




THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

STANDARD OPERATING PROCEDURES (SOPs) FOR TEAMS AT HOSPICES AND PALLIATIVE CARE ORGANIZATIONS DURING COVID-19 PANDEMIC

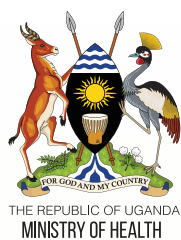
SEPTEMBER 2020



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Ministry of Health COVID-19
Helplines
0800203033 and 0800100066





STANDARD OPERATING PROCEDURES (SOPs) FOR TEAMS AT HOSPICES AND PALLIATIVE CARE ORGANIZATIONS DURING COVID-19 PANDEMIC



INTRODUCTION

These SOPs have been developed for palliative care teams through a consultative process to guide the provision of palliative care as a continuing essential health service during the COVID-19 pandemic.

While using these SOPs, the Ministry of Health and the Palliative Care Association of Uganda encourages all hospices and palliative care organizations to obtain an up to date copy of the National Guidelines for Management of COVID-19 and adhere to the same at all times.

Health care workers at hospices and palliative care organizations are required to be highly suspicious for COVID-19 while screening and during triage.

The SOPs contained in this document are intended to ensure infection prevention and control of COVID-19 among palliative care teams, patients, caregivers and the community.

These SOPs include;

- 1) General Operations for Hospices and Palliative Care Organizations
- 2) Screening Area at the Entrance of Hospices and Palliative Care Organizations
- 3) Triage and Out Patient Care
- 4) Delivering Home Care Services
- 5) Delivering Palliative Care During Community Outreach
- 6) Delivery Of Medicines to Patients' Homes from Hospices and Palliative Care Organizations
- 7) Delivery of Palliative Care in Hospitals
- 8) Transport for Teams for Home-Based Care and Community Outreach
- 9) Environmental Disinfection and Cleaning

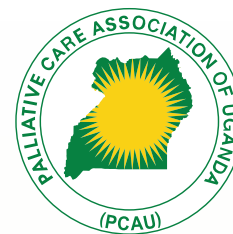
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GENERAL OPERATIONS FOR ALL HOSPICES AND PALLIATIVE CARE ORGANIZATIONS

All Hospices and Palliative Care Organizations should:

- Maintain operations to ensure the continuity of palliative care service delivery.
- Create and maintain a screening area manned by appropriate staff near the entrance of the facility.
- Conduct training for all staff and volunteers on Infection, Prevention and Control (IPC) and to have a designated IPC Staff on duty at all times.
- Ensure that routine screening triage of all Health Care Workers (HCWs) and volunteers attached to the facility is done as stipulated in the National Guidelines on COVID-19. **Check Annex 3.**
- Use communication channels like telephones, social media platforms and toll-free lines where possible to continue assessing and providing appropriate guidance and support to patients and their families.
- Schedule patient appointments systematically to avoid overcrowding .
- Ensure that HCWs, Volunteers, Patients, Care givers and other persons in reach of the facility with symptoms of suspected COVID-19 are put at the facility isolation as the designated IPC staff contacts the District Task Force/Ministry of Health.

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SCREENING AREA AT THE ENTRANCE OF HOSPICES AND PALLIATIVE CARE ORGANIZATIONS

- Ask everybody coming in to the facility to wash hands with soap and water or use an alcohol-based sanitizer at the entrance.
- Ask everyone coming to the facility, including caregivers, to wear their masks.
- Ask the patients if able, to wear a mask.
- Take temperature of everyone entering the premises using an infrared thermometer and if it's high ($> 37.5^{\circ}\text{C}$) then the person in question should proceed to the isolation facility.
- Isolate any suspected cases, evaluate and rule out any other conditions with similar characteristics. For highly suspicious individuals, a designated clinician should then contact the COVID-19 response team as per the guidelines.
- Observe social distancing at the entry point and avoid overcrowding.
- Remind the patients and family caregivers to observe all the protocols set at the facility.

