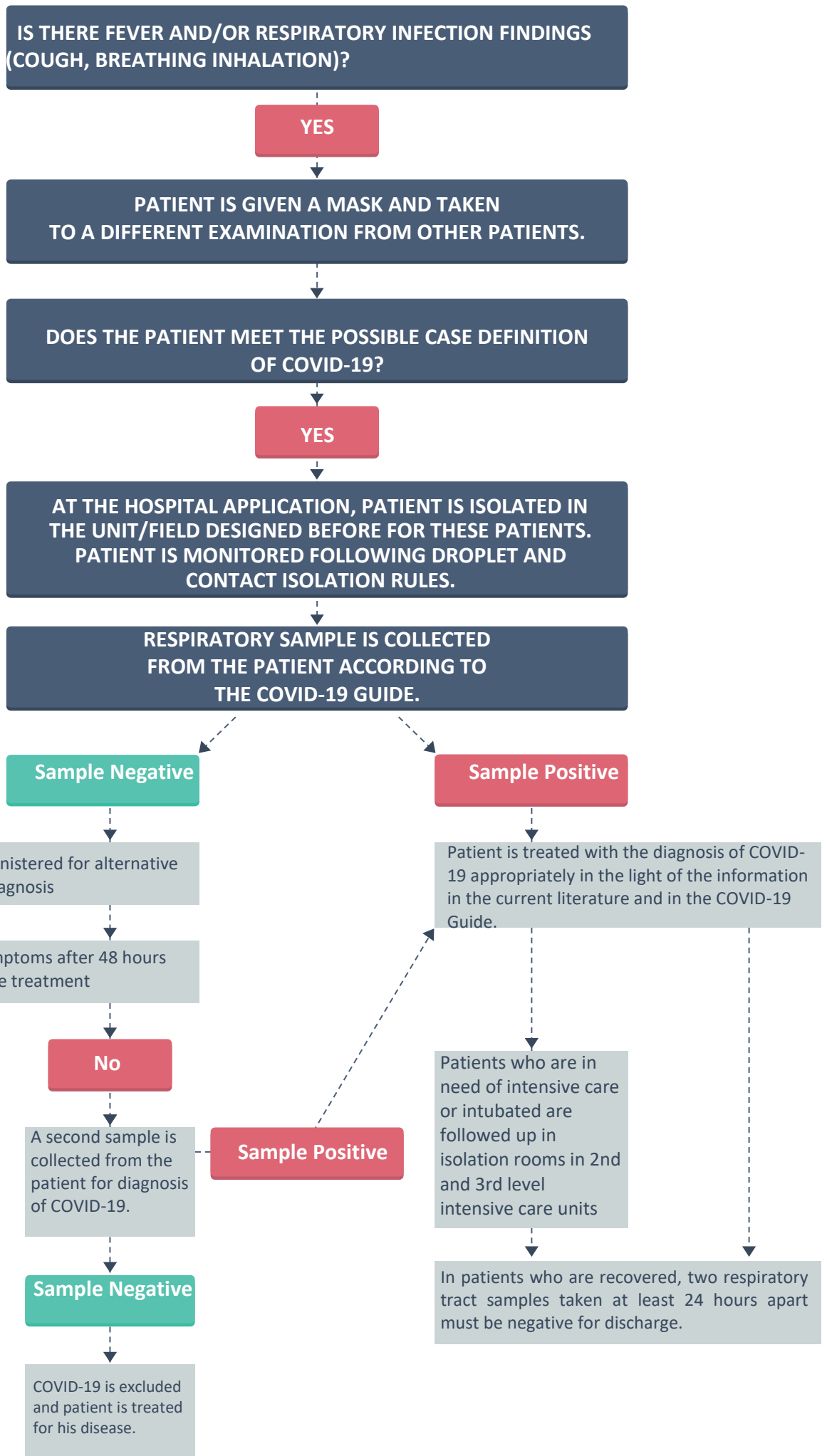


CASE MANAGEMENT FLOW CHART. AT SECONDARY AND
TERTIARY HEALTH SERVICE



COVID-19

Patient Monitoring at Home



T.C. SAĞLIK BAKANLIĞI

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Ascertained COVID-19 cases under 50, considered to be unnecessary for hospitalization, with mild clinic and without risk factors that may cause severe COVID-19 (hypertension, diabetes, chronic lung disease, chronic heart disease, chronic kidney failure or immune deficiency etc.) symptoms are followed at home until symptoms improve with appropriate treatment administered, if necessary. However, if the patient has a social indication (home conditions, the presence of individuals living at home > 65 years and/or risk factors that may cause COVID-19 to get severe), he/she can be followed up in the hospital by the decision of the physician. Patients who are hospitalized and meet the criteria for discharge can also complete their recovery period at home. Patient is sent home by giving medications and a sufficient number of masks.

