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Canadian University Dubai Health Centre Standard Operating Procedure Manual For Covid 19 Pandemic

1. Introduction

The standard operating manual is formulated to help prepare the CUD Health Centre to safely manage all suspected or confirmed cases of COVID 19 with in the campus.

2. Objective

The objective is to have a standard protocol in place in addition to the pre -existing routine clinic policies, (DHA/DOH/MOH) to face the challenges of the current COVID-19 pandemic.

The goal is to:

- Be highly vigilant in suspicion of index for all respiratory illnesses.
- Swift Identification and Isolation of infected patients and inform the university management team and the relevant health authorities.
- Guarantee the safe management of suspected or confirmed patients with Coronavirus infection.
- To safeguard and avoid spread of Coronavirus and related infections.
- To ensure and practice the highest standards of health and safety.

3. Coverage

The scope of the document covers the compliance of CUD Health Centre to the government health authorities. (DHA/MOH/DOH)

4. Definitions

Novel Corona Virus/ COVID 19:

Novel Coronavirus (COVID-19) is a new strain of coronavirus which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases. First identified in a cluster with pneumonia symptoms in Wuhan city, Hubei province of China.

Ref: https://www.mohap.gov.ae/en/AwarenessCenter/Pages/COVID-19.aspx

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COVID19 Confirmed Case (Active Case):

Confirmed Case: A person with a positive test result for COVID-19 infection that is reported by the laboratory, irrespective of clinical signs and symptoms.

Suspected Case: Patient who presents with upper or lower respiratory symptoms with or without fever AND satisfying any one of the following criteria:

- International travel history during the 14 days prior to symptom onset; OR
- Been in contact with a confirmed COVID-19 case within 14 days; OR
- residing in a community setting where COVID-19 cases have been detected; OR
- cases of Influenza-Like illness without history of travel or known possible exposure.

Close Contact: A person who is coming to close proximity of less than 2 meters for a period that is more than 15 minutes (working, studying, or a family member) with a confirmed case, starting from 2 days before the onset of symptoms in the confirmed case and throughout the duration of illness.

For asymptomatic cases, the count can start from the day of COVID-19 PCR test that is done for the confirmed case.

Ref: https://www.dha.gov.ae/en/Covid19/Pages/Coronavirus.aspx

Contact Tracing:

The process of identifying individuals who have been in close contact with a known positive COVID-19 patient, in a proximity of 2 meters for a period of not less than 15 minutes. Tracing can be done remotely (on the phone) or in the field.

Reference: government of Dubai; COVID-19 command and control centre, third issue, 30 June 2020

5. General rules for CUD Health Centre

This section deals with the precautionary measures suggested to be implemented in the university health facility.

It is important to note that there will be no changes made to the clinic that are contradictory to the Regulations already in place by the Health Regulation Sector and the School Health Unit of DHA/DOH/MOH. All measures suggested here would be supplementary to the existing health regulation policies, to help in the fight against COVID-19.

5.1 Preventing overcrowding in the Health Centre

- Students/employees must contact the CUD Health Centre for appointment or queries
  - healthcenter@cud.ac.ae
  - Tel: 047096207
  - Emergencies are exempted.

• One health care worker to one patient ratio will be followed to allow for proper donning and hygiene practices between patients.
• Maximum number of occupants allowed at a time in the CUD Health Centre will be mentioned at the door. There will be no exceptions to this. This can be calculated as one patient per nurse and one support cleaning for disinfecting purposes at any given time.
• Where possible, a separate nurse should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.

5.2 Triage

• Establish a triage and temperature-checking at the clinic entrance, which should be well equipped with alcohol-based hand rub, masks, gloves etc.

5.3 Personal Protective Equipment (PPE)

• Mandatory use of PPE by medical staff and surgical mask by patients that enter the Clinic.

5.4 Isolation room

• Provision of an isolation room for suspected and potentially infectious patients.

In addition, the following rules are in place:

• Post signs and posters reminding students and staff to remain seated with a mask on, practice safe distancing, flu etiquette and correct way of practicing hand hygiene, etc.

- Enforcing Policy of (Staying at home if unwell) for students and staff.

• Nursing stations to be spaced at 2 meters from each other, desks to be kept tidy to prevent infectious fomites, alcohol- based hand rubs to be present on all working stations.
• Ensure an adequate supply of PPE that includes but not limited to, disposable facemasks, N95 masks, face shield, goggles, gloves, head and shoe covers, and impermeable isolation gowns.
• Provision of non-touch thermometers, approved surface disinfectants, disposable pillow and bedcovers, water repellent/resistant mattress covers, additional pillowcases,

- Implementation of strict sanitation protocols of clinic facilities, which includes daily waste management, daily change of linen, daily disinfection daily deep cleaning of the clinic, regular disinfection of highly touched surfaces, clinic toilets to be cleaned every 30 minutes, after each use or as needed. (daily logs need to be maintained for all).

