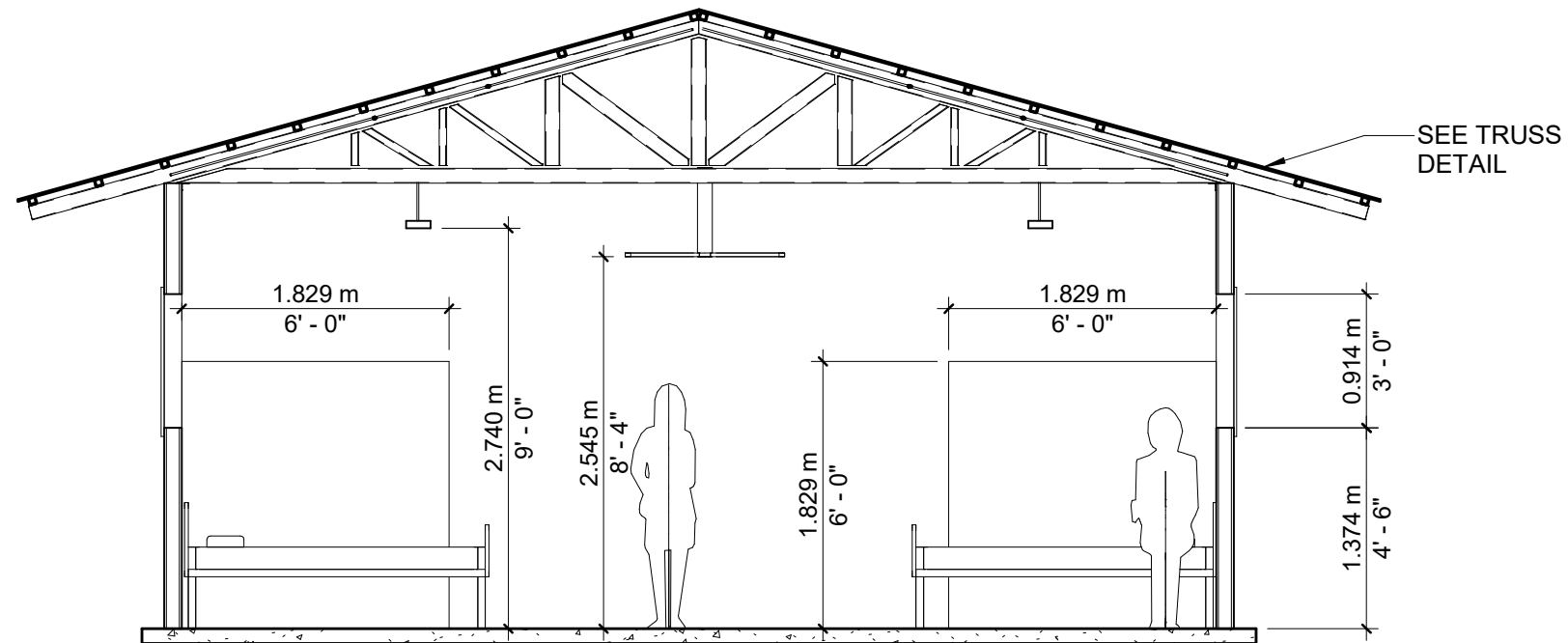
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SCALE 1 : 100



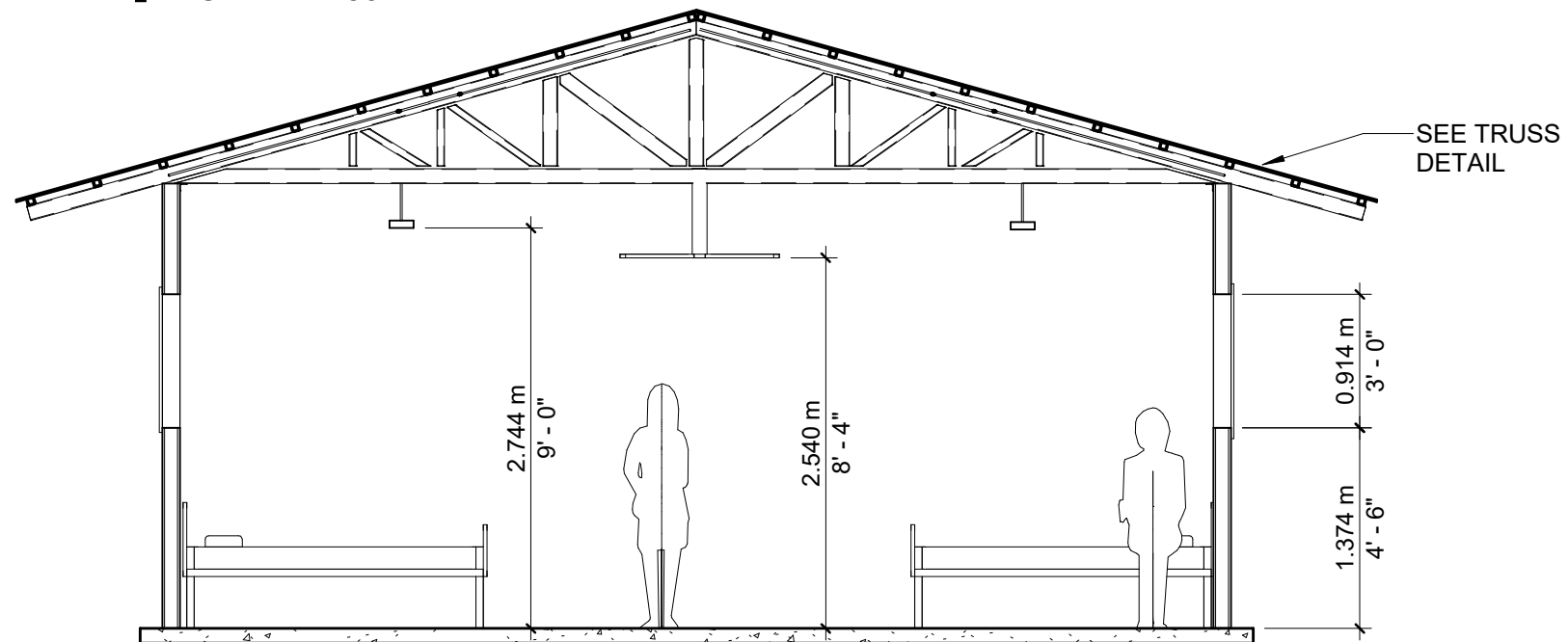
2 PRESUMPTIVE WARD
SCALE 1 : 100



Draft- For Review

1 PRESUMPTIVE WARD

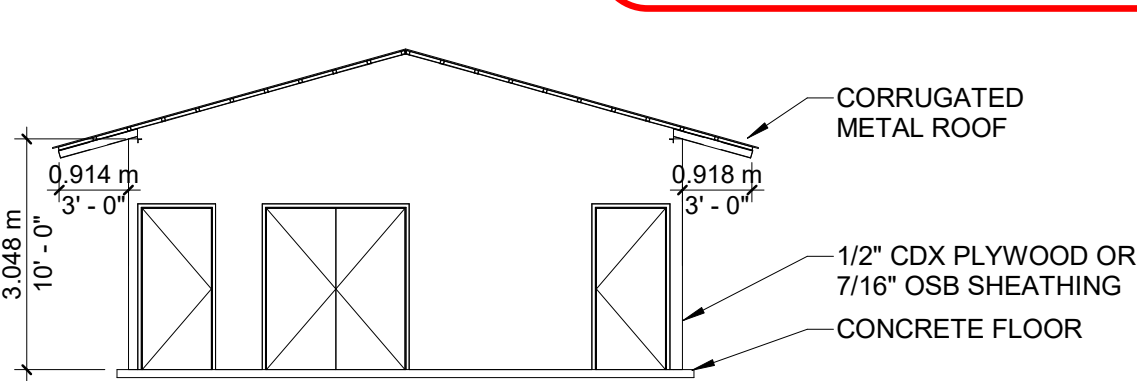
SCALE 1 : 50



2 CONFIRMED WARD

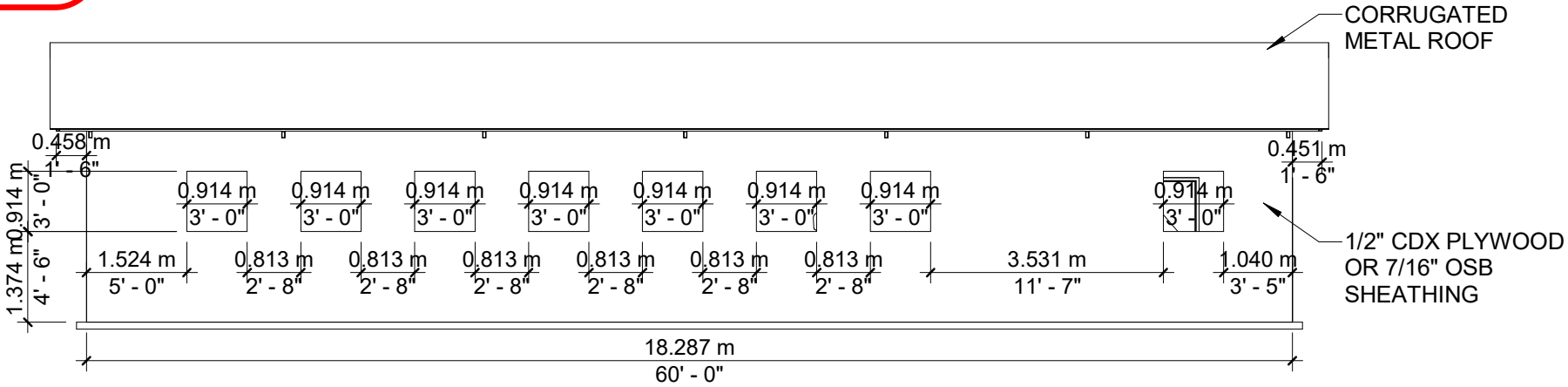
SCALE 1 : 50

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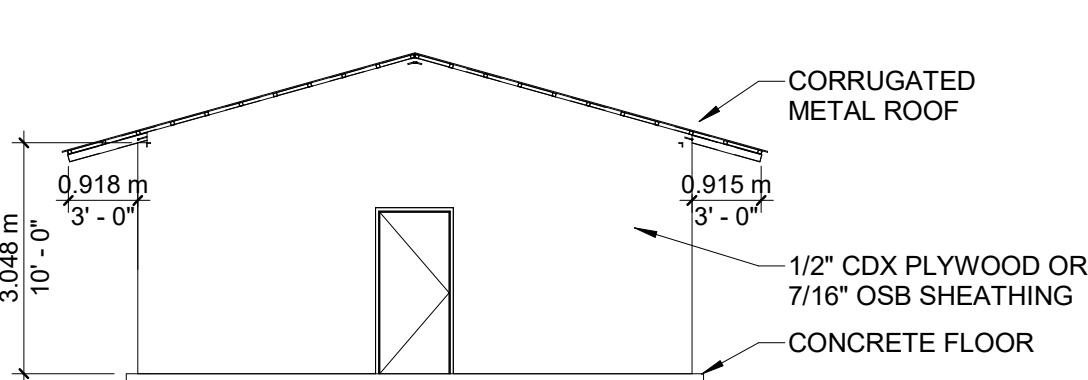
1 CONFIRMED WARD NORTH