Azithromycin should not be given to patients to be monitored at home due to its possible cardiotoxicity in combination with hydroxychloroquine.

1. Patients who are monitored at home should be followed up by the family physician until they recover. Medical information of the patient should be shared with the family physician, and his/her health status is evaluated by asking for symptoms for 14 days every other day over the phone.
2. After explaining what to do during the monitoring period at home and the criminal liability, a consent form containing this information is signed.
3. The patient should spend the follow-up period at home.
4. No visitors should be accepted to the house.
5. Patient must wear a medical mask whenever he/she has to share the same environment with other person(s).
6. In order to prevent the risk of transmission to the household, the patient(s) with follow-up at home should stay in a different room than other people, if possible, otherwise in a well-ventilated room, at least 1 meter away from others and wear a medical mask. The mask should be replaced with a new one in case of moisture. In particular, individuals > 65 years and/or with a risk factor that can cause severe COVID-19 living at home should not be in the same home if possible or contact risk should be minimized.
7. The patient's movement within the home should be as limited as possible.
8. The patient should use a separate toilet and bath, if any.

9. If shared toilet and bathroom are used, these areas should be well ventilated. Bathrooms and toilets should be cleaned at least once a day with bleach (1: 100 normal dilution) (Sodium hypochlorite Cas No: 7681-52-9).
10. The patient and his relatives should be trained on respiratory hygiene (During coughing or sneezing, they should close their mouth with a napkin (preferably paper napkins), used napkins should be placed in a nylon bag, bag should be closed and placed in a second nylon bag, hands should be washed frequently).
11. The patient should not share his personal belongings with others, or use household items such as cups, plates and towels; these items should be washed with soap and water if they are to be used. Textile products such as clothes, towels, sheets used by the case should be washed with laundry detergent at 60-90°C.
12. Gloves and a medical mask should be worn during the cleaning of the patient's room. All surfaces should be cleaned with 1:100 normal dilution of bleach (Sodium hypochlorite Cas No: 7681-52-9) in case of contamination with respiratory secretions or body extracts and with 1:10 normal dilution of bleach in case of significant contamination . *[Bleach preparation rates (10%): Preparing 1/10 bleach: 1 unit of bleach + 9 units of water (releases 5000-6000 ppm chlorine) Preparing 1/100 bleach: 1 unit of bleach + 99 units of water (releases 500-600 ppm chlorine)]*
13. All residents should follow their own health status and contact the health institution in case of any symptoms.
14. When the general condition of the patient deteriorates, call 112 emergency hotline and inform the health institution about the patient's condition.
15. If the patient is required to be transported, it should be ensured that they wear medical masks during the transport.

Respiratory Distress or Tachypnea or SPO₂ <93% or Tachycardia

YES

NO

Hospitalization to the Designated Service*

YES

Comorbidity or Age>50

NO

Whole Blood, CRP + PA Lung graph or CT**

Severe pneumonia findings

Normal or mild pneumonia findings

Hospitalization to the Designated Service*

Test (PCR)

Home isolation and Follow-up until Conclusion

Test result

Negative

Positive

Disease Findings

Start Hydroxychloroquine₃ and follow-up according to home-treatment rules.

Improved

Progressed

Isolated home follow-up up to 7 days from the onset of the symptom.

Re-evaluated for hospitalization and retest by calling to the hospital.

Empirical Treatment: Oseltamivir¹ + Hydroxychloroquine² ± Antibiotic

Test (PCR)

Negative

Positive

Stop Empirical Treatment Consider Alternative Diagnosis

PCR again 24 hours later

Negative

Positive

Continue COVID Treatment



Service*

Patients with the criteria of admission to the ICU are hospitalized in the intensive care unit.