- After patient care, appropriate donning and disposal of all PPE and hand hygiene should be carried out.

- Use a new set of PPE for every patient treated.
- Ensure the availability of disposable water bottles and avoid using water coolers in the clinic.

6. Roles and responsibilities of the CUD medical team

• Be up to date on the latest information about signs and symptoms, diagnostic testing and case definitions for 2019-nCoV. As per DHA /DOH/MOH.
• Ensure CUD medical team has an updated infection control certification.
• Adhere to standard contact and airborne precautions including the use of eye protection.
• Implement preventative measures before patient arrival, upon arrival and throughout the duration of the affected patient's presence in the health facility.
• Be alert for patients who meet the criteria for suspected cases or confirmed cases.
• Ensure rapid triage and isolation of patients with symptoms of suspected

2019-nCoV or other respiratory infection (e.g., fever, cough).

• Source, control measures for suspected patients (e.g. surgical masks for suspect patients).

• Apply the WHO-5 Moments for Hand Hygiene approach

1. before touching a patient,
2. before any clean or aseptic procedure is performed,
3. after exposure to body fluid,
4. after touching a patient and
5. after touching a patient's surroundings

• After patient care, appropriate donning and disposal of all PPE and hand hygiene should be carried out.
• Use a new set of PPE for every patient treated.
• Healthcare professionals should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands.
• Remain at home and notify the university management, if the healthcare professionals themselves are unwell. Healthcare workers are only to be tested when symptomatic, routine testing is not yet recommended.
• Doctors and Nurses are responsible for prompt notification of any suspected or confirmed cases to the DHA /DOH/MOH, on Infectious Disease notification services.

7.Standard precautions for health care workers:

STANDARD PRECAUTIONS

- Perform strict hand washing and respiratory hygiene.
- Apply masks to suspect patients; isolate when possible.
- Tell patients to cover nose and mouth when coughing or sneezing.
- Perform hand hygiene after contact with respiratory secretions.
- Don personal protective equipment (PPE) - mask, eye protection, gown & gloves.
- Prevent needle-stick or sharps injury.
- Ensure safe waste management, environmental cleaning and sterilization of equipment.

AIRBORNE PRECAUTIONS

- Institute for any aerosol-generating procedures.
- Use particulate respirator (i.e. N95, FFP2 or equivalent).
- Don PPE.
- Perform procedures in negative pressure room.
- Limit the number of people in the room to the minimum required to care for and support the patient.

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CONTACT & DROPLET PRECAUTIONS

- Place patient in properly ventilated single room.
- Don PPE with any patient contact and remove when leaving the room.
- Use single use, disposable equipment; if equipment must be shared, clean with 70% ethyl alcohol between each patient use.
- Clean and disinfect patient-contact surfaces regularly.

Immediately implement appropriate infection prevention and control measures for any patient who may be infected with COVID-19 (World Health Organization, 2020).

Reference:
World Health Organization (2020). Infection prevention and control during health care when novel coronavirus n-CoV is suspected. Retrieved from: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125

8.Personal Protective Equipment (PPE)

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SHOE COVER

HEAD COVER

SURGICAL MASK

N95 MASK

FACE SHIELD

PLASTIC APRON

HAZMAT

DISPOSABLE GOWN

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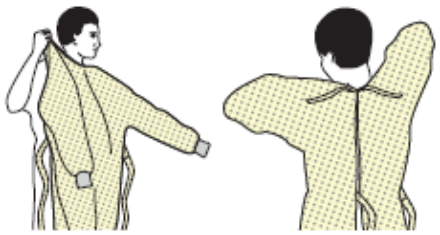
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

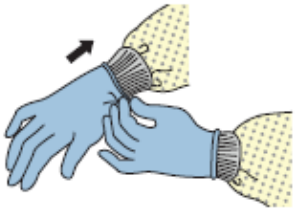
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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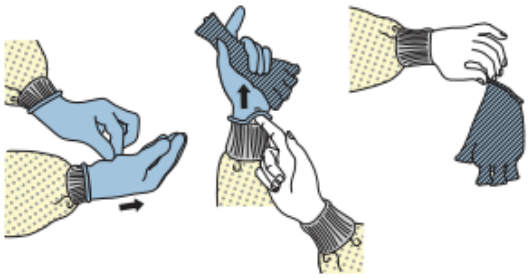
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

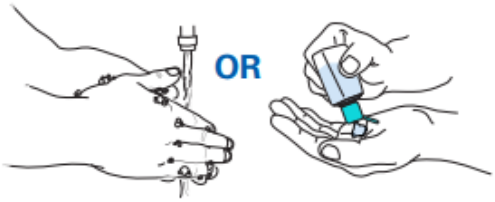
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

9. Isolation room requirements:

This section includes the requirements of an isolation room and is based on the current guidelines that are available and the General principles of Isolation precautions.

Ideally, the aim is for this to be located within your clinic, where you can safely manage all patients, should an emergency arise. if this is not possible due to the facility design, a room that fits the description below should then be set up ,as close to your clinic as possible.