SCALE 1 : 100



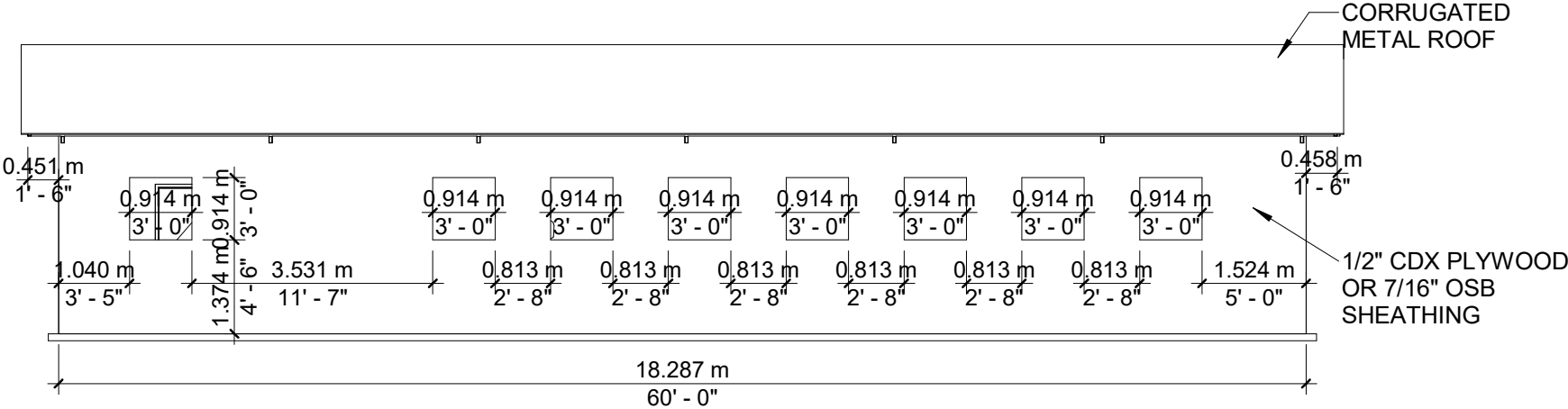
2 CONFIRMED WARD EAST

SCALE 1 : 100



3 CONFIRMED WARD SOUTH

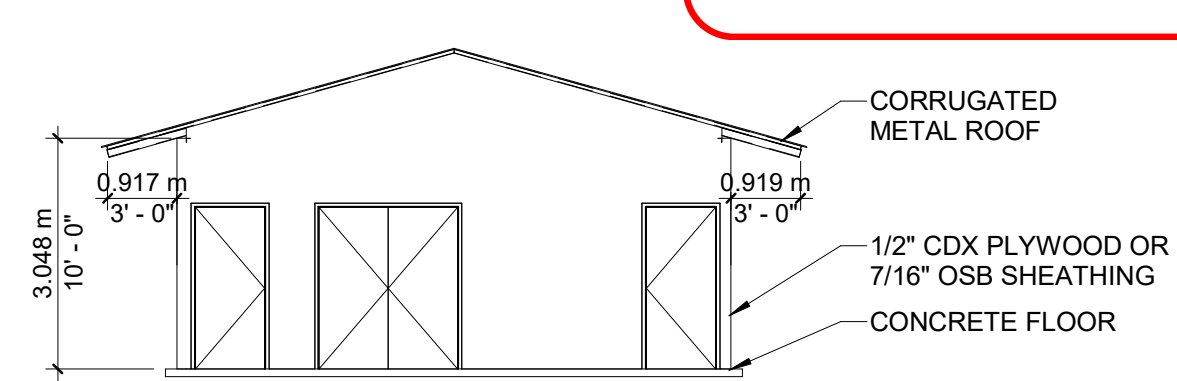
SCALE 1 : 100



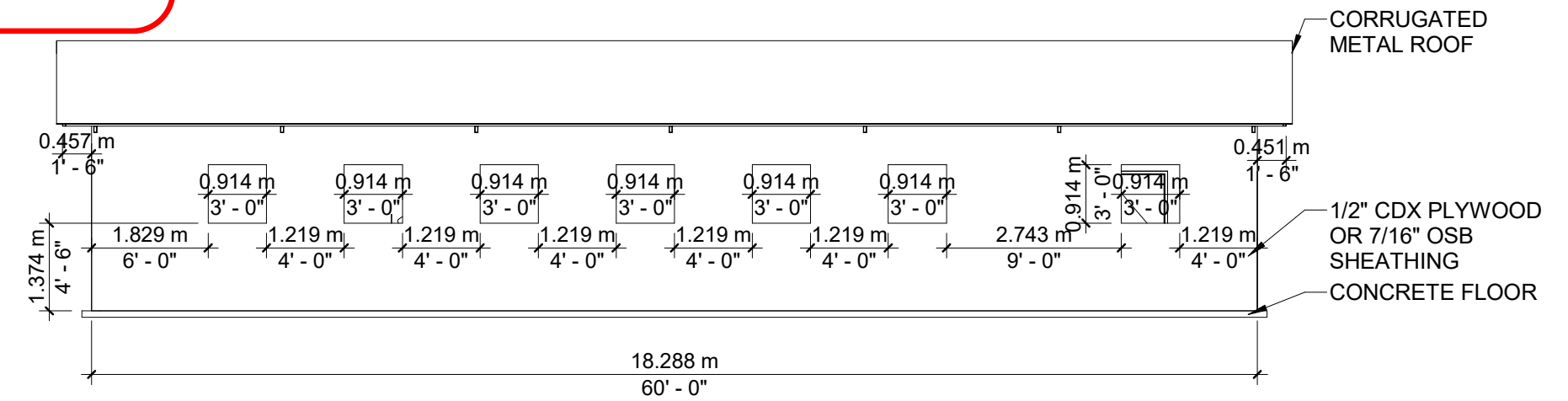
4 CONFIRMED WARD WEST

SCALE 1 : 100

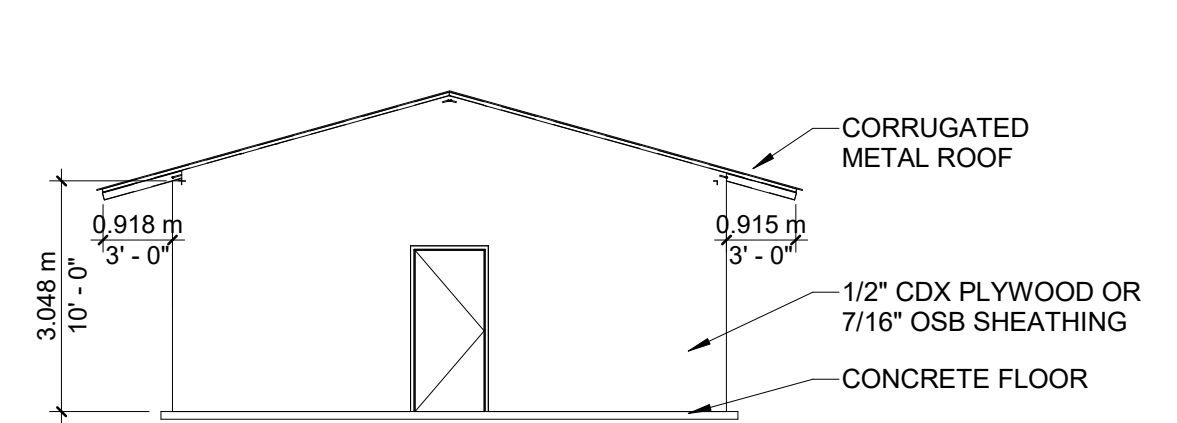
Draft- For Review



