وزارة الصحة
Ministry of Health

Protocol for Infection Control Recommendations in Outpatient Clinics Operation During COVID-19 Pandemic

Purpose

This guidance reflects the need to:

1. Minimize disease transmission to patients, healthcare personnel (HCP) and others.
2. Identify persons with presumptive COVID-19 disease and implement a triage procedure to assign appropriate levels of care.
3. Reduce negative impacts on emergency department and hospital bed capacity.
4. Maximize the efficiency of personal protective equipment (PPE) utilization across the community health system while protecting healthcare personnel.

General Recommendations

- Advise patients to use (as possible as they can) available telephone advice lines, patient portals, and on-line self-assessment tools, or call and speak to the clinic if they become ill with symptoms such as fever, cough, or shortness of breath.
- Identify sufficient HCWs to conduct telephonic and telehealth interactions with patients.
- Ensure that facemasks and alcoholic hand rub are available at the entrance for patients and staff.
- Respiratory triage stage at the entrance is not recommended and patient survey will be applied in all clinics through treating physician and should be documented in patient's file.
- Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Social distancing should be considered all the time in the facility including registration area at least 1 .5 meter should be applied between the staff and each other and patients.
- Patients would be at least 1.5 meter apart in waiting areas of the clinics.
- If facility lacks a waiting area, then designated areas or waiting lines should be created by partitioning or signage.
- To reduce crowding in waiting rooms,
    - ✓ Consider asking patients waiting to be seen to remain outside (e.g., stay in their vehicles, if applicable) until they are called into the facility for their appointment
    - ✓ Protocol for appointments for each clinic should be developed and applied and giving enough time for each patient and time for cleaning of the clinic.

- The number of persons inside the clinic should be at minimum number as possible as needed including the physician, nursing staff and the patient to ovoid risk of infection transmission and keep social distancing in consideration.
- Develop protocol so that all working physicians in all clinics should apply rapid survey about the presence of respiratory symptoms (fever- cough – shortness of breathing) and history of contact with confirmed COVID-19 patient, visiting or working in a healthcare facility that have confirmed COVID-19 patients
- This rapid survey should be applied in all clinics and for all patients as a basic information regardless the speciality of the clinic.
- Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas as in waiting areas.
- Ensure that all HCWs are trained on infection prevention and control guidance for COVID-19 and proper selection and use of PPE as well as approved MOH testing strategies including implementation of, or referrals to another facility for testing.
- Universal masking should be strictly applied by all the clinics staff (medical and non-medical)
- Monitor HCWs and ensure maintenance of essential healthcare facility staff and operations:
    - Facilities should implement sick leave policies that are non-punitive, flexible, and consistent with public health policies and allow ill healthcare workers to stay home.
    - HCWs should be reminded to not report to work when they are ill.
    - Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
    - Consider screening staff for fever or respiratory symptoms before entering the facility.
    - The updated approved MOH protocol for management of HCWs exposed to confirmed COVID-19 cases should be applied when there is a confirmed COVID-19 case.
    - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home.
    - Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
    - HCWs should be educated and advised to apply social distancing regarding their dealing with each other and patients.
- Develop a plan to optimize your facility's supply of PPE and disinfectants in the event of shortages, Identify flexible mechanisms to procure additional supplies when needed.

- Approved MOH protocols for extended use and reuse of personal protective equipment should be perfectly applied to save our resources of PPE.
- Ensure that the HCWs housing safety conditions and infection control standards are applied to clinic staff.
- Close all kids playing zones and all sitting options in cafeterias**.**
- All commonly touched environmental surfaces inside and outside the clinics should be repeatedly disinfected (doorknobs, examination beds, bathrooms, waiting areas) with approved MOH disinfectants (alcohol 70%, quaternary ammonium compounds spray or wipes, freshly diluted sodium hypochlorite)
- Only patients are allowed to enter the outpatient clinics facility and allow accompanying only for handicap and the elderly patients to avoid crowdedness and increase risk.

These recommendations should be applied by the facility and supervised by the Regional Command and Control Centre (RCCC) who have full authority to apply closure or minimizing the working clinics or working hours in the facility in case of occurrence of any outbreaks and accidental infection transmission

General Directorate of Infection Prevention and Control.
May 2020 --- GDIPC