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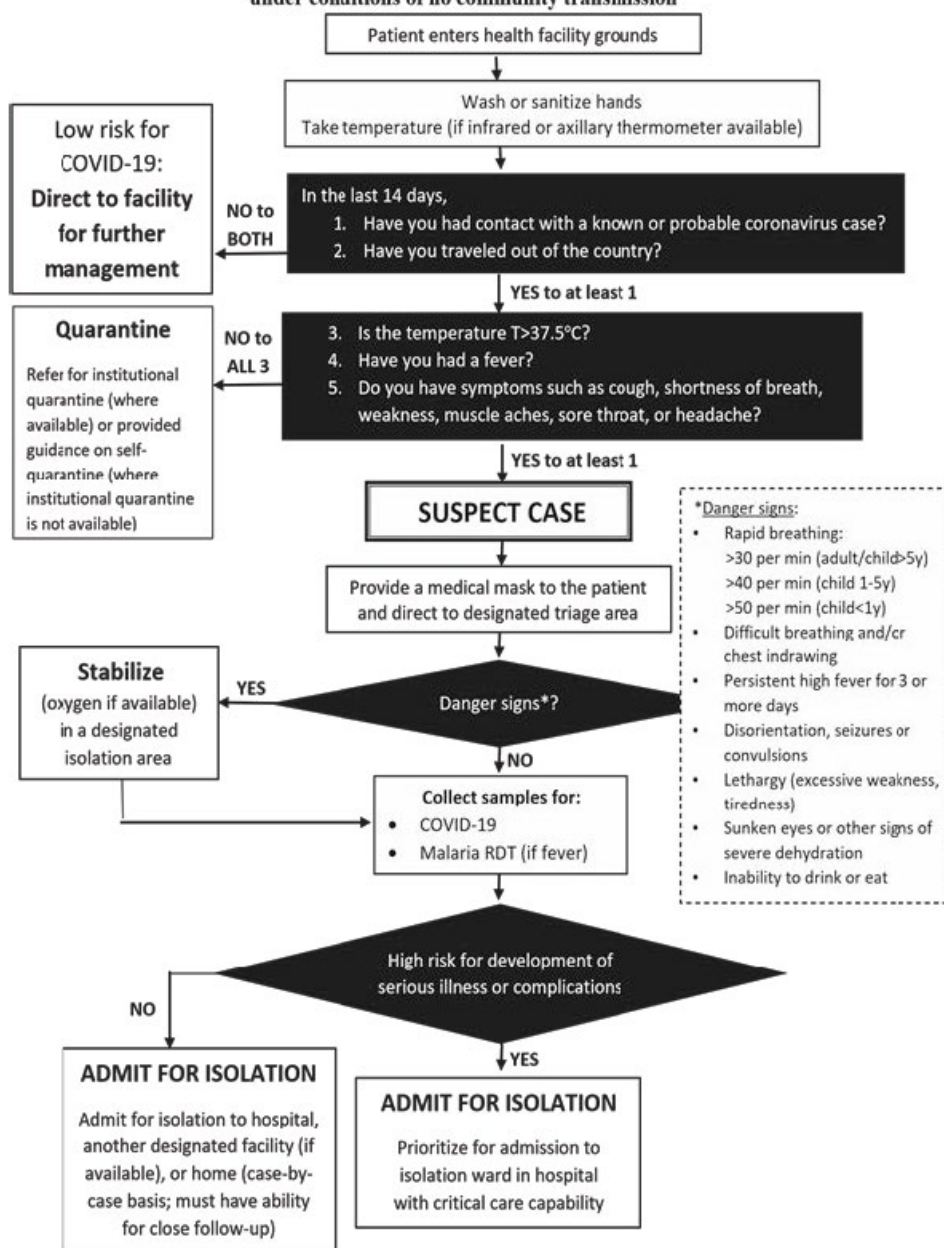
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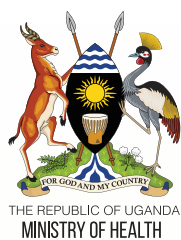
TRIAGE AND OUT PATIENT CARE