- The isolation room should be an adequately ventilated room with a toilet that is not accessible by the rest.
- The isolation room must have all provision of a treatment room, that includes a bed, chair, treatment trolley, spill kits, supplementary oxygen etc.
- Equipment like stethoscope, blood pressure apparatus etc. should be dedicated equipment, all others should be disposable.
- The student or staff must be placed here with supervised care, sensitivity and utmost regard for their privacy.
- The door of the Isolation room must remain closed at all times, and should be clearly marked as a hazard and with a sign that does not permit entry except to authorized medical team.
- Minimize the number of personnel entering and leaving.
- Isolation nursing must be practiced by the health care workers with correct use of PPE and proper disposal and hand hygiene on exiting the room.
- All linen used should be disposable and should be changed between patients.
- Ensure that all PPE is changed, and proper hand hygiene is practiced before attending to another patient.
- Ensure that there is provision for proper waste and sharp disposal as mandated by DHA/DOH/MOH.
- The room is to be disinfected between patients with approved cleaning agents.
- Clearly marked distances of 2 meters between chair and bed.

All separated by medical dividers.

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10. Flow chart for treatment of students who are unwell:

Students or Employees seeking treatment at the CUD Health Centre

The Nurse will:
- Check Temp
- Perform nursing assessment
- Triage

Symptoms Identification

Suspected Covid 19 Case
All flu like symptoms

Proceed to Isolation area

IF Symptoms persist
Nurses will refer patient to PCR test

While waiting for result will be on home isolation until results are obtained

If negative with probable Covid 19 case should complete 14 days quarantine	If positive will **not** be allowed to return unless with clearance certificate from DHA

Symptoms not related to COVID

Will proceed to treatment room

Nursing assessment

Proceed to First Aid administration

Return to class or work

11. Screening and contingency planning

If a stable case of illness is detected amongst visitors or staff presenting COVID-19 Symptoms; such as:

- fever (_37.5 _C),
- cough,
- body ache or fatigue,
- shortness of breath,
- sore throat,
- runny nose,
- diarrhea
- nausea,
- headache,
- loss of sense
- of smell or taste

DHA /DOH/MOH hotline number should be contacted immediately by the nurses.
DHA-800-342
DOH Estijaba: 800-1717
MOH: 800-11111

In cases of emergencies, such as having unstable cases amongst staff, students or visitors, the university nurse should immediately contact 999 or 998.

If a student/staff/faculty/visitor begins to show symptoms of COVID-19 while at the university, they must get isolated instantly, and the parent/ guardian of the student to be notified immediately and the patient should be referred to the hospital to take the necessary action.

The patient should not return to university until the PCR result is obtained. If the result is negative and there is a clinical assessment of a probable COVID-19 case, the patient should complete a 14-day quarantine. If the result is negative and there is no clinical assessment for a probable case, the patient can resume activities within the university as long as they are symptom-free.

If the result is positive, the traced contacts of the patient, including faculty along with the classmates of a student, or colleagues are all considered close contacts (Anyone who spent more than 15 minutes in a proximity of 2 meters with the positive case, from the day of symptoms onset, or the day of the positive PCR test). They should all commence the 14-day quarantine counted PCR from the day of the positive test, or from the day of the onset of symptoms if ascertained by the clinician.

In cases of COVID-19 emergency, the university should follow their endorsed guidelines for emergencies by the university qualified nurse/ doctor while wearing adequate personal protection equipment.

12. Summary of the management plan

For a suspected case:

• Provide a mask and Isolate immediately
• Inform Parent/Guardian
• Referral to hospital /healthcare facility
• Obtain PCR test
• Negative result, with probable COVID case-to complete a 14-day quarantine.
• Negative result, with no probability of COVID case-can return to school, if symptom free.
• Positive result, initiate contact tracing of anyone who spent more than 15 minutes in a proximity of 2m or less with the positive case, from the day of symptom onset, or the day of the positive PCR test-to complete 14 day quarantine.

13. Vulnerable groups

This includes student and staff that are deemed particularly vulnerable to the risk of contracting COVID-19 as a result of their reduced immunity or chronic illnesses. These include:

• Students with chronic conditions like DM 1, Cancer, Transplant etc.
• Pregnant staff.
• All such individuals will not be allowed on campus
• Any individual who is mandated by the local health regulatory body to be wearing a mask but is unable to due to some existing illness should provide a medical report stating the same. This will be considered only on a case-by-case basis.