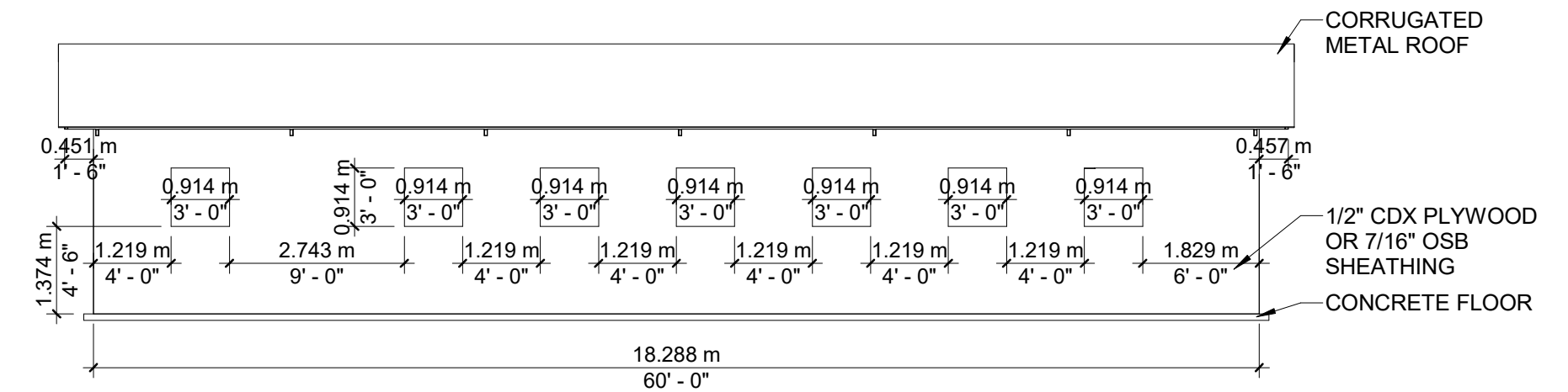
1 PRESUMPTIVE WARD NORTH
SCALE 1 : 100



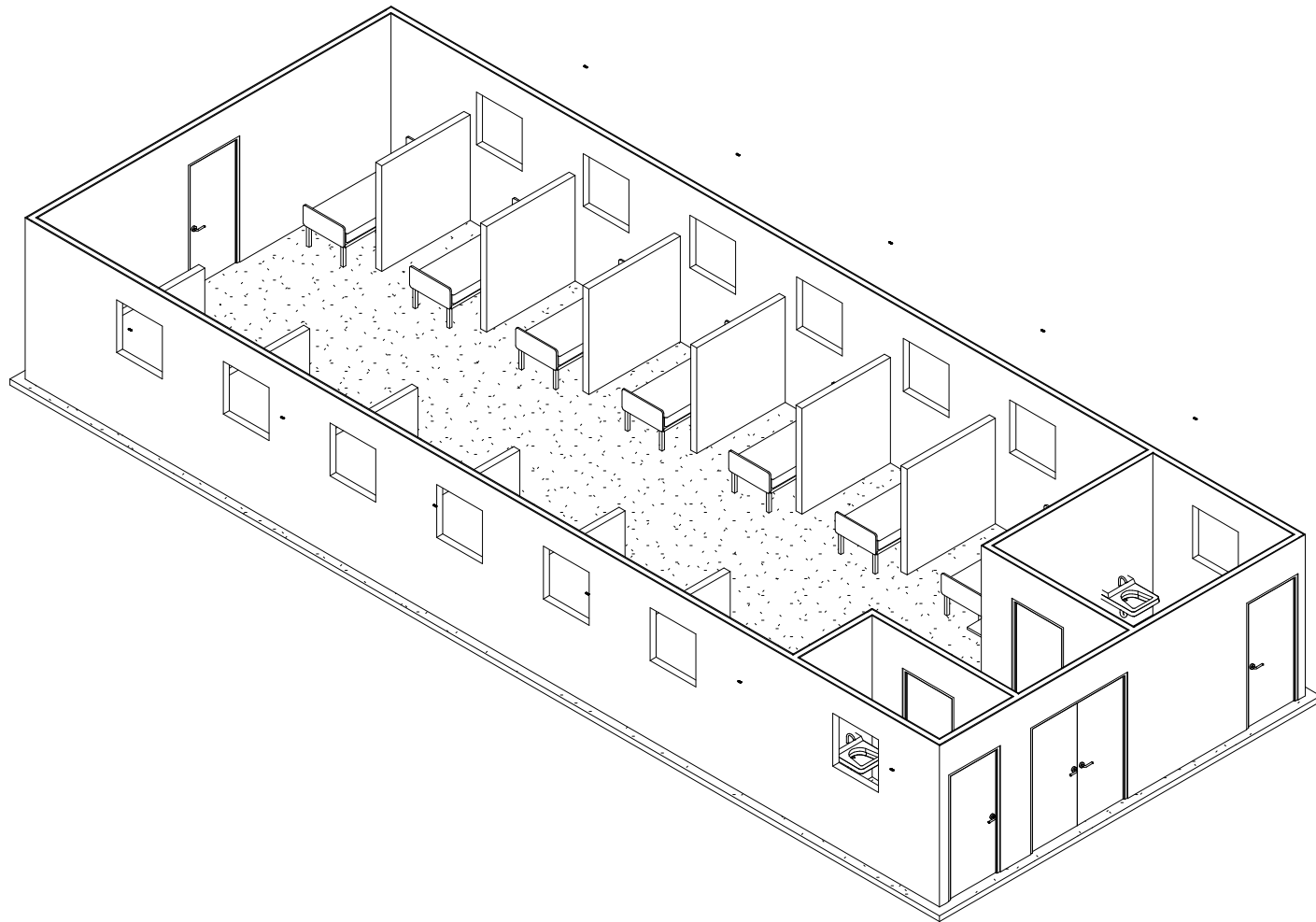
2 PRESUMPTIVE WARD EAST
SCALE 1 : 100



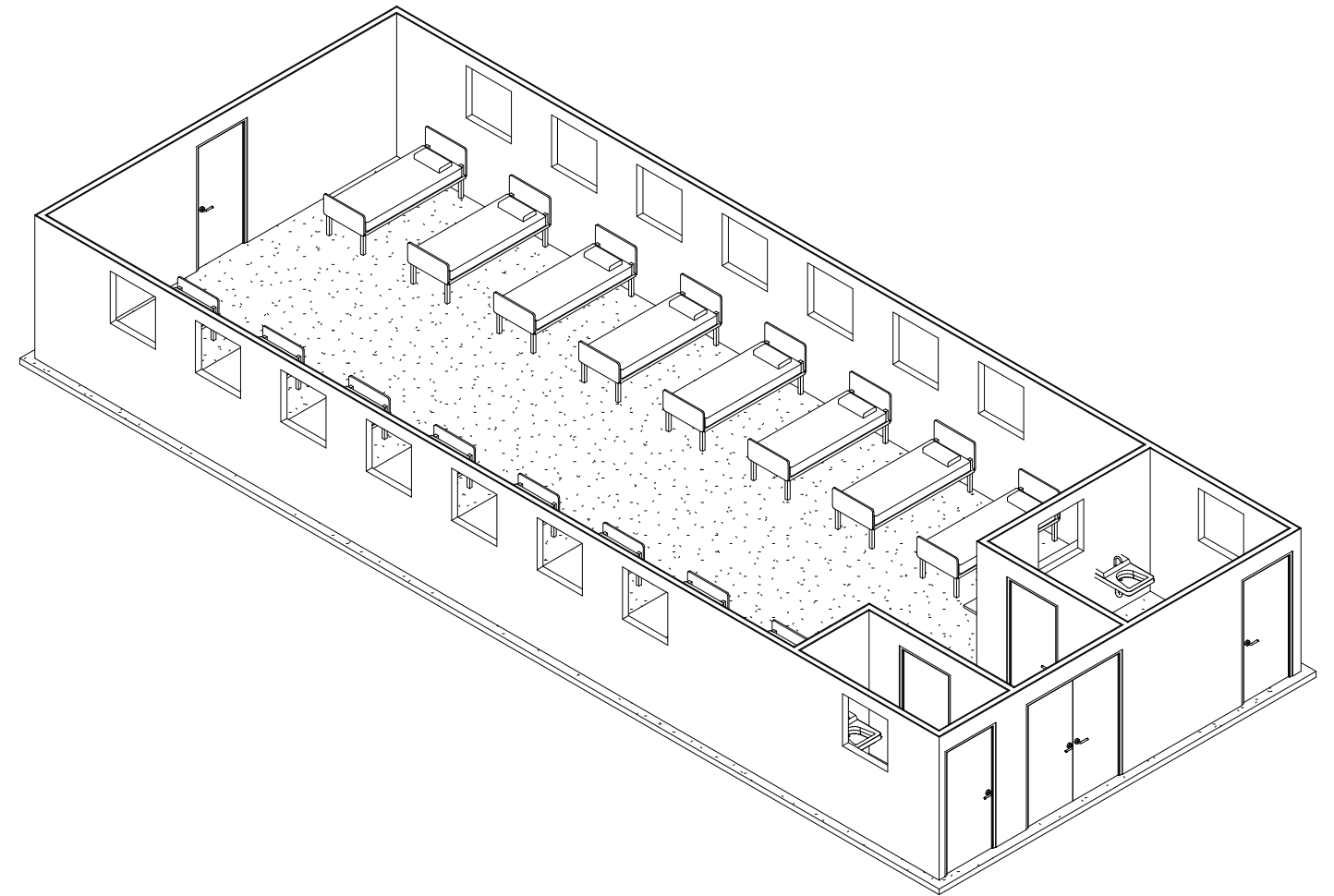
3 PRESUMPTIVE WARD SOUTH
SCALE 1 : 100



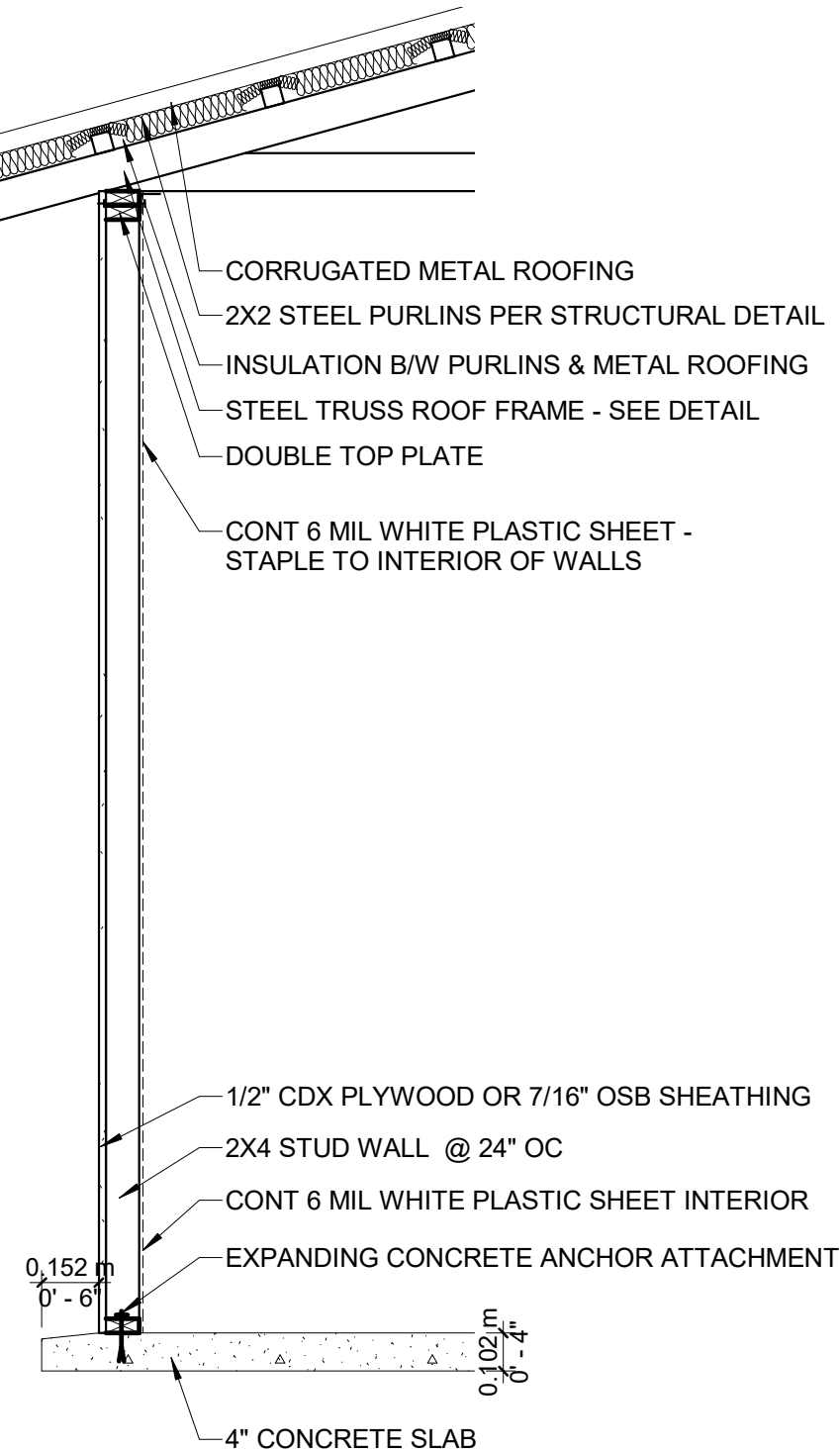
4 PRESUMPTIVE WARD WEST