Health facility triage algorithm for COVID-19 under conditions of no community transmission



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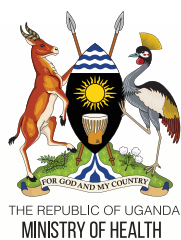
DELIVERING HOME CARE SERVICES

- Wash hands with soap and water or use an alcohol-based sanitizer before entering the patient's home.
- Wear appropriate level of Personal Protective Equipment (PPE) as stipulated in the National COVID-19 Management guidelines. **Check Annex 1**
- Do not touch your MEN (mouth, eyes, nose).
- Do not touch the outer layer of the mask.
- Clean hands with soap and water or alcohol-based sanitizer before and after mask replacement.
- Replace a mask with a new one if damp, soiled or damaged.
- Ask the patient if able to wear a mask and ensure caregivers wear their masks.
- Screen for signs and symptoms of COVID-19 among the patients and caregivers in a home using the Ministry of Health screening tool. **Check Annex 2.**
- Maintain appropriate social distancing in the home while providing holistic care.
- Do not spend more time other than that used for holistic care during a home visit.
- Do not dispose of any health care waste in a patient's home but collect it safely, label it and dispose it at the central place at the facility.
- Clean hands in between procedures and also when handling any medications during home care. (e.g. labelling, issuing).
- Disinfect all instruments used for vital observations (e.g. blood pressure machines, thermometers, pulsometers, and stethoscopes).
- Wash hands with soap and water or use an alcohol-based sanitizer before leaving the patient's home.

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DURING COMMUNITY OUT REACH

- Screen all the patients and caregivers coming for the outreach.
- Provide a mask and put in an isolation facility any individual with mild, moderate or severe signs and symptoms suggestive of COVID-19, evaluate and rule out any other conditions with similar characteristics. For highly suspicious individuals, a designated clinician should then contact the COVID-19 response team as per the guidelines.
- Avoid crowding and plan for few patient appointments.
- Discourage mixing patients and caregivers at the outreach facility with the outside community.
- Observe social distancing guidelines at the outreach facility that have been provided by MOH.
- Ensure hand washing facilities with soap and water or use an alcohol-based sanitizer.
- Wear appropriate level of Personal Protective Equipment (PPE) as stipulated in the National Covid-19 Management guidelines. **Check Annex I**
- Do not spend more time other than that used for holistic care during the community outreach.
- Do not dispose of any health care waste at the outreach site but collect it safely, label it and dispose it at the central place at the facility.
- Clean hands in between procedures and also when handling any medications during the outreach. (e.g. labelling, issuing).
- Disinfect all instruments used for vital observations (e.g. blood pressure machines, thermometers, pulsometers, and stethoscopes)
- Wash hands with soap and water or use an alcohol-based sanitizer after the outreach.
- Offer health education messages e.g. good respiratory hygiene to patients and their caregivers to ensure safety.
- All patients and their caretakers who have had a holistic review and their medicines refilled should immediately vacate the outreach site and go back home.
- Disinfect the outreach site i.e. where patients and their caretakers wait from before and after the exercise.

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DELIVERY OF MEDICINES TO PATIENTS' HOMES FROM HOSPICES AND PALLIATIVE CARE SITES

- Provide and display appropriate facility telephone numbers and COVID-19 response team numbers to all patients and caregivers enrolled on the program so that they can contact the facility in case of any concerns.
- Multi-month dispensing (2 months) of medications is recommended for stable patients no matter the age depending on availability of stock at the facility.
- Always encourage patients and their caregivers to regularly call the facility through a phone or any other means available.
- Ask very sick patients to get medication refills through their community volunteer workers and or any other individual they authorize and notify the facility before and after delivery of the medicines.
- Document the circumstances and contact details of the individual taking the medications to the patient's home.
- Seal, label and indicate simple and clear instructions for medications given.
- Make a follow up phone call from the facility to confirm delivery of medicines, monitor drug adherence and verify required medicines.
- Maintain accurate documentation on medication refills and patient appointment dates.
- Any medicine returns from patients should be handled with protective gear and destroyed according to the National protocol.