High risk groups

• Above 60 years old
• Serious heart conditions such as ischemic heart disease
• Diabetes mellitus
• Uncontrolled hypertension
• Chronic lung/respiratory disease including moderate to severe asthma
• Chronic kidney disease and renal failure
• Chronic liver disease
• Cancer patients who are still undergoing treatment
• Use of biologics or immunosuppressive medications
• History of transplant
• People of any age with severe obesity (body mass index more than 40) or certain underlying medical conditions, particularly if not well controlled

- Any health conditions that may compromise immunity
- People with disability (people of determination)
- People staying at long term care centers

14. Documentation and reporting

Ensure an updated log of all suspected and confirmed cases is maintained.
Ensure prompt reporting in the following sequence:

- Doctor/Nurse informs the management
- Doctor/Nurse calls the parents/guardian for students
- Doctor Reports to DHA /DOH/MOH and IDNS system
- Nurse Documents the case
- Maintain a log of all medical certificates/ waivers provided for vulnerable individuals
- Maintain a log of student/staff travel declaration, if any.

15. Contact tracing

In the event of strongly suspicious case of COVID-19, once the patient is isolated and referred to a healthcare facility, collaborate with the management and Safety officer to have a deep disinfection carried out of areas exposed to suspected case.

In the case of a confirmed positive case, initiate a deep disinfection; follow local health ministry guidelines on contact tracing, and possible closure of classrooms. This will be dictated by the DHA/DOH/MOH and KHDA/ADEK
Encourage all to download AL-HOSN app.

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Dear Parents/Guardian/Student,

This letter is to notify you that you/your daughter/son may have been exposed to a positive case of Covid-19.

A member of the School Leadership Team /Administration will be getting in touch with you with regards advise on self-isolation.

What is Covid-19?

COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2). It can cause mild to severe illness and may result in serious outcomes. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

How does Covid-19 Spread?

- The best way to prevent illness is to avoid being exposed to this virus by taking precautions such as wearing a mask, practicing safe distancing, frequent hand hygiene and avoiding contact with anyone who is unwell and displaying symptoms**.**
- The virus is thought to spread mainly from person-to-person.
- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouth or nose of people who are nearby or possibly be inhaled into the lungs.
- Recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms also.

Covid-19 Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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Covid-19 Treatment

There is currently no vaccine or specific treatment for the virus. Treatment is mostly supportive care.

If you think you may have been exposed to COVID-19,

- Contact your healthcare provider.
- Keep track of your symptoms.
- **Seek emergency medical care immediately If you have any of these <u>Emergency warning signs:</u>**
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion
    - Inability to wake or stay awake
    - Bluish lips or face

    **This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.*

Call 998 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

COVID HOTLINES:

DHA(Dubai Health Authority): 800-342

MOHAP (Ministry of Health and Prevention) 800-11111

Estijaba/(Medical operations command center): 800-1717

We encourage you to download the Al HOSN contact tracing app on your son/daughter device, or your own.

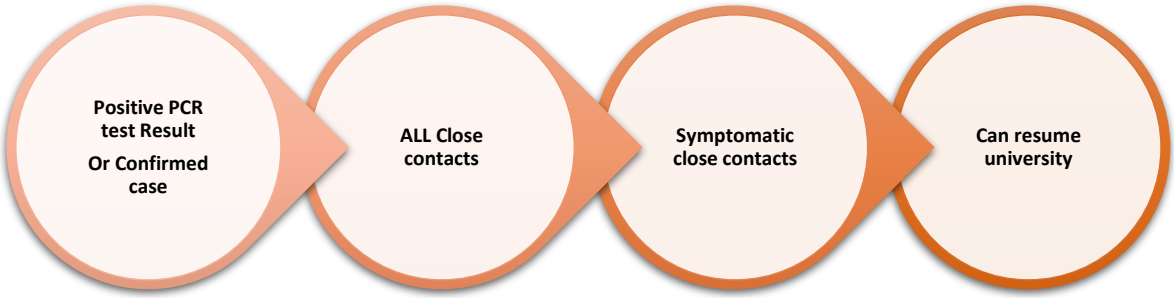
Google play: https://play.google.com/store/apps/details?id=doh.health.shield&hl=en
App store: https://apps.apple.com/us/app/alhosn-uae/id1505380329

For additional information, please see the attached guide.

Reference: https://www.cdc.gov/coronavirus/2019-nCoV/index.html
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Sincerely,

Canadian University Dubai Health Center



- Identification of close contact
- advised to stay at home for 14days after last exposure and self monitor for respiratory symptoms
- Should be tested for PCR test
- Secure DHA clearance certificate