CT** ⚠️

Fever + cough - Lung graph natural: Non-contrast low-dose CT

Fever + cough - Lung graph diagnostic/not diagnostic: Non-contrast low dose CT Fever + cough + comorbidity or Age > 50 + non-diagnostic lung graph:

Non-contrast full dose CT, contrast-enhanced CT if there is an indication for another disease

⚠️ CT should be avoided in young women under 20.

⚠️ To prevent cross contamination, the CT device must be properly cleaned after each patient.

1 Can be interrupted in patients with influenza test negative

2 People who have a history of cardiac arrhythmia or who use drugs that extend the QT distance need to have ECG before starting hydroxychloroquine.

3 In children, chloroquine is used only in severe cases



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GUIDE ON POSSIBLE COVID-19 CASE INQUIRY FOR OUTPATIENTS

Triage is performed by a healthcare professional dressed in accordance with the COVID-19 Case Algorithm (**gown, medical mask, face shield, or goggles**).

- Do you have a fever or a history of fever? Yes No
- Do you have a cough? Yes No
- Do you have difficulty in breathing or respiratory distress? Yes No



If the answer to any of the above questions is **YES**, the **PATIENT WEARS A MASK** and is referred to the area dedicated to **COVID-19**.

- If the answer to all of the above questions is **NO**, the patient is asked the following questions.
- Have you been abroad in the past 14 days? Yes No
 - Has a family member come from abroad in the last 14 days? Yes No
 - Has any of your relatives been hospitalized for respiratory disease in the past 14 days? Yes No
 - Has any of your relatives been diagnosed with COVID-19 disease in the past 14 days? Yes No



If the answer to any of the questions above is **YES**, the **PATIENT WEARS A MASK** because of the risk of **COVID-19** and referred to the area dedicated to **COVID-19**.

If the answer to all of the above questions is **NO**, patient is considered to be at **low risk** for COVID-19 and referred to the relevant department for consideration in line with his complaint.

PROTECTIVE EQUIPMENT RECOMMENDED FOR USE BY HEALTH ORGANIZATION, STAFF AND TYPE OF ACTIVITY AGAINST COVID-19 DISEASE

Location	Target Staff/Patient	Activity	Personal Protective Equipment/Type of Process
TREATMENT INSTITUTIONS WITH BEDS			
Patient Room	Healthcare Staff	Giving direct care for the patient	Medical mask (Surgical mask) Gown Gloves Glasses/Face Guard
		Droplet core: processes forming aerosol	N95 or FFP2 or equivalent mask Gloves Glasses/Face Guard Gown
	Cleaning staff	While entering patient room	Medical mask Gown Gloves Glasses/Face guard (if there is a risk of organic material or chemical splash)
	Visitors ^a	While entering patient room	Medical mask Gown Gloves
All other areas with patient passage (clinics, corridors etc.)	All staff, including medical staff	All activities that will not cause contact the patient	No need for personal protective equipment.
Triage	Healthcare staff	Preliminary assessment without direct contact with the patient ^c	must be performed from a distance of 1 meter at minimum. No need for personal protective equipment. (If 1 meter distance cannot be maintained, a medical mask must be worn)
		Patients with respiratory symptoms	In any case From a distance of 1 meter at minimum Medical mask must be provided if the patient can tolerate
		Patients without respiratory symptoms	In any case No need for personal protective equipment.
Laboratory	Laboratory technician	While working on respiratory samples	Medical mask Gown Gloves Glasses/Face guard (in case of splash risk)
Office spaces	All staff, including medical staff	All administrative tasks that do not require contact with patients	No need for personal protective equipment.

^a In addition to proper PPE use, frequent hand hygiene and respiratory hygiene must always be practised. PPE must be thrown into the medical waste box after use, and hand hygiene must be applied before and after use of PPE.

^b No visitor is allowed. If they have to enter the COVID-19 patient room in mandatory cases, they should be informed and supervised by a healthcare professional about their wearing and removal of the PPE and hand hygiene before and after PPE use.

^c This category includes using no touch thermometers, thermal imaging cameras, and limited observation and questioning while maintaining a distance of 1 meter at minimum.

