



INTERIM GUIDELINES FOR MANAGEMENT OF SUSPECTED/ CONFIRMED CASES OF CORONAVIRUS DISEASE 2019 (COVID-19)

Interim Guidelines for Management of suspected/ confirmed cases of Coronavirus Disease 2019 (COVID-19)

Scope of this Document

This document will standardize the process to Prevent the spread of respiratory diseases including COVID-19 within the facility and the promptly identify and isolate patients with possible COVID-19 in different healthcare facilities (private, government and semi-government) in the State of Qatar.

General Infection Prevention and Control precautions

Preventing transmission of respiratory pathogens including COVID-19 in healthcare facilities requires the application of infection prevention and control procedures and protocols. They include the following:

1. Early recognition and source control
2. Application of Standard Precautions for all patients
3. Implementation of empiric additional precautions; airborne and contact precautions. If airborne precautions are not feasible; apply droplet precautions instead.
4. Administrative controls
5. Environmental and engineering controls

The facilities should implement all these strategies simultaneously. The success of the implementation depends on the presence of clear administrative policies and organizational leadership that promote and facilitate adherence to these recommendations among the various people within the healthcare setting, including patients, visitors, and HCWs.

IPC Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting.

Before Arrival

- o When scheduling appointments, instruct patients and persons who accompany them to call ahead or inform HCW upon arrival if they have symptoms of any respiratory infection (e.g. cough, runny nose, fever) and to take appropriate preventive actions (e.g. wear a facemask upon entry to contain cough, follow triage procedure).

Upon Arrival and During the Visit

- o Facility has a process to conduct symptom and temperature checks
- o Ensure rapid triage and isolation of patients who might have COVID-19 infection as per the latest visual triage questionnaire (Appendix)
- o Signs are posted at entrances with instructions to individuals with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions.
- o Facemasks are provided to coughing patients and other symptomatic individuals upon entry to the facility.

- o Signs are posted in triage areas (e.g., ED, OPD entrances) advising patients with fever or symptoms of respiratory infection and recent travel where there is an ongoing COVID-19 outbreak to immediately notify triage personnel so appropriate precautions can be put in place.
- o Alcohol based hand sanitizer for hand hygiene is available at each entrance and in all common areas.
- o Facility has a respiratory protection program. Appropriate HCW have been medically cleared, fit-tested, and trained for respirator use.
- o HCW receive appropriate training; training on selection and proper use of (including putting on and removing) PPE, with a required demonstration of competency.
- o Immediately isolate those identified as at risk for having COVID-19 infection.
- o Take steps to ensure all persons with symptoms of a respiratory infection adhere to, respiratory hygiene and cough etiquette; cover the mouth and nose with a tissue when coughing or sneezing, dispose of used tissue in the nearest waste receptacle and perform hand hygiene. Place a facemask over the patient's nose and mouth, throughout the duration of the visit.
- o Consider posting visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g. waiting areas, elevators, cafeterias) to provide patients and HCW with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
- o Maintain physical safe distance and provide space and encourage all persons to sit at least 6 feet away from others as possible. Facilities may wish to place patients with symptoms of acute respiratory infections in a separate area while waiting for care.
- o Isolate those at risk for COVID-19 as per the national Interim IPC guideline Facility has a separate well-ventilated space that allows waiting patients to be separated by 2 meters, with easy access to respiratory hygiene and cough etiquette supplies.
- o Facility has a process to ensure patients with confirmed or suspected COVID-19 should be placed immediately in a dedicated isolation room with the door closed. If an AIIR is not available and patients who require extra/ intensive care should be transferred as soon as possible by calling HP&CDC, MOPH to arrange for ambulance service for transfer
- o Triage personnel are trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect cases.
- o Facility has a process that occurs after a suspect case is identified to include immediate notification of facility leadership/infection control.
- o Inform local infection prevention and control services, national public health authorities and IPC, and other healthcare facility staff as appropriate (e.g. management) about the presence of suspected case for COVID-19.
- o Provide supplies to perform hand hygiene to all patients upon arrival to facility (e.g., at entrances of facility, waiting rooms, at patient check-in) and throughout the entire duration of the visit to the healthcare setting.

Isolation facilities

- a) Provision of single room when ideal isolation room with AIIR negative pressure is not feasible, Room should be well ventilated, with a self-closing door and HEPA filters
- b) Anteroom is preferable, if case not available provide space to Don and Doff PPE
- c) An Ensuite shower and toilet located inside single room.

- d) Handwash basin in the room and in the anteroom
- e) Storage facilities
- f) Waste bins placement
- g) Bed /couch space
- h) Removable ceiling tiles are not advised.
- i) Ceiling without perforation or fissures, easy to clean and smooth.