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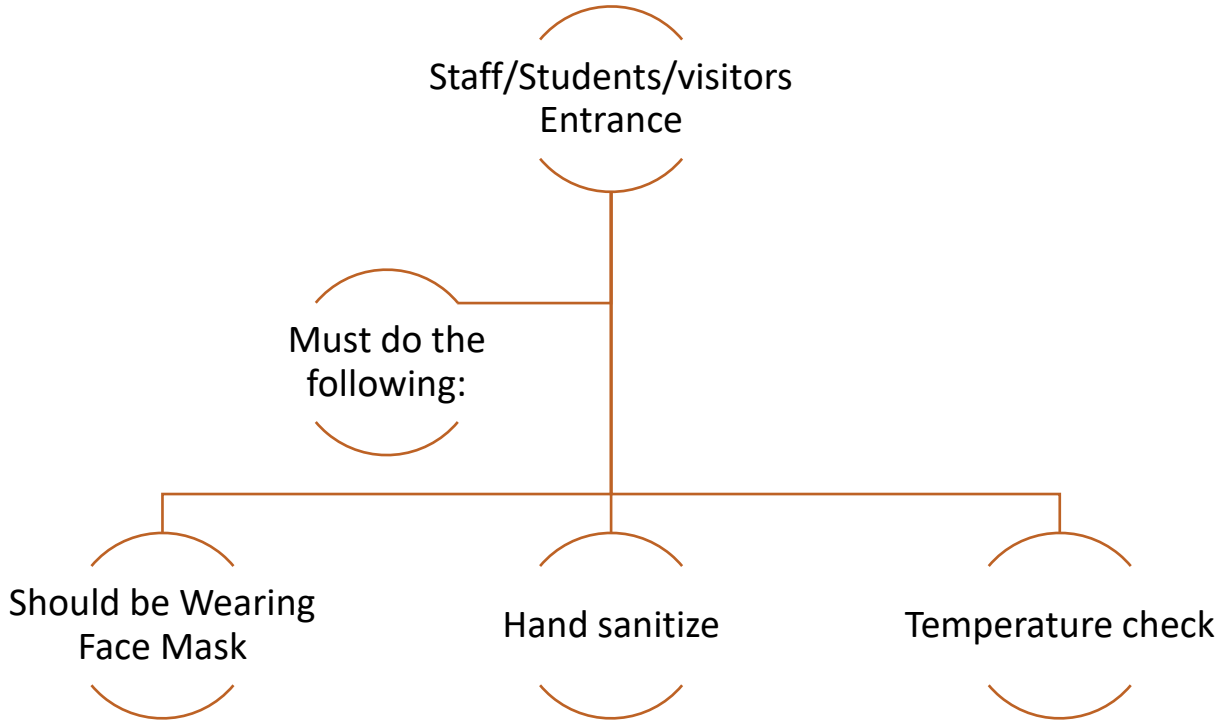
Entry Flow Chart



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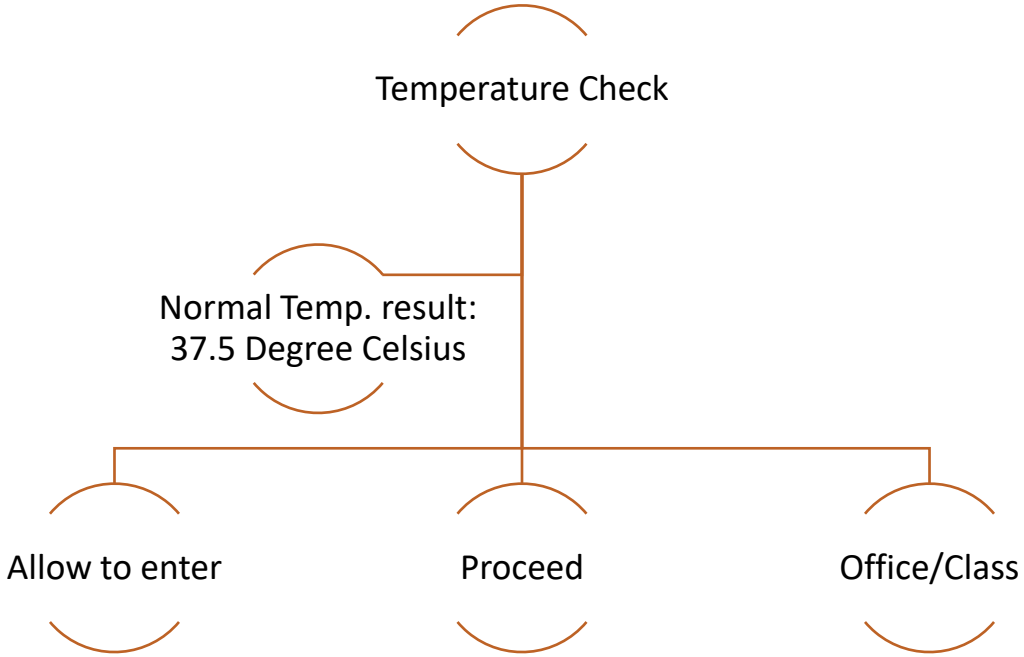
Temperature Assessment

(Normal Temperature Result)