SCALE 1 : 100



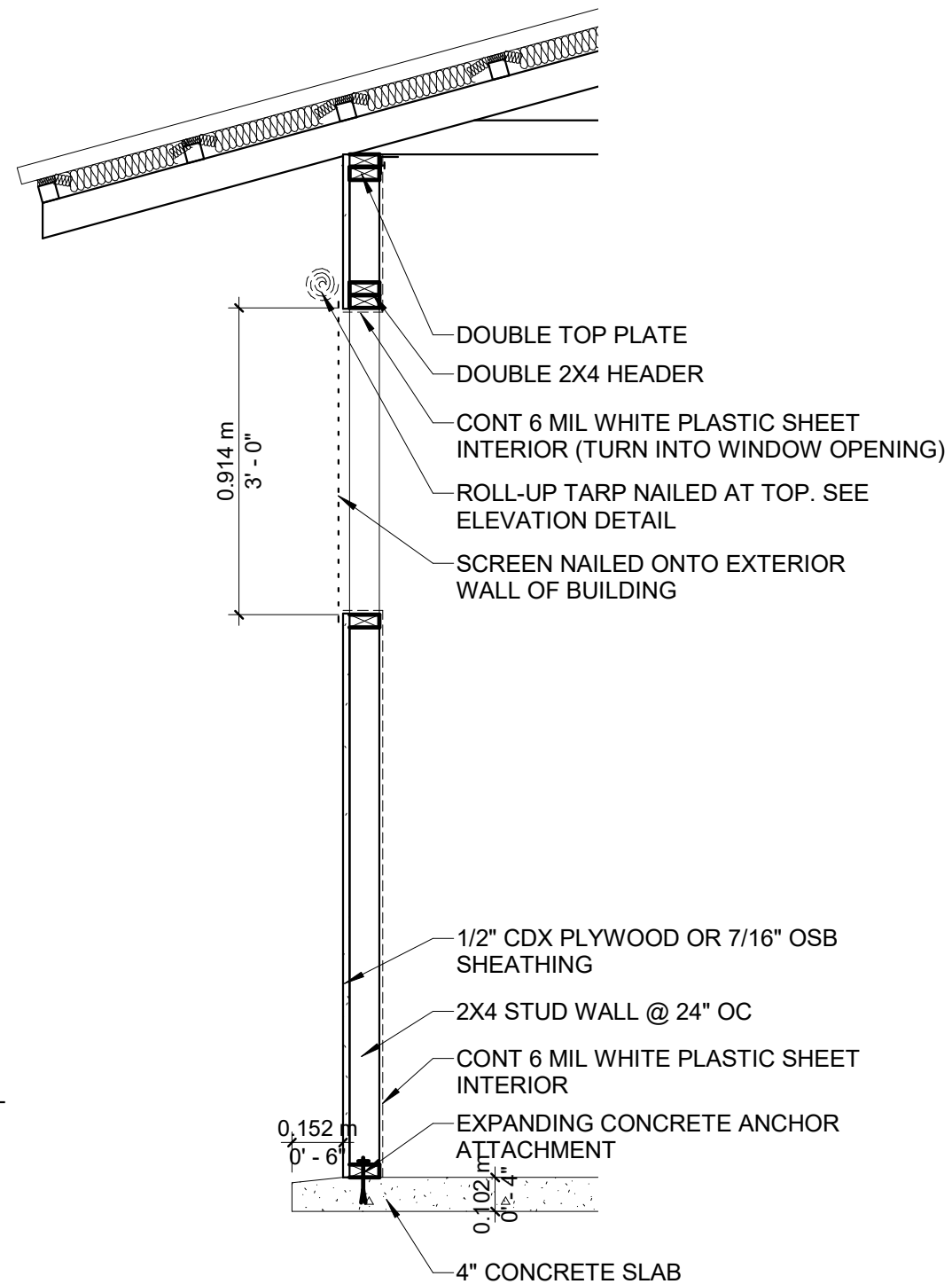
1 3D AXON PRESUMPTIVE WARD
SCALE



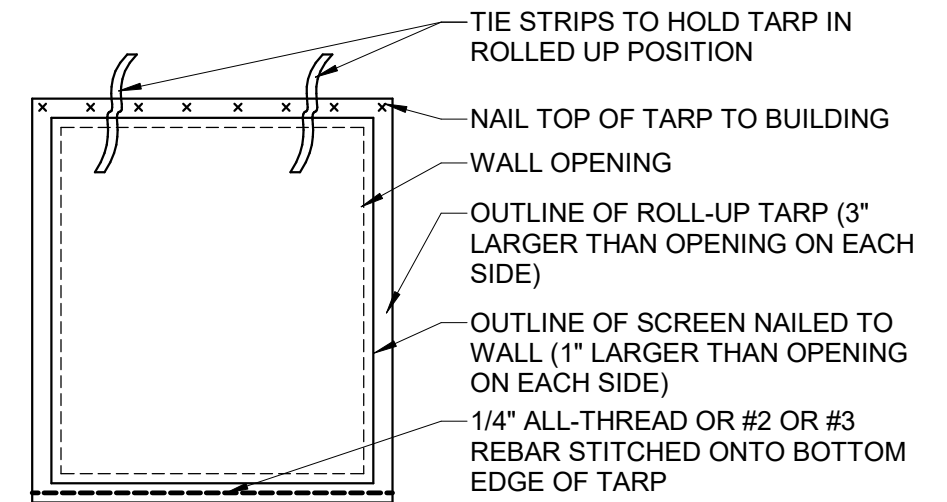
2 3D AXON CONFIRMED WARD
SCALE



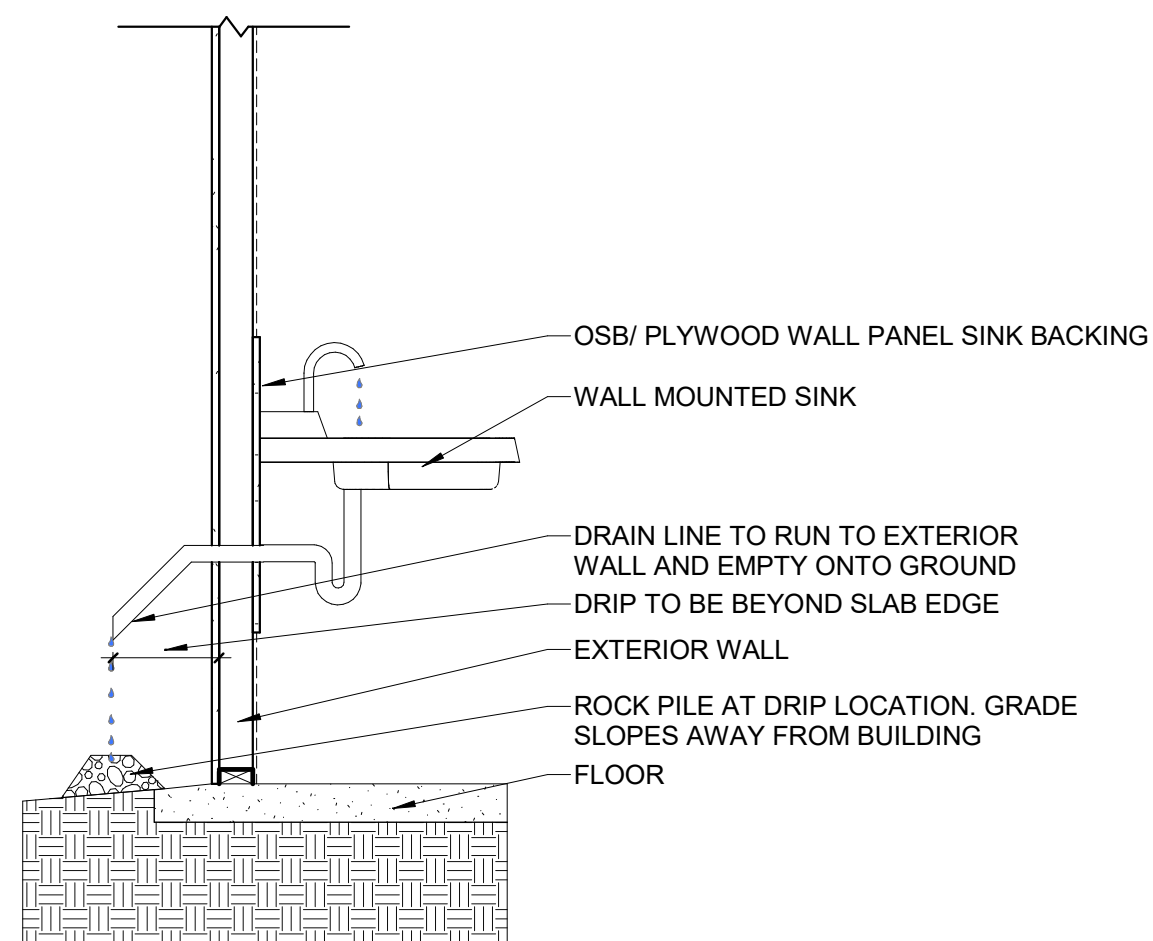
FRAMED PLYWOOD WALLS



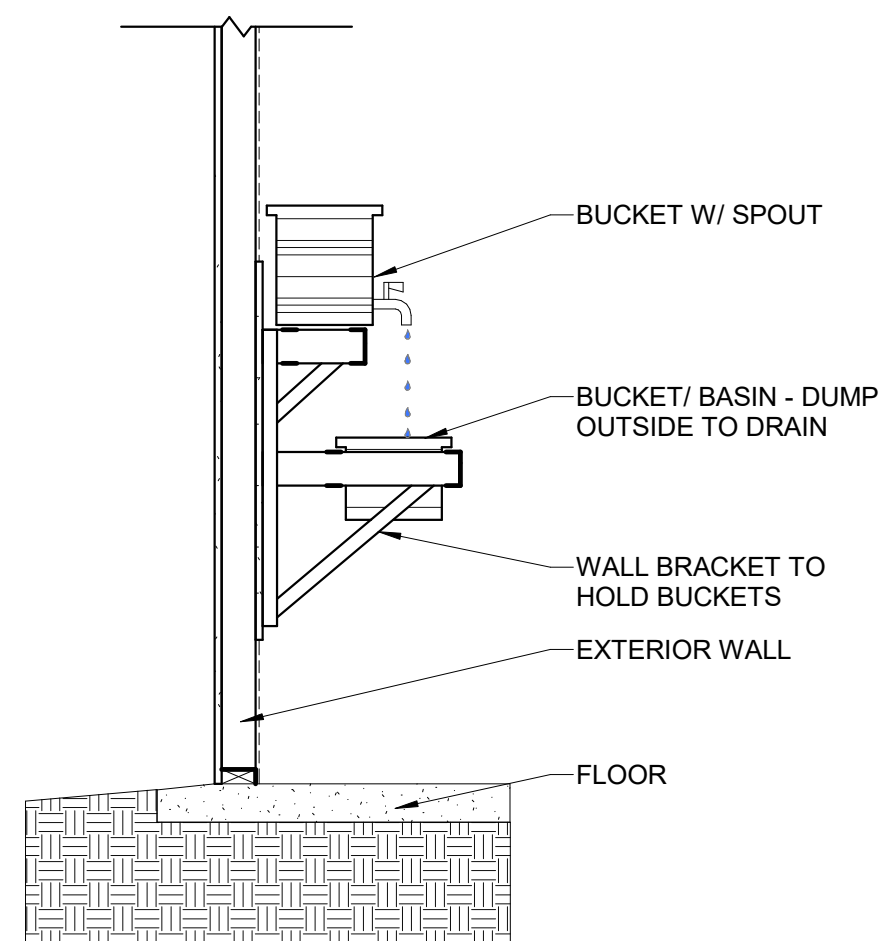
FRAMED PLYWOOD WALLS @ WINDOWS



WINDOW COVERING ELEVATION

