

وزارة الصحة العامة  
Ministry of Public Health  
دولة قطر • State of Qatar



# MINISTRY OF PUBLIC HEALTH STRATEGIC PLANNING AND PERFORMANCE DEPARTMENT

---

# NATIONAL INFECTION PREVENTION AND CONTROL INTERIM GUIDELINE FOR COVID-19

SEPTEMBER 2022

# CONTENTS

ABBREVIATIONS	3
PURPOSE:	4
BACKGROUND	4
SURVEILLANCE	4
CASE DEFINITIONS FOR COVID-19	4
SUSPECT CASE	4
PROBABLE CASE	5
CONFIRMED CASE	5
DEFINITION OF CONTACT	5
REPORTING AND NOTIFICATION	5
GENERAL INFECTION PREVENTION AND CONTROL PRECAUTIONS	6
Personal Protective Equipment (PPE)	7
HAND HYGIENE	9
PATIENT PLACEMENT	11
PERSONAL PROTECTIVE EQUIPMENT (PPE)	10
PATIENT CARE EQUIPMENT	10
SAMPLE COLLECTION AND HANDLING OF LABORATORY SPECIMENS	11
AEROSOL GENERATING PROCEDURES (AGPS)	11
ENVIRONMENTAL INFECTION CONTROL	12
SAFE INJECTION PRACTICES	12
DURATION OF INFECTION CONTROL PRECAUTIONS	12
MONITORING AND MANAGEMENT OF POTENTIALLY EXPOSED HEALTHCARE PERSONNEL	12
MONITORING, MANAGEMENT, AND TRAINING OF VISITORS	13
MANAGING DECEASED BODIES	13
AWARENESS & EDUCATION TRAINING	13
HOME ISOLATION	14
FOR CAREGIVERS AND HOUSEHOLD MEMBERS