PROTECTIVE EQUIPMENT RECOMMENDED FOR USE BY HEALTH ORGANIZATION, STAFF AND TYPE OF ACTIVITY AGAINST COVID-19 DISEASE

Location	Target Staff/Patient	Activity	Personal Protective Equipment/Type of Process
OUTPATIENT TREATMENT INSTITUTIONS			
Polyclinic	Healthcare staff	During the examination of the patient with respiratory symptoms	Medical mask Gown Gloves Glasses/Face Guard
	Healthcare staff	During the examination of the patient without respiratory symptoms	Standard measures and PPE according to risk assessment
	Patients with respiratory symptoms	In any case	Medical mask must be provided if the patient can tolerate
	Patients without respiratory symptoms	In any case	PPE is not required.
	Cleaning staff	In cleaning of rooms where patients with respiratory symptoms are examined	Medical mask Gown Work gloves Glasses/Face guard (if there is a risk of organic material or chemical splash) Boots or closed work shoes
Waiting lounge	Patients with respiratory symptoms	In any case	The patient must wear a medical mask. The patient must be taken to the isolation room or a separate area from other people as soon as possible. If it is not possible, patient must be kept at a distance of 1 meter at minimum from other patients.
	Patients without respiratory symptoms	In any case	PPE is not required.
Administrative offices	All staff, including medical staff	Administrative duties	PPE is not required.
Triage	Healthcare staff	Preliminary assessment without direct contact with the patient	At least 1 meter distance from the patient. PPE is not required. (If 1 meter distance cannot be maintained, a medical mask must be worn)
	Patients with respiratory symptoms	In any case	At least 1 meter distance from the patient. The patient must wear a medical mask.
	Patients without respiratory symptoms	In any case	PPE is not required.

^a In addition to proper PPE use, frequent hand hygiene and respiratory hygiene must always be practised. PPE must be thrown into the medical waste box after use, and hand hygiene must be applied before and after use of PPE.

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PROTECTIVE EQUIPMENT RECOMMENDED FOR USE BY HEALTH ORGANIZATION, STAFF AND TYPE OF ACTIVITY AGAINST COVID-19 DISEASE

Location	Target Staff/Patient	Activity	Personal Protective Equipment/Type of Process
DURING TRANSPORT OF THE PATIENT			
Temporary isolation areas	Staff	Staff entering the isolation area but not providing direct assistance	Keeping a distance of 1 meter Medical mask Gloves Eye protection
	Staff, healthcare staff	Staff assisting transport of the patient to the healthcare center	Medical mask Gown Gloves Eye protection
	Cleaning staff	Cleaning isolation area	Medical mask Gown Cleaning gloves Eye protection (where organic liquids are likely to splash) Booths or closed shoes
Ambulance or other transport vehicles	Healthcare staff	While transferring the suspected COVID-19 patients to the healthcare institution	Medical mask Gown Gloves Eye protection
	Vehicle Driver	If the driver is driving the patient transfer vehicle with suspected COVID-19 patient and the driver's compartment is separate from the COVID-19 patient.	At least 1 meter distance from the patient. PPE is not required.
		In case of assisting the suspected COVID-19 patient in getting in and out of the vehicle	Medical mask Gown Gloves Eye protection
		No direct contact with the suspected COVID-19 patient, but no separation between the driver's compartment and patient compartment	Medical mask
	Suspected COVID-19 patient	While transferring to healthcare institution	Medical mask if tolerable
	Cleaning staff	Cleaning after transport of the suspected COVID-19 patients to the healthcare facility and after transport	Medical mask Gown Cleaning gloves Eye protection (if there is a risk of splashes from organic substances or chemicals) Boots or closed work shoes

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^b No visitor is allowed. If they have to enter the COVID-19 patient room in mandatory cases, they should be informed and supervised by a healthcare professional about their wearing and removal of the PPE and hand hygiene before and after PPE use.

^c This category includes using no touch thermometers, thermal imaging cameras, and limited observation and questioning while maintaining a distance of 1 meter at minimum.



تشير الأدلة الحالية إلى أن COVID-19 ينتقل من خلال التماس الوثيق والقطيرات بين الناس. أكثر الأشخاص المعرضين لخطر الإصابة بهذا المرض هم أولئك الذين يتعاملون مع المريض أو يقومون برعايته. لذلك، يعتبر عاملو الصحة الذين يقومون برعاية هؤلاء المرضى معرضين لخطر عالٍ بالإصابة بهذه العدوى ويتم تقييم حماية عملي الصحة كواحدة من الأولويات القصوى. في هذا القسم، سيتم شرح كيفية تصنيف وتقييم عملي الصحة الذين يتعاملون مع مريض COVID-19 وفقاً للإجراءات التي يقومون بها أثناء التماس والتدابير التي يتخذونها.