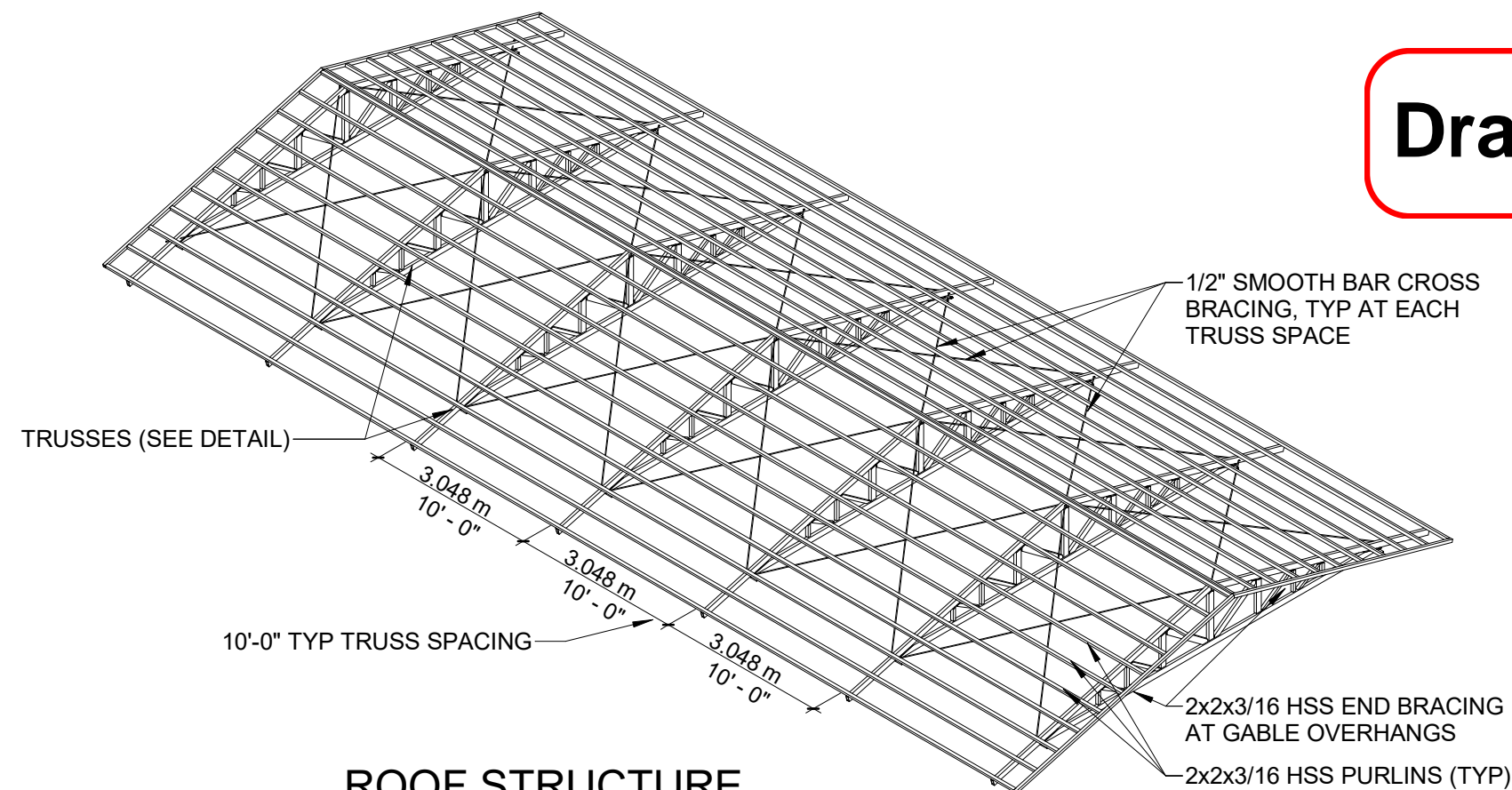


OPTION A: PLUMBED SINK

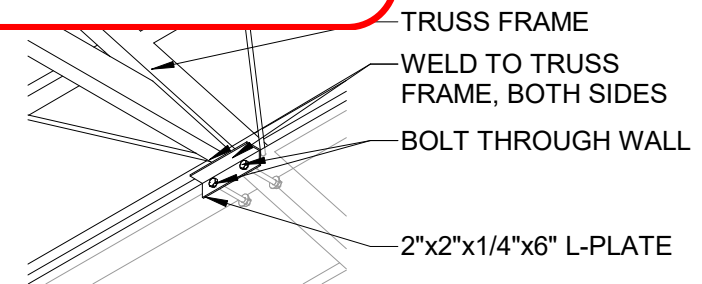


OPTION B: BUCKET SINK

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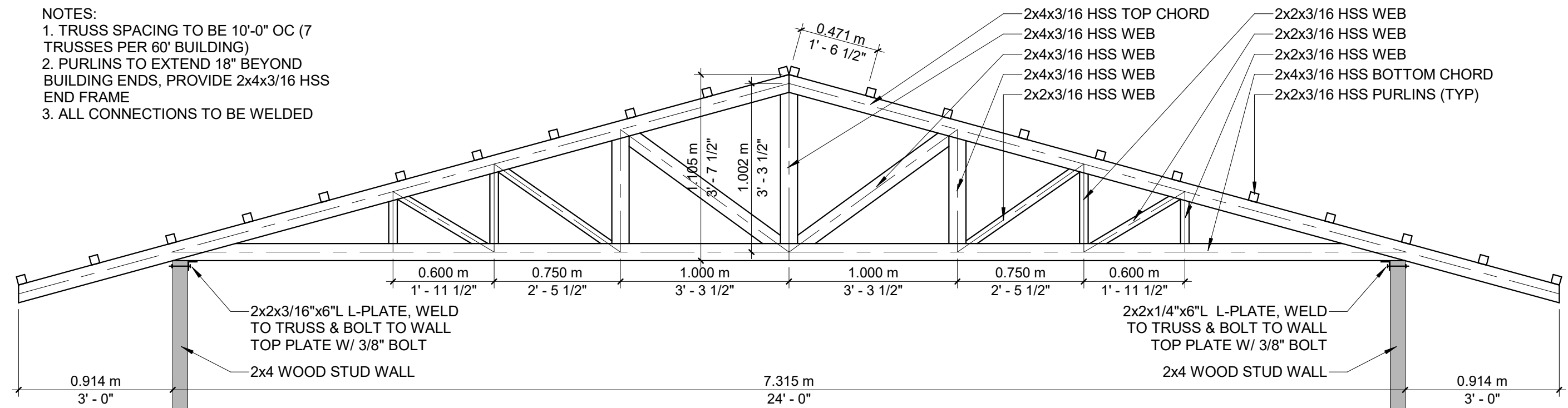
ROOF STRUCTURE



ROOF ATTACHMENT

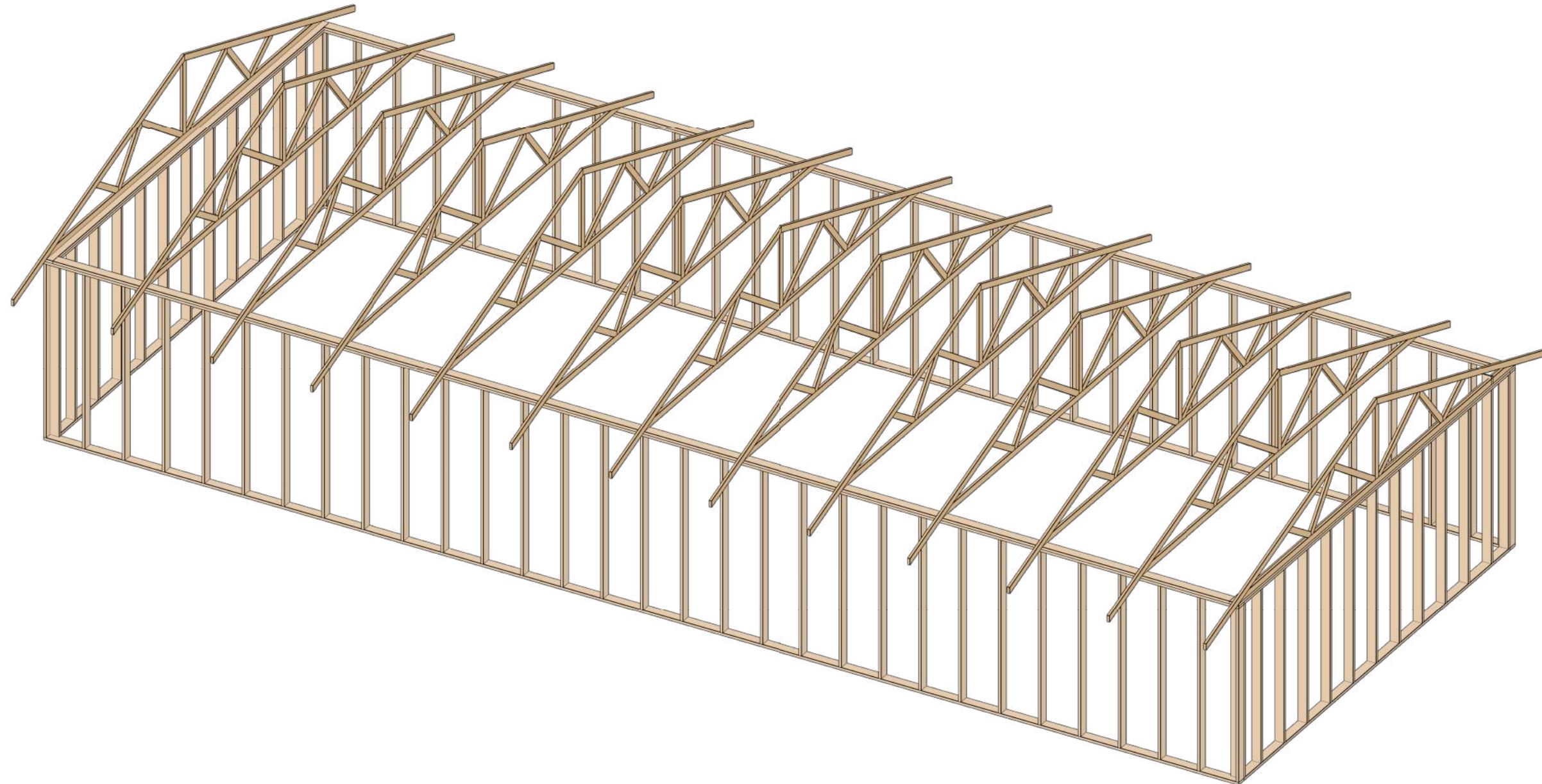
NOTES:

1. TRUSS SPACING TO BE 10'-0" OC (7 TRUSSES PER 60' BUILDING)
2. PURLINS TO EXTEND 18" BEYOND BUILDING ENDS, PROVIDE 2x4x3/16 HSS END FRAME
3. ALL CONNECTIONS TO BE WELDED



STEEL TRUSS

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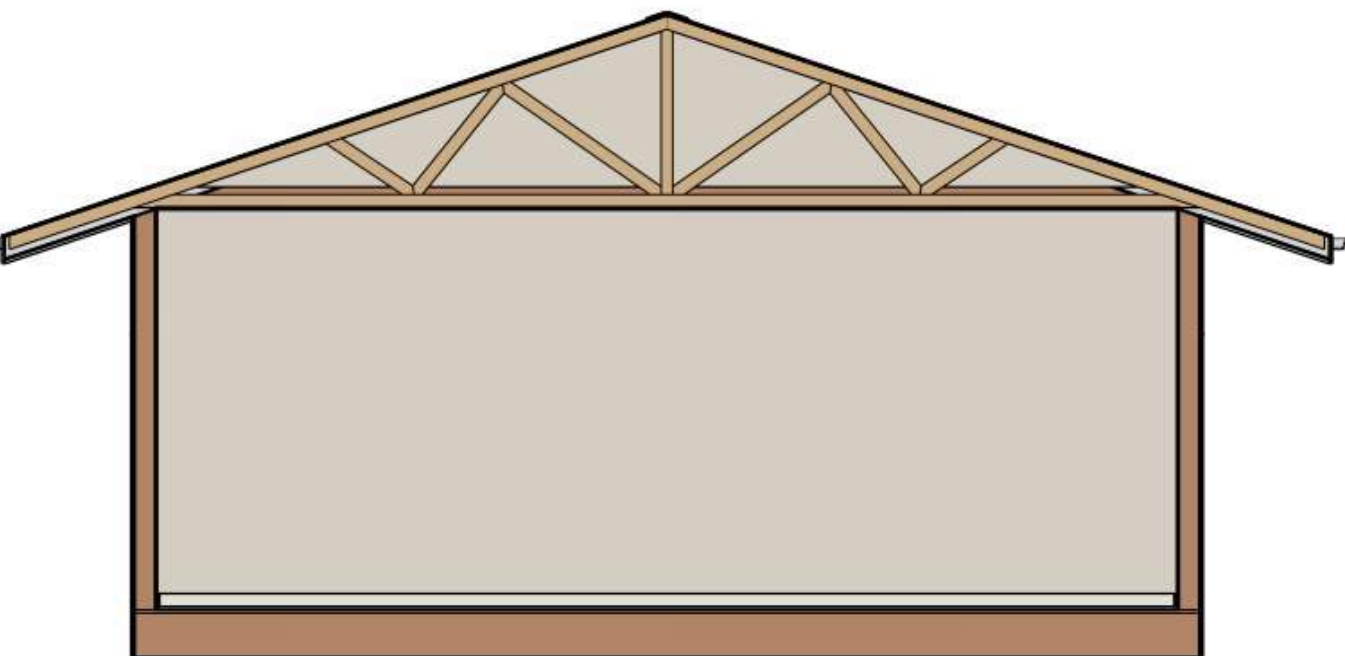


FLOOR PLAN

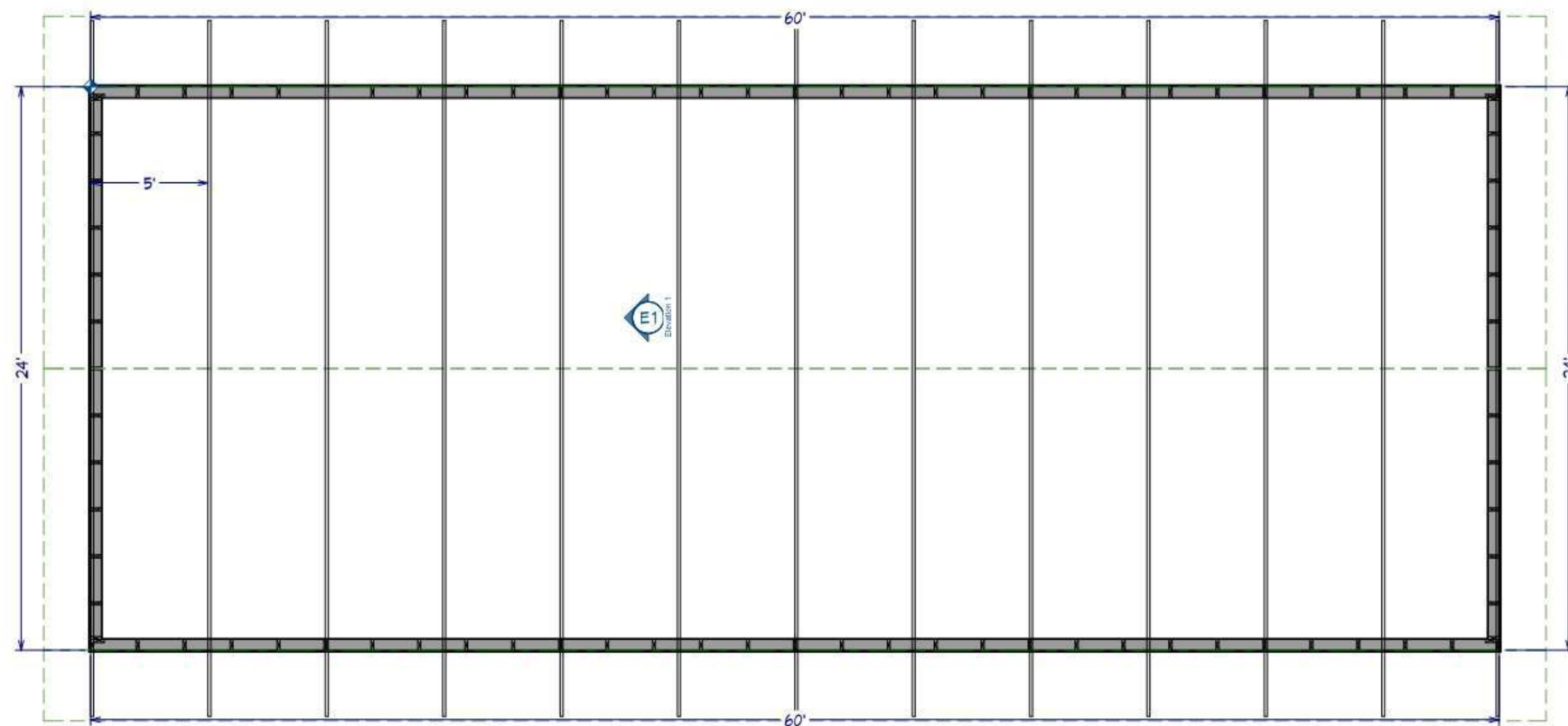
1/2" = 1'

A NAME ELEVATION OR SECTION

1/2" = 1'