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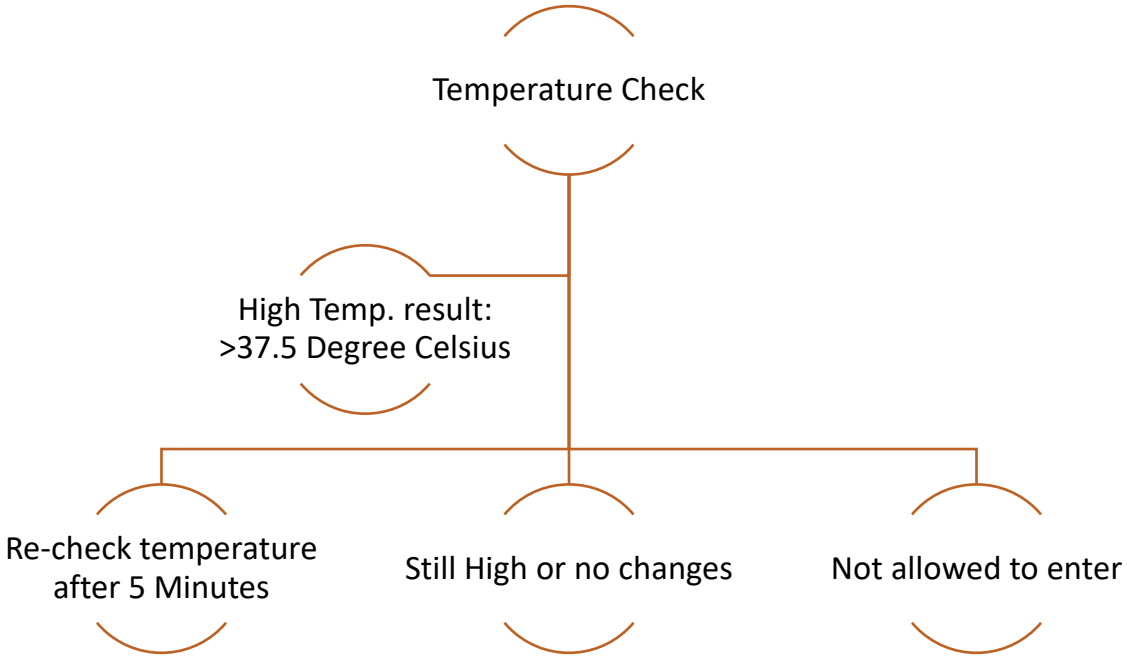
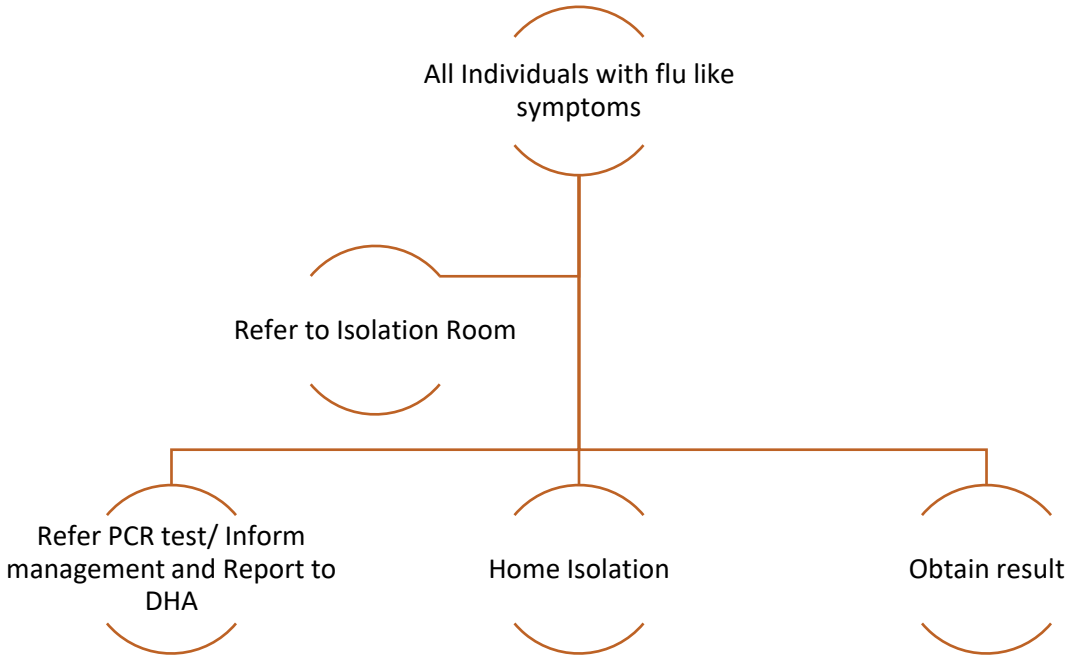
High Temperature Result



In campus


All Individuals with flu like symptoms
Refer to Isolation Room
Refer PCR test/ Inform management and Report to DHA
Home Isolation
Obtain result