الجدول 1: تقييم حالة تماس عامل الصحة مع مريض ال COVID-19

خطورة التماس	حالة ارتداء عامل الصحة لمعدات الحماية الشخصية	
متوسطة	لم يستخدم قناعاً طبياً أو قناع N95 أو أنه ارتدى قناعاً طبياً في الحالات التي يُستطب بها قناع N95.	التماس الوثيق مع مريض ال COVID-19 الذي يرتدي قناعاً جراحياً
منخفضة	لم يستخدم واقياً للعين	
منخفضة	لم يستخدم كفوفاً أو صدرية	
لا يقيم على أنه خطر	استخدم كل معدات الحماية الشخصية بشكل مناسب	
عالية	لم يستخدم قناعاً طبياً أو قناع N95	التماس الوثيق مع مريض ال COVID-19 الذي لا يرتدي قناعاً جراحياً
متوسطة	ارتدى قناعاً طبياً في الحالات التي يُستطب بها قناع N95.	
متوسطة	لم يستخدم واقياً للعين	
منخفضة	لم يستخدم كفوفاً أو صدرية	
لا يقيم على أنه خطر	استخدم كل معدات الحماية الشخصية بشكل مناسب	

لا تعتبر الخطابات القصيرة على طاولة الفرز والدخول لمدة قصيرة إلى غرفة المريض دون التماس معه ودخول غرفة المريض الذي تم تخريجه ذات خطورة.

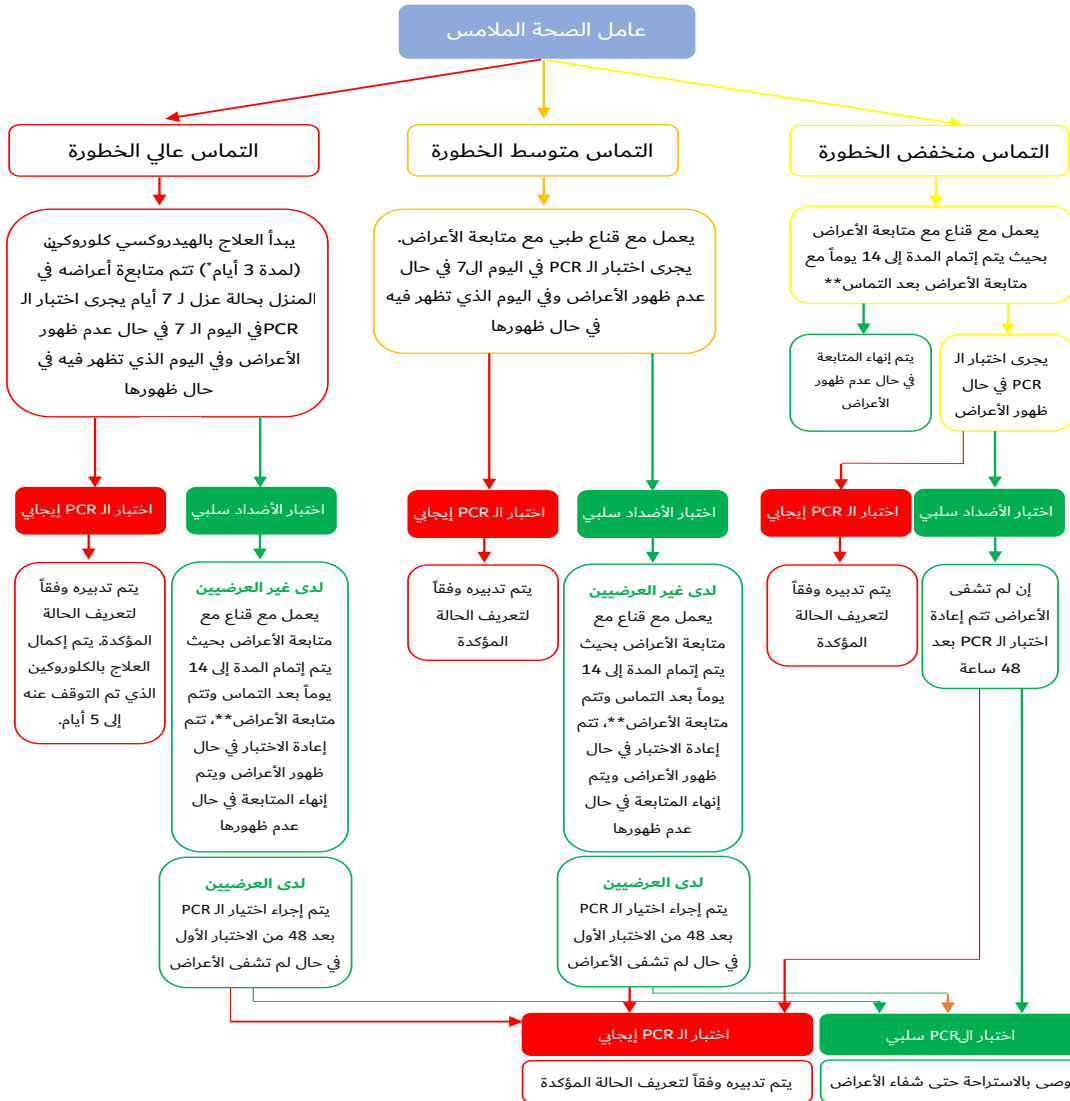
« لا يعتبر عامل الصحة الذي يرافق المريض أثناء المشي والذي لا يقوم بالتماس مع المريض أو مفرزاته ولا يدخل إلى غرفة المريض معرضاً للخطورة.