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DELIVERY OF PALLIATIVE CARE IN HOSPITALS.

- Ensure good and proper natural ventilation of the ward or room where the patient is.
- Wear appropriate level of Personal Protective Equipment (PPE) as stipulated in the National COVID-19 Management guidelines. **Check Annex 1.**
- Ask the patient if able to wear a mask and ensure caregivers wear their masks.
- Do not touch your MEN (mouth, eyes, nose).
- Do not touch the outer layer of the mask.
- Clean hands with soap and water or alcohol-based sanitizer before and after mask replacement.
- Replace a mask with a new one if damp, soiled or damaged.
- Do not spend more time other than that used for holistic care on the ward.
- ***Follow any other hospital protocol and guidelines that will have been issued to promote safety of the patient and caregiver as well as the health care provider.***

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TRANSPORT FOR TEAMS FOR HOME-BASED CARE AND COMMUNITY OUTREACH

- Ensure the vehicle to be used is well disinfected according to guidelines provided by the National COVID-19 response team.
- Ensure hand-washing facilities with soap and water or an alcohol-based sanitizer are available in the vehicle.
- Sanitize before boarding transport.
- Maintain the stipulated number of passenger capacity that has been authorized by the Ministry of Health and the government.
- Clean and disinfect the vehicle after home based care and community outreach.

NB: In case health care workers use public transport, they are encouraged to take precautionary measures.

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ENVIRONMENTAL DISINFECTION AND CLEANING

- Use natural ventilation at all times.
- Clean and disinfect all public areas regularly using appropriate disinfectants and cleaning agents.
- Clean and disinfect the triage area at least twice a day.
- Clean and disinfect all surfaces e.g. handrails, corridors, counters, buttons, door knobs at least twice a day.
- Clean and disinfect outpatient rooms after every patient encounter, change linen and do a terminal clean once a day.
- Clean and disinfect occupied inpatient rooms at least 3 times a day and unoccupied ones once a day.
- Clean shared toilets and bathrooms at least 3 times a day.
- Clean linen after soaking it in hot water for about 30 minutes in 0.5% chlorine, wash with detergent, rinse and dry in the sun then iron.
- Ensure that cleaning personnel wear appropriate personal protection when cleaning, wiping and disinfecting.

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ANNEX I- SUMMARY OF PPE RECOMMENDATIONS FOR THE VARIOUS PATIENT CARE ACTIVITIES

Personal protective equipment (PPE) for COVID-19

Level 1	Level 2	Level 3	Level 4
			

WHO: The COVID-19 Risk Communication Package For Healthcare Facilities





Consider addition of gumboots/shoe covers if entering COVID-19 treatment unit

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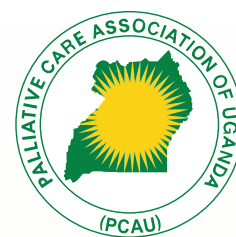
Personal protective equipment (PPE) for COVID-19