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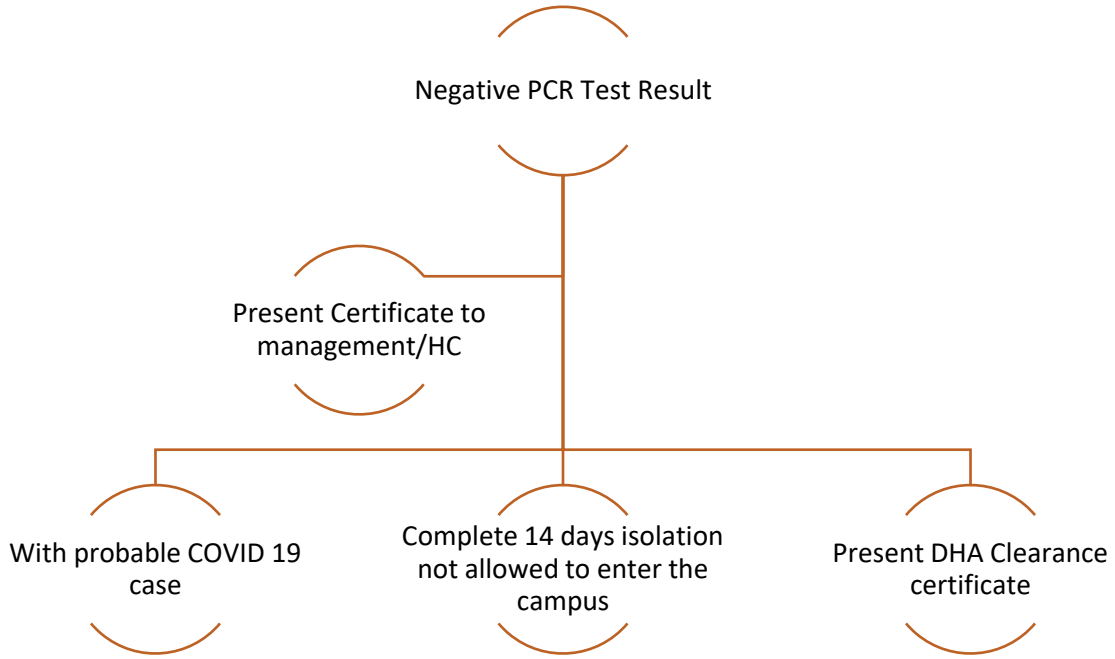
PCR Test Negative result with probable COVID 19 Case



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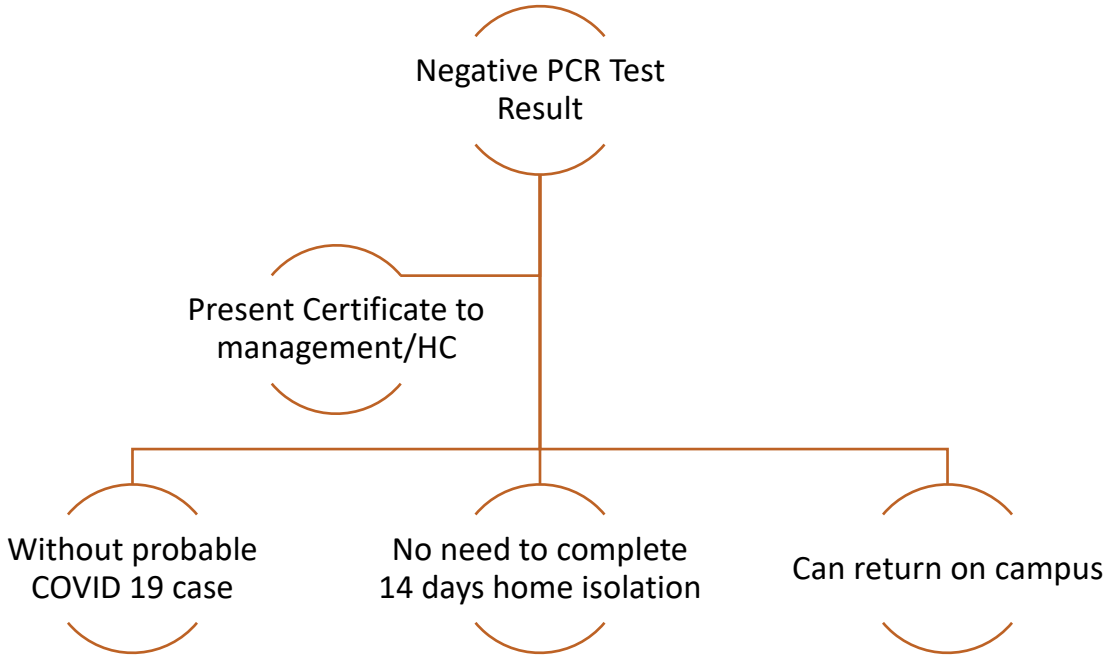
PCR Test Negative result without probable Covid 19 case