Lab Investigation

- o If patient is suspected COVID-19 treating physician should decide the need for further lab investigation.
- o All suspected cases should have nasopharyngeal and oropharyngeal swabs, and, when possible, lower respiratory secretions samples such as sputum, endotracheal aspirate, or bronchoalveolar lavage collected for testing. (follow sample collection protocol)

Managing patient according to needs for holding/ home isolation or transfer to quarantine

- o Upon assessment of situation on case-by-case basis, the patient might be sent for home isolation if they meet the case definition criteria for COVID-19 and upon their preference.
- o If the patient will be held in the health center (because home isolation is not appropriate), please manage as appropriate within the health center until the results become available.
- o Important note: The following steps applies only if the physician decided not to hold the patient in the health center.
- A. Asymptomatic patient and patient with mild symptom who meet the criteria for Home Isolation (i.e. accommodation is suitable for isolation) physician should:
 - Ask the patient to sign a home isolation agreement. All patient agreement should be filed separately. (if refused see below)
 - Provide with home isolation education and surgical mask.
 - Provided with sick leave for 14 days and be advised to do self-monitoring and report to CDC-MOPH (16000) in case of feeling sick.
- B. The following patient information must be updated and documents: Contact number, Complete home address (i.e. the Blue plate).
- C. Assigned healthcare worker/ IPC staff will call the patient twice daily. Information of daily calls should be documented (Log book: Phone call follow up for suspected COVID 19 cases under Home Isolation)

Laboratory results:

- o Laboratory results of COVID-19 are conveyed as per the official MOPH guidance (Calls, SMS, Ehteraz...). The patient can collect the laboratory report from the healthcare facility as per the facility protocol.
- o In case result of COVID-19 is positive the patient will be managed as per the national guidelines.

Referral to secondary care:

Important note: the following arrangements might be subject to changes. MOPH will communicate any further updates to all healthcare facilities.

All patients fall under moderate and severe categories that fits the case definition of suspected COVID-19, the attending Physician must call EMS hotline number 999.

Upon assessment of the cases, ambulance staff will decide if the case fits the criteria to be transferred through which means.

In case if the staff on 999 line inform the physician that the case does not fits their criteria, the attending Physician must call EMS hotline number 16099 to transfer the patients to appropriate facility.

Attending physician shall State "suspected for COVID-19" clearly in the referral order and paper form.

After the patient leaves

Clean and disinfect reusable equipment after each patient's use.

Dispose waste as per national guideline.

Designate well trained housekeeping personnel for cleaning and disinfecting isolation/separation room occupied by a suspected COVID-19.

Do supervised terminal cleaning and disinfection as per the facility and national protocol

Staff who have had direct contact with the patient shall ensure that their names are listed in a designated logbook

Management of potential exposure:

Follow national guideline "COVID-19 Post Exposure Management in Healthcare Facilities"

What to do for patient who refused Home Isolation/Referral/Quarantine/ IPC measures for COVID-19

In case you encounter challenges, for example a patient who refuses to be isolated, comply with IPC measures, comply with referral process and/or escaped from the healthcare facility, the following steps should be followed:

- o Try to convince and assure the patient about his/her case and provide patient with all information about the disease and the measures that should be taken to protect him/herself, his family and community. Strive to understand the underlying problems leading to his refusal or non-compliance with IPC measures.
- o In case the patient still refuses to be isolated, referred or signs the home isolation agreement or escaped from health center.
- o Immediately the attending Physician must call CDC-MOPH (16000) and IPC staff/ healthcare facility manager with the following information: • facility name • Patient information: o Patient HC number, QID/Passport ,Patient Complete Name, Date of Birth, Age, Gender, Nationality, Occupation, contact number, Complete home address (if can be obtained).
- o Attending Physician shall send email immediately to HP& CDC-MOPH (cdc@moph.gov.qa) about the case with patient information and cc IPC/AMR@moph.gov.qa

Annexes

Triage questionnaire



VERSION: 10
VISUAL TRIAGE: ACUTE RESPIRATORY ILLNESS CHECKLIST FOR
2019- NOVEL CORONA VIRUS (COVID-19) / MERS CoV

Date: Time:
 Name: ID/ HC: Address:
 Gender: Date of birth

A. Clinical Features	YES/NO
Does the patient have the following?	
Fever and any of the following:	
1) Cough (New or Worsening)	
2) Shortness of Breath (New or worsening)	
3) Sore throat and / or Runny Nose	
B. Epidemiological Risk COVID-19, MERS -CoV) Case definition	
<p>COVID-19:</p> <ul style="list-style-type: none"> • Patient with acute respiratory illness (fever of 37.8C or more and at least one sign/symptom of respiratory disease e.g., cough, shortness of breath), AND with no other aetiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • A patient including healthcare personnel with any acute respiratory illness AND having been in contact with a confirmed COVID19 case in the last 14 days prior to onset of symptoms; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • An adult patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization (SARI) AND with no other aetiology that fully explains the clinical presentation. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Other symptomatic individual s such as older adults ,individual with chronic medical conditions and / or an immunocompromised state that may put them at higher risk for poor outcomes (e.g. diabetes ,heart diseases ,receiving immunosuppressive medications ,chronic lung diseases ,chronic kidney disease) <p>MERS CoV</p> <ul style="list-style-type: none"> • Camel farm or contact with Camel and camel products during the 14 days prior to symptom onset 	