Level	Setting	PPE
Level 1 (no interaction with patients) 	In the community or in the health facility where there is no interaction with patients (e.g., administrative areas; cafeterias), including VHTs when not interacting with household members	Cloth mask, home clothes/scrubs with closed shoes.
Level 2 (patient interaction without contact) 	<ul style="list-style-type: none"> Screening at entry points Ambulance drivers Care for non-suspect patients with no respiratory symptoms, including VHTs while interacting with household members 	Disposable medical/surgical mask Facial protection (face shield or goggles) should be used when unable to maintain 2m social distance
Level 3 (patient contact, no risk of aerosols) 	<ul style="list-style-type: none"> Caring for suspected or confirmed COVID-19 patients with no aerosol risk Transfer of suspect/confirmed patients Collection of respiratory samples Cleaners Preparing a deceased body 	Facial protection (face shield or goggles), gloves (x2), N-95 mask* (or equivalent), shoe covers/gum boots, hair cover (for long hair or large hairdos) and coveralls OR Facial protection (face shield or goggles), gloves (x2), N-95 mask (or equivalent), shoe covers/gum boots, hair cover (for long hair or large hairdos) and gown** with hood covering head, neck and shoulders <small>*A medical surgical mask for non AGPs is an acceptable alternative **Add a plastic apron if gown is not water resistant</small>
Level 4 (risk of aerosols with or without patient contact) 	<ul style="list-style-type: none"> Aerosol generating procedures (AGPs) involving a suspect or confirmed COVID-19 patient [e.g., bronchoscopy, tracheal intubation, CPR, airway suctioning, sputum induction, NG tube placement, non-invasive ventilation (CPAP; BiPAP), high-flow nasal cannula oxygenation] Caring for suspected or confirmed COVID-19 patients in an ICU or HDU (where AGPs are common) Laboratory personnel Autopsy 	Level 3 PPE with mandatory use of N-95 (or equivalent) respirators

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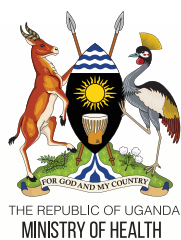
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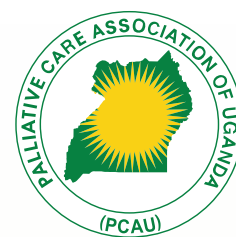


ANNEX 2 - SCREENING TOOL AT TRIAGE

#	Question	Response	
1.	Have you had contact with a known or probable coronavirus case?	0 = No 1 = Yes	<input type="checkbox"/>
2.	Have you travelled out of the country?	0 = No 1 = Yes	<input type="checkbox"/>
3.	Is the temperature $T > 37.5^{\circ}\text{C}$? (<i>Measure the temperature using an infrared thermometer</i>) <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> $^{\circ}\text{C}$	0 = No 1 = Yes	<input type="checkbox"/>
4.	Have you had a fever?	0 = No 1 = Yes	<input type="checkbox"/>
5.	Do you feel symptoms such as cough, shortness of breath, weakness, muscle aches, sore throat, loss of taste or smell, or headache?	0 = No 1 = Yes	<input type="checkbox"/>



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ANNEX 3- ROUTINE SCREENING TRIAGE OF HEALTH CARE WORKERS

Since HCW are in close contact with patients on a daily basis, HCWs are high risk for becoming infected with COVID-19, particularly in the community transmission scenario. Enhancing identification of exposed HCWs and ultimately, those that become infected is, therefore, important to minimize transmission and health worker force shortages. Hospitals should establish a system as part of the IPC work at the facility to remind or prompt HCWs to self-assess and report symptoms consistent with COVID-19.

- HCW should be actively screened at the beginning of their shift, their temperature and/or any symptom should be documented and signed off by the IPC nurse. This should be done using the tool in **Annex 2**.
- If symptomatic, the health workers should be tested and isolated until results have been released. It is paramount that health workers that were previously in contact with confirmed or suspected Covid-19 patients without appropriate PPE vigilantly report exposure.
- Furthermore, exposure related to breach in PPE or risk procedure should be reported to the IPC nurse. These exposures should be thoroughly investigated using the WHO adapted questionnaire and appropriate action or recommendation instituted immediately. This should be done using the risk assessment checklist in **Annex 4**.

All exposed health workers and those that are symptomatic or test positive should be reported to the National IPC committee and Incidence Management Team.