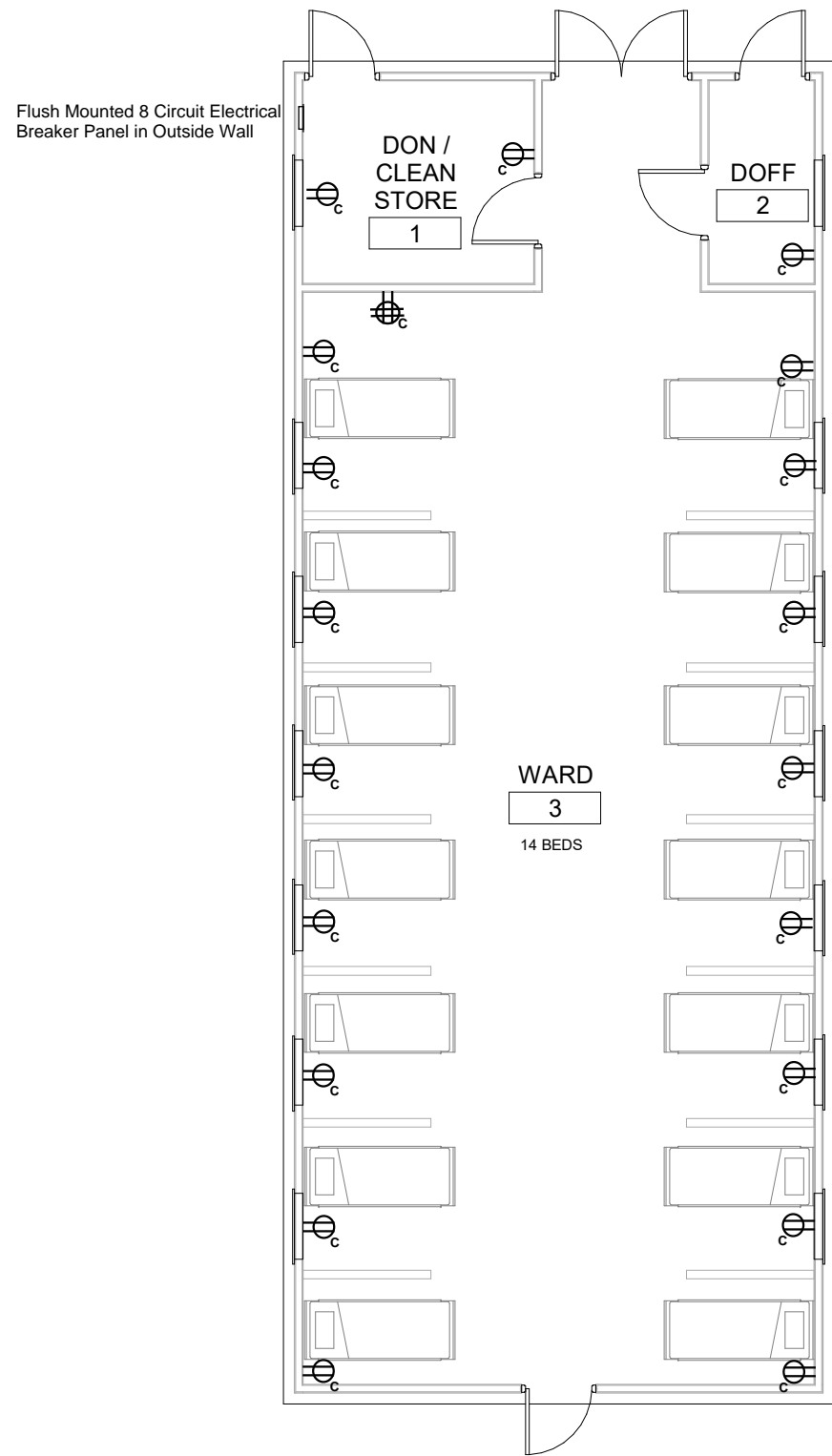


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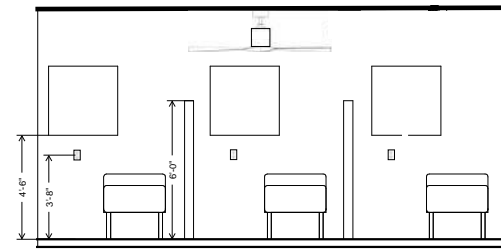


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PENDING STRUCTURAL DESIGN



PRESUMPTIVE WARD TYPICAL POWER PLAN

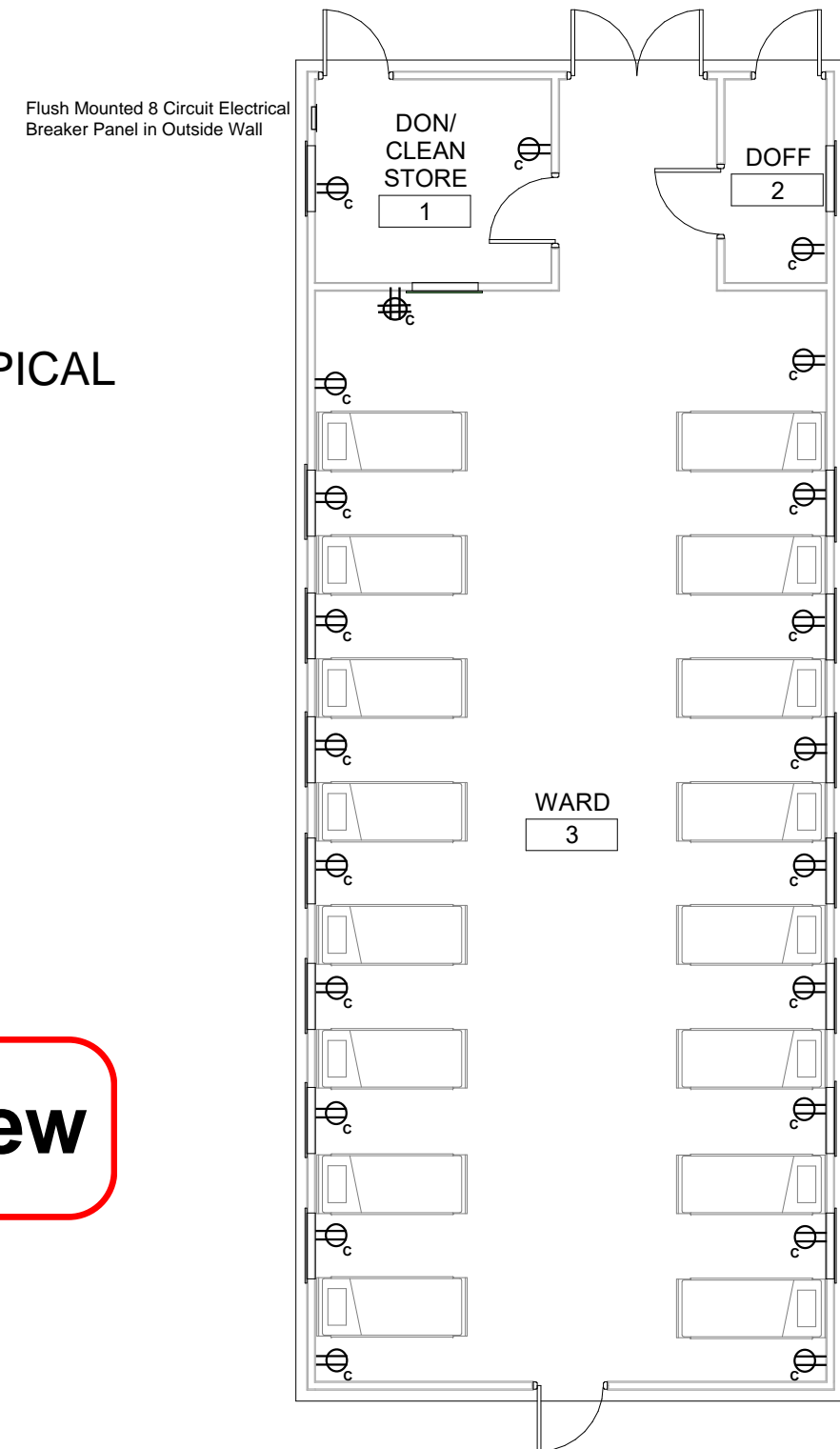


RECEPTACLE LOCATION TYPICAL

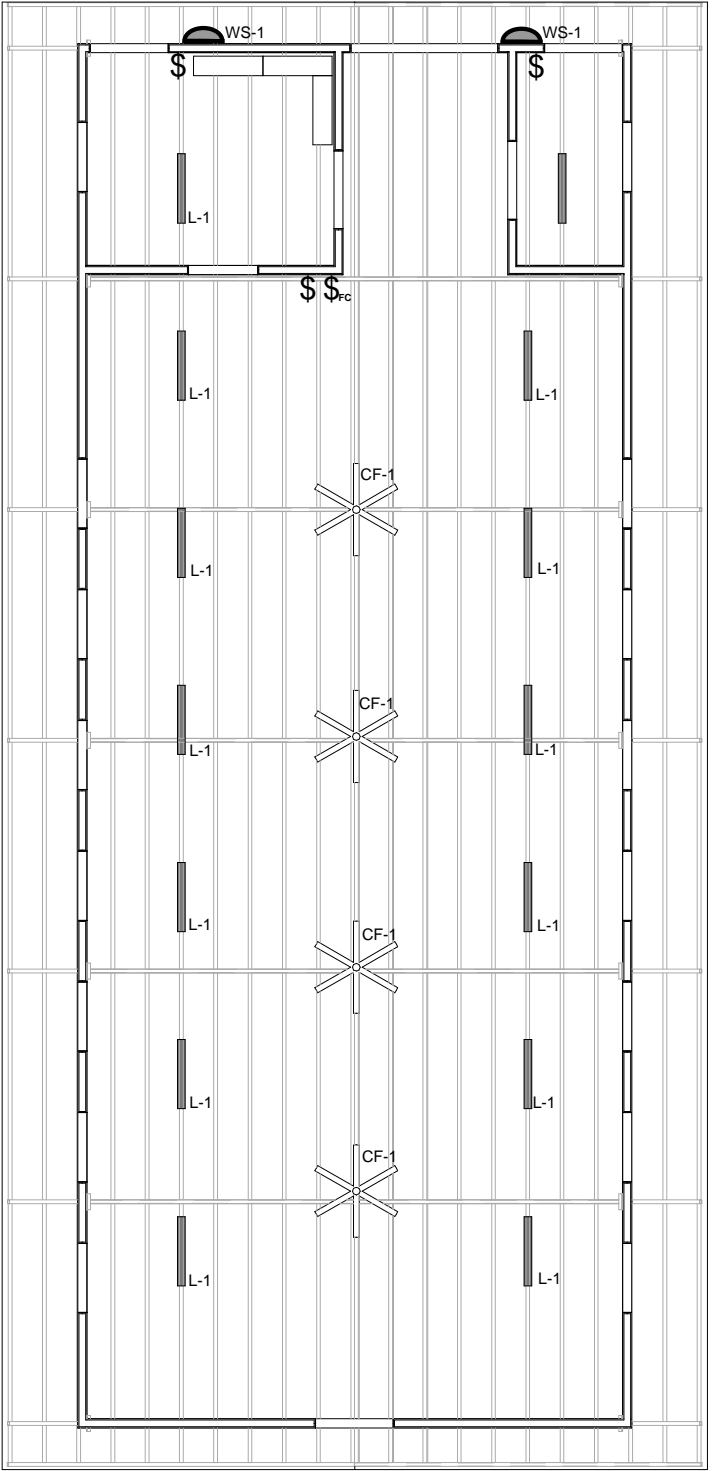
	Receptacle Mounted 1.12m A.F.F.
	Quad Mounted 1.12m A.F.F.
	Light Switch Mounted 1.12m A.F.F.
	Fan Control Mounted 1.12m A.F.F.
	L-1 LED Linear Ceiling Hung Strip Light
	CF-1 56" Variable Speed Ceiling Fan
	WS-1 LED Weatherproof Wall Sconce