« لا توجد هناك خطورة تماس لدى عملي الصحة الذي لا يقوم بالتماس مع المريض بشكل مباشر والذين لا يدخلون إلى الغرف التي يتم فيها تقديم الرعاية الفعالة للمريض والذين يمثلون لتدابير السلامة الروتينية.

يشمل التماس الوثيق مع مريض ال COVID-19 التماس الذي يحدث أثناء القيام بأي من الإجراءات التالية:

- « أخذ عينة من الجهاز التنفسي
- « التنبيب
- « سحب إفرازات الجهاز التنفسي
- « التهوية غير الغازية
- « العلاج بالأكسجين تحت الضغط العالي
- « الإنعاش القلبي الرئوي
- « استخدام جهاز الإرداذ
- « الإجراءات التنظيرية
- « تنظير القصبات
- « تنظير الحنجرة بالفيديو
- « تطبيقات طب الأسنان
- « فحص الفم والأنف والحنجرة
- « فحوصات طب وجراحة العيون
- « تركيب قثطرة مركزية.

خوارزمية الاختبارات التي ستجرى لدى عامل الصحة الملامس وفقاً لدرجة الخطورة



*لمدة ثلاثة أيام، 400x2

*على الرغم من عدم وجود أدلة قوية على تأثير الهيدروكسي كلوروكين كعلاج وقائي فإن يوصى به في حالات التماس عالية الخطورة.

*يجب التحري عن ال G6PD قبل استخدام الهيدروكسي كلوروكين.

** يتم إجراء اختبار الأضداد السريع في اليوم ال 14.

تتم إعادة اختبار ال PCR لدى العاملين الذين يكون لديهم اختبار الأضداد إيجابياً.



DISCHARGE AND ISOLATION RULES IN COVID-19 PATIENTS

Hospitalized Patients

Of the **COVID-19** patients who are being followed up and treated as inpatients, those who have not had a fever and need for oxygen within the last **48-72 hours** can be discharged with their treatments being arranged if the physician following the patient deems fit. The isolation within the house is terminated on the **14th day** from the date of discharge, provided that patient has no symptoms or fever. The patient who is sent home is managed according to the rules of “Patient Monitoring at Home”

Patients Followed at Home without Hospitalization Indications

Home isolation is terminated on **14th day** at the earliest following the improvement of symptoms in patients who have no hospitalization indications and are followed at home. The patient who is sent home is managed according to the rules of “Patient Monitoring at Home”

Health Workers

In order to terminate the isolation of healthcare workers, it is required that **2 tests taken at least 24 hours apart** on **day 3** of improved symptoms at the earliest and the day after are **negative** . Then they can go back to work.