Notes

- If the patient met **A and any one of B**, offer a surgical mask, to the patient and immediately isolate the patient single room with door closed and with dedicated bath room (**Contact and Droplet precautions, N95 Mask**).
- For procedures that generate aerosols are performed (i.e. endotracheal intubation, bronchoscopy, open suctioning, administration of nebulized treatment, manual ventilation before intubation, cardiopulmonary resuscitation, etc.). **Place patient in Airborne Infection Isolation Rooms, If not available, then isolate the patient in single room. keep Portable HEPA filter in the room**
- Staff must wear full PPE include N95 Mask for patients with known or suspected COVID-19
- If the patient with acute respiratory illness and **doesn't meet any one of B** offer surgical mask to patient and isolate in droplet and contact precaution. If the patient stable discharge home.
- FOR HMC Facilities: Do, Naso / Oropharyngeal swab for COVID suspected cases
- Call hotline **16099** for referral to designated hospitals via HMC ambulance
- The prevalence of Covid-19 among children is still considered very low if they don't meet the criteria for case definition above, therefore, if a child presents with respiratory symptoms and is tested for Covid-19 at PEC/PHC as part of the laboratory investigation and the child is not sick enough to warrant admission, then the child may be sent home pending the test result. If the result for Covid-19 returns positive, then the family of the child will be called for admission.

Legal consideration for Contacts of COVID-19 cases

The undertaking is a formal pledge developed to ensure signing members compliance with the COVID-19 containment measures in regarding to home quarantine as per Law No. 17 of 1990 on the prevention of infectious diseases. By signing the undertaken, the quarantine person declare that it is understand and they acknowledge and accept that by breaking the undertaking, they are breaching laws around public health and safety and agree that the General Health prosecution of the State of Qatar shall have the jurisdiction right to take the necessary legal actions. Therefore, educating persons quarantined and care giver about the legal consequences of quarantine is a vital part of the quarantine process.

Quarantine has separation and restriction of movement components that means quarantine persons and their care givers are not allowed to go outside the home, not mix with each other as well as not allowed to receive visitors and only household members who are quarantine or those caring for them should stay at the home. Moreover, that violation of the terms of the undertaking is an explicit violation of the laws, and it makes them subject to legal accountability.

Completing the quarantine duration is mandatory. Contact who did finish their home quarantine period without developing symptoms are allowed to end the quarantine and resume their life.



Personal Commitment for COVID-19 suspected cases

I undertake.....Nationality: committed to adhere to the requirements of the home insulation, which was explained to me by the medical team, from the date of the medical test:

Till receiving a call from the health authorities regarding the test result.

During which, I pledge to stay in a separate room, not to contact the rest of the family and guests without appropriate protection, and to use a separate toilet. I also undertake eating solo and using dedicated and separate cleaning and eating tools.

I pledge to download, install, and activate **Ehteraz** application on my personal mobile phone.

I acknowledge on receiving the full explanation about receiving negative test results, which include continuing my normal life activities and the end of home isolation, following preventive measures recommended by the health authorities.

I also acknowledge and agreeing to receive phone calls and sudden visits by the authorities from the Ministry of Public Health, to reveal symptoms and the extent of adherence to the standards of domestic isolation, and I am also committed to prompt reporting of symptoms of **fever, cough, or shortness of breath** to the Department of Health Protection and the Control of Communicable Diseases at the Ministry of Public Health, on the hotline number (16000). I also acknowledge with my knowledge and awareness that my violation of the above pledge is an explicit violation of the laws and makes me subject to legal accountability, according to the following:

- **First:** violation of the provisions of Article 253 of the Penal Code promulgated by Law No. (11) for the year 2004.
- **Second:** violating the provisions of Decree Law No. (17) for the year 1990 regarding the prevention of infectious diseases and punishable under Article No. (52) thereof.
- **Third:** violation of the provisions of Law No. (17) for the year 2002 on the protection of society, in accordance with the provisions of Article (1) thereof.
- **Fourth:** Violation of the provisions of Law No. (5) for the year 2020 regarding amending the provisions of Decree Law No. (17) for the year 1990 regarding prevention of infectious diseases.

Name: **QID/Passport:**.....

Mobile number:..... **Landline number :**

My address details :

Region number :..... **Street number :**..... **House number :**

Signature : **Date :**

References

- <https://covid19.moph.gov.qa/EN/Pages/default.aspx>
- [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Guideline on COVID-19 Service Configuration Pathway in PHCC COVID-19 Test and Hold Health Centers. Update: 12th April 2020
- <https://www.cdc.gov/coronavirus/COVID-19/infection-control.html>

Annex

Strategic Planning and Performance Department



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