LEGEND

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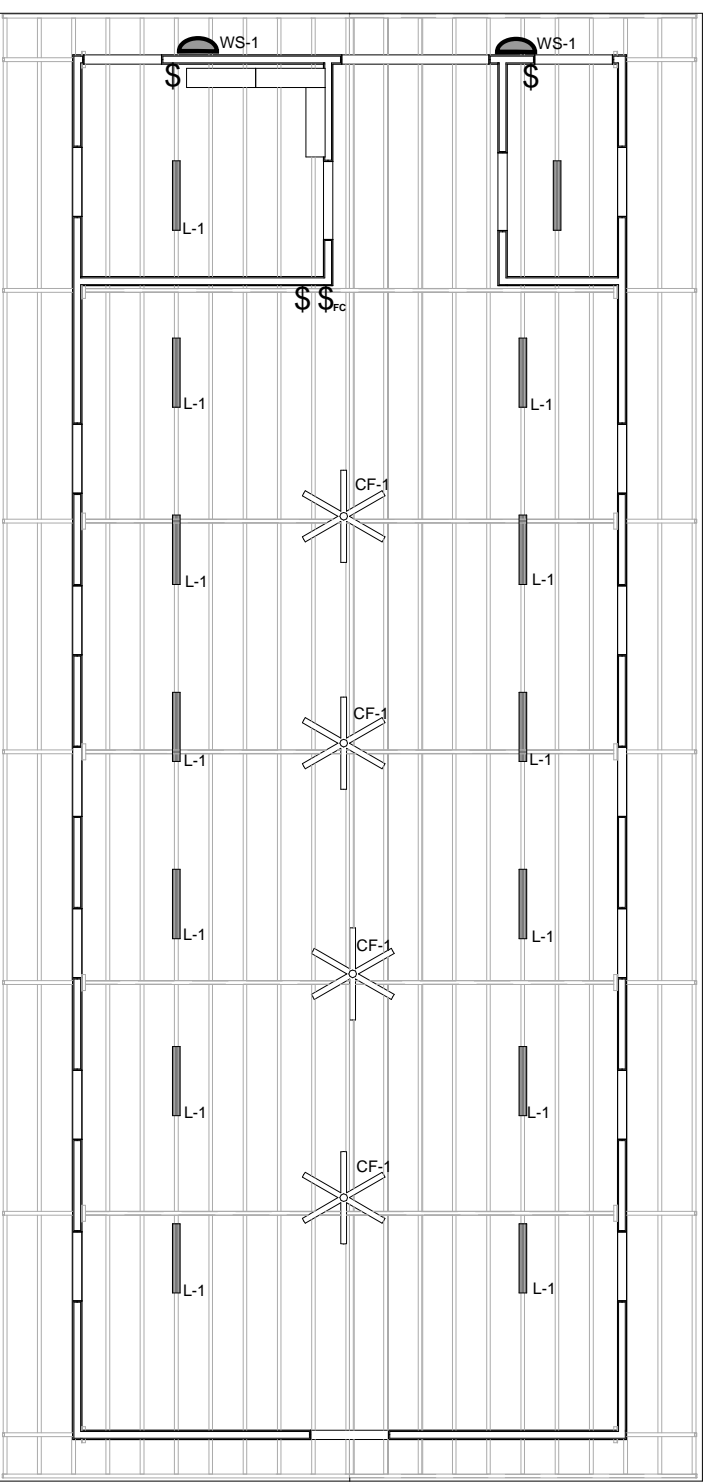
CONFIRMED WARD TYPICAL POWER PLAN



	Receptacle Mounted 1.12m A.F.F.
	Quad Mounted 1.12m A.F.F.
	Light Switch Mounted 1.12m A.F.F.
	Fan Control Mounted 1.12m A.F.F.
	L-1 LED Linear Ceiling Hung Strip Light
	CF-1 56\"/>
	WS-1 LED Weatherproof Wall Sconce

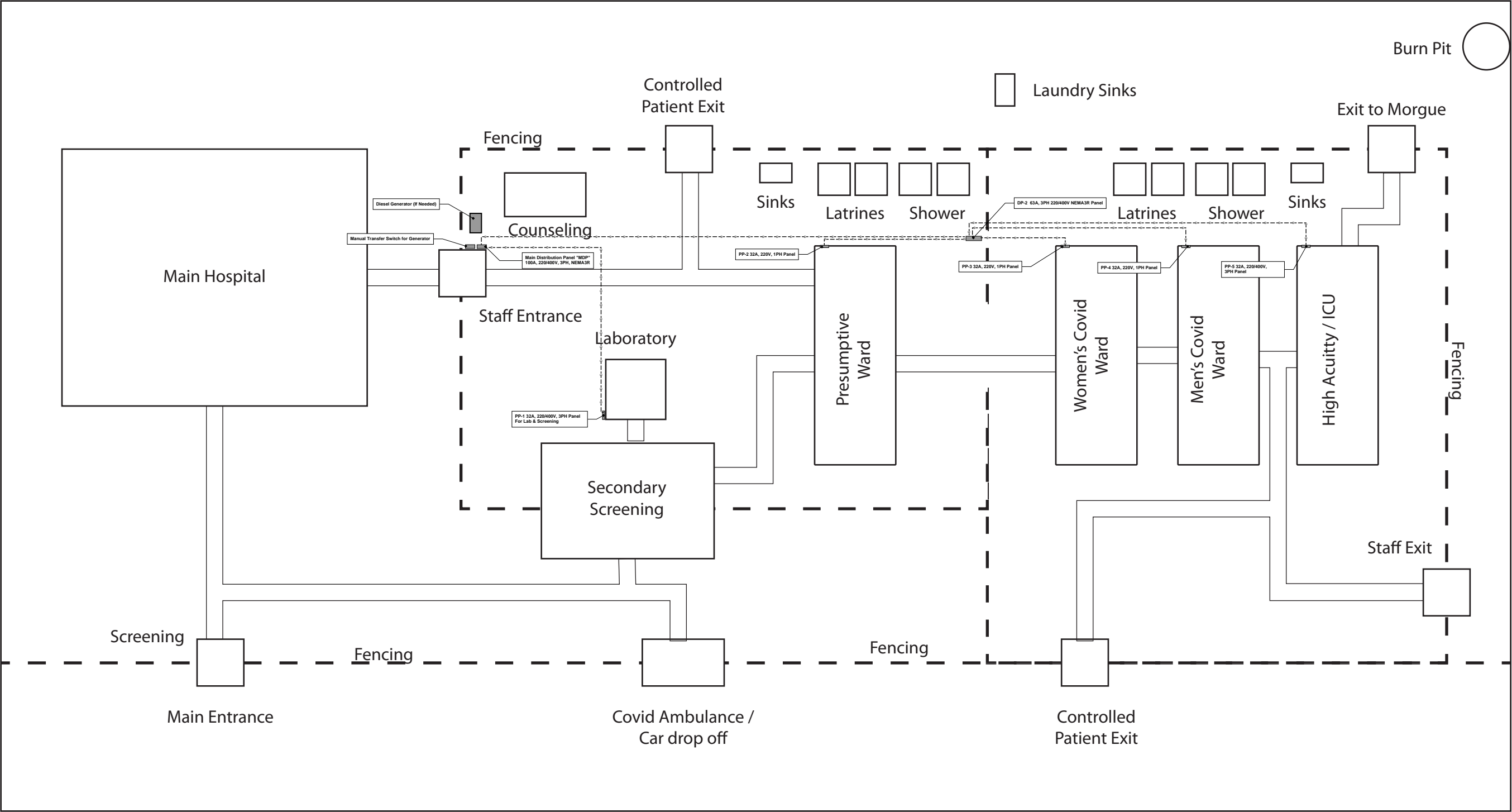
LEGEND

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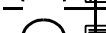






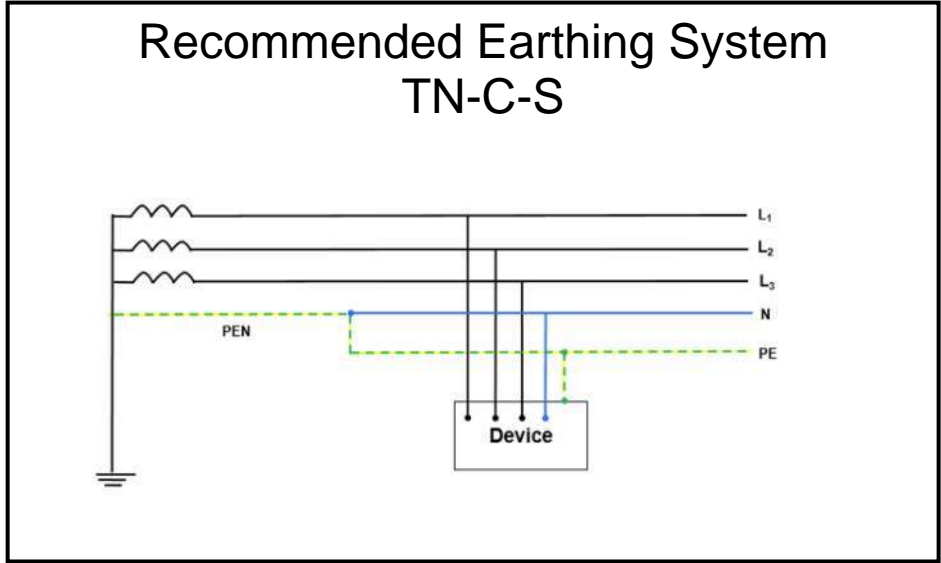
1 CONFIRMED WARD
SCALE 1 : 100

2 PRESUMPTIVE WARD
SCALE 1 : 100



Typical Ward Panel Schedule

	PROJECT: PIH COVID		PANEL		PP-1		
	LOCATION:		Presumptive Ward				
	VOLTAGE:		230 PH: 1		WIRE: 2 KAIC 10		
	MAIN BUS:		62 AMPS		NEUTRAL BUS: 100%		
	MAIN BREAKER:		32 A FRAME		62 A TRIP		
	MOUNTING:		Flush		GROUND BUS: FULL		
	TOTAL VA				FEEDER: COVID MDP		
	DIRECTORY			CKT.	AMPS	L1	Y
		L1	L2				
R	Clean Receptacles Bldg #2	720		1	10/1 RCBO		
R	Bed Receptacles Bldg #1		720	2	10/1 RCBO		
R	Bed Receptacles Bldg #1	720		3	10/1 RCBO		
R	Bed Receptacles Bldg #1		720	4	10/1 RCBO		
R	Bed Receptacles Bldg #1	720		5	10/1 RCBO		
R	Bed Receptacles Bldg #1		720	6	10/1		
L	Lights & Fans Bldg #1	916		7	10/1		
L	Spare		0	8	6/1		
E	Spare	0		9	10/1		
E	Spare		0	10	12/1		
SUBTOTAL		3,076	2,160				
	<div>RCPT: 1ST 10KVA @ 100% = 4,320 VA</div> <div>Remaining KVA @ 50% = 0 VA</div> <div>LIGHTING: KVA @ 100% = 916 VA</div> <div>EQUIP.: KVA @ 100% = 0</div> <div>TOTAL DEMAND = 5,236 VA</div> <div>TOTAL AMPS 23.8 AMPS</div>						



ELECTRICAL INSTALLATION GENERAL NOTES

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