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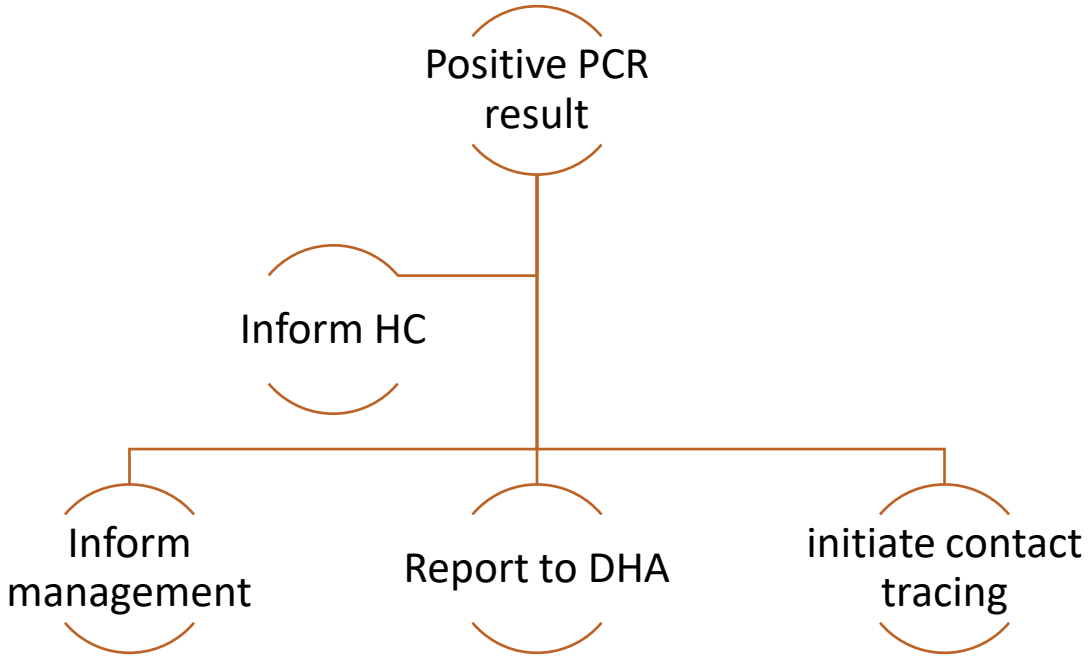
PCR Test with Positive Result (Employees/ Students)



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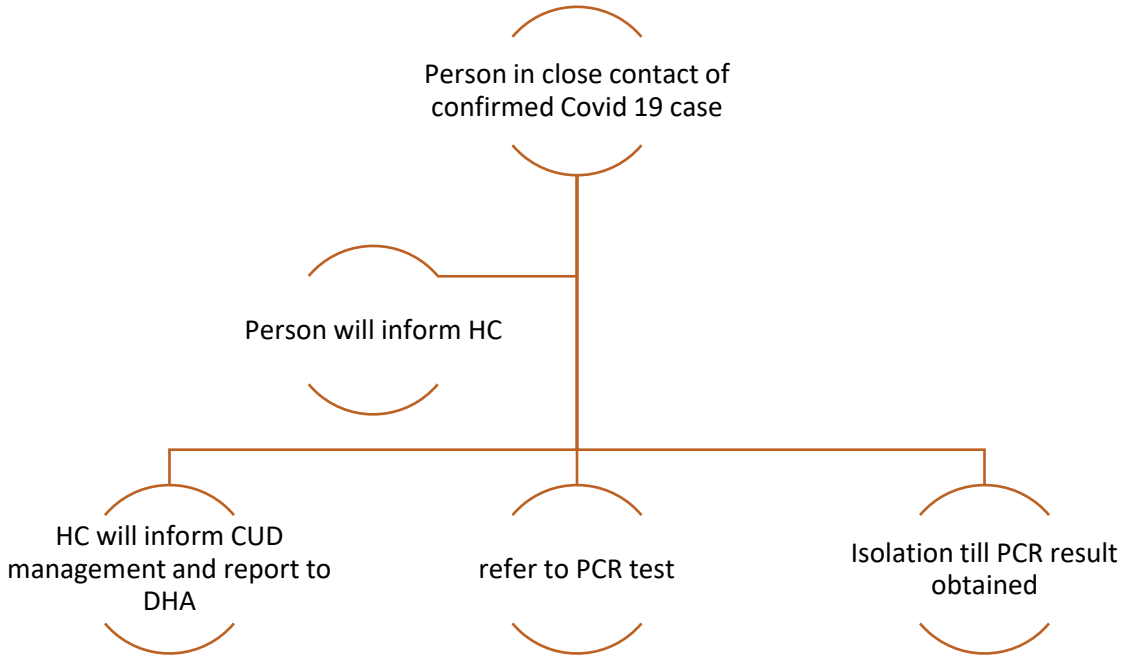
Contact Tracing



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Important Contacts

Ambulance services:
998 / 999

Preventive Medicine Section, Public Health Protection Department:
+971562253800
+971562256769

Electronic reporting to DHA via online DHA reporting system:
Sheryan (IDNS)

DHA hotline number: 800342

"Estijaba" service at the operation center – Department of Health: 8001717

Ministry of Health & Prevention: 80011111