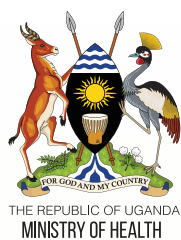
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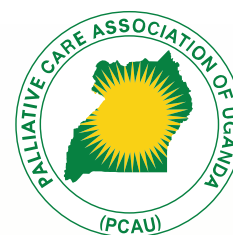


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ANNEX 4 - RISK ASSESSMENT FOR HEALTHCARE WORKERS EXPOSED TO COVID-19 CASES

I. INTERVIEWER INFORMATION	
Interviewer name (Last, First)	
Interview date (DD/MM/YYYY)	
Interviewer affiliation	

II. HEALTHCARE WORKER INFORMATION	
Last Name	
First Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to respond
Age (Years)	
Healthcare worker role (Check all that apply)	<div> <input type="checkbox"/> Facilities/maintenance worker <input type="checkbox"/> Food services worker <input type="checkbox"/> Laboratory worker <input type="checkbox"/> Medical doctor (attending) <input type="checkbox"/> Medical doctor (intern/resident) <input type="checkbox"/> Medical technician <input type="checkbox"/> Midwife <input type="checkbox"/> Nursing assistant or technician (or equivalent) <input type="checkbox"/> Nutritionist <input type="checkbox"/> Other, specify _____ </div> <div> <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Physician assistant <input type="checkbox"/> Radiology technician <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Clinical officer <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Preceptor <input type="checkbox"/> Ward clerk </div>
Healthcare facility type (Select primary location)	<input type="checkbox"/> Hospital <input type="checkbox"/> Primary health center, specify level _____ <input type="checkbox"/> Outpatient clinic, specify clinic type _____ <input type="checkbox"/> Nursing home or skilled nursing facility <input type="checkbox"/> Home care <input type="checkbox"/> Other, specify _____
Are you in health care interaction(s) (paid or unpaid) in another health care facility during this period? <input type="checkbox"/> Other health care facility (public or private) <input type="checkbox"/> Others specify _____	

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I. COMMUNITY EXPOSURES

Healthcare workers who respond “Yes” to any of the questions in this section should be considered as having high-risk exposure in the community.

“Uncertain” responses should be considered on a case-by-case basis.

Date of most recent community exposure to COVID-19 case(s) (DD/MM/YYYY)	
In the past 14 days, did you live in the same household as a COVID-19 case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
In the past 14 days, were you within one meter of a COVID-19 case for 15 minutes or longer (e.g. meeting room, workspace, classroom or traveling in any type of conveyance), outside of a healthcare facility? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
In the past 14 days, did you have direct physical contact with a COVID-19 case (e.g., shake hands) or with their infectious secretions (e.g., being coughed on or touching used tissue), outside of a healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

II. HEALTHCARE WORKER ACTIVITIES AND EXPOSURES

Date of most recent exposure to known COVID-19 case(s) in a healthcare setting (DD/MM/YYYY)	
Name of healthcare facility where exposure occurred	
Health unit type(s) where exposure to COVID-19 case(s) occurred (check all that apply)	<input type="checkbox"/> Cleaning services <input type="checkbox"/> Outpatient area <input type="checkbox"/> Operating room <input type="checkbox"/> Pharmacy <input type="checkbox"/> Emergency room <input type="checkbox"/> Inpatient ward <input type="checkbox"/> Laboratory <input type="checkbox"/> Reception area <input type="checkbox"/> Radiology/imaging <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Transport <input type="checkbox"/> Unknown <input type="checkbox"/> Other

Healthcare workers who respond “Yes” to any of the questions in this section should be considered as having high-risk exposure. Healthcare workers who respond “No” to all of the questions in this section should be considered as having had a low-risk exposure. “Uncertain” responses should be considered on a case-by-case basis.

Did you have any direct skin-to-skin exposure to a COVID-19 case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have any direct exposure (to your skin or mucous membrane) to a COVID-19 case’s respiratory secretions or bodily fluid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have any exposure (e.g., needle stick, cut, puncture) with material potentially contaminated with body fluid, blood, or respiratory secretions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Were you within one metre of a COVID-19 case?²	
While not wearing appropriate personal protective equipment (PPE)? ³	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

¹Guidance on defining close contacts of COVID-19 cases includes being in the same closed environment for 15 minutes or more at a distance of less than 2 meters, per ECDC (<https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf> : face-to-face contact within 1 meter for more than 15 minutes, per WHO ([https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))) ; or being within approximately 2 meters for a prolonged period of time, per CDC (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

² If COVID-19 case had source control during these interactions (e.g., facemask, N95 respirator, or incubation) then exposure would be considered low-risk.

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Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you provide direct care ⁴ to a COVID-19 case?²	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you perform or assist with any aerosol-generating procedure (AGP)⁵ on a COVID-19 case or were you present in the room when one was performed?	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while in patient area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you handle body fluids or other specimens from COVID-19 case?	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed while handling specimen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you have direct contact with environment where a COVID-19 case received care (e.g., beds, linens, medical equipment, frequently touched surfaces, bathroom)?	
While not wearing appropriate personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Or had issues with your PPE (e.g., tears, removed contacting environment)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail</u> to perform hand hygiene after providing direct patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail</u> to perform hand hygiene after removing your PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Did you <u>fail</u> to perform hand hygiene after having direct contact with the environment where a COVID-19 case received care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

³ Information on the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\[ncov\]-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-[ncov]-infection-is-suspected-20200125)

⁴ Patient care activities include, but not limited to: taking vital signs or medical history, performing physical exam, providing medication, bathing, feeding, emptying bed pan, changing linens, drawing blood, performing X-ray, collecting respiratory specimens inserting central or peripheral line, inserting nasogastric tubes, placing urinary catheter, providing injection and providing tracheostomy care.

⁵ Aerosol-generating procedures include, but not limited to: open airway suctioning, non-invasive or manual ventilation, nebulizer treatment, intubation, high-frequency oscillatory ventilation, chest physiotherapy, manipulating or disconnecting ventilator circuit, sputum induction, bronchoscopy, tracheostomy, and cardiopulmonary resuscitation. High-flow oxygen therapy, such as non-rebreather and venturi masks, while not traditionally considered AGPs, could pose a theoretical risk of aerosolized respiratory secretions and could be considered in the list of high-risk exposure activities.

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Use this section to describe healthcare interactions with COVID-19 cases and determine whether appropriate PPE was worn. Record details about PPE the healthcare worker wore and determine if it was appropriate based on guidance on the use of PPE.⁶ Please see provided examples.

Interaction	Was PPE worn by healthcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Provided direct patient care	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other specify.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Performed an aerosol-generating procedure	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	PARR	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other specify.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Involved in transportation	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other specify.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Involved in transportation	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other specify.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Involved in cleaning and laundry	Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Gown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Medical mask	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	N95 respirator, or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Goggles or face shield	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
	Other specify.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

⁶Information on infection prevention and control and the use of personal protective equipment is available at: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\[ncov\]-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-[ncov]-infection-is-suspected-20200125)

Adopted from National Guidelines for Management of COVID-19 – 2nd Edition Page 73-74

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The Palliative Care Association of Uganda (PCAU) is the National Association for Palliative Care providers in Uganda. Currently, PCAU Membership is composed of 24 Organizations spread across the country and over 1000 individuals.

The Vision of PCAU:

Palliative Care for all in need in Uganda.

The Mission of PCAU

To accelerate the integration of palliative care in the Uganda health care system through capacity building, advocacy, research and resources mobilization.

The Goal of PCAU

To increase access to culturally appropriate palliative care through strengthening health care systems in Uganda in collaboration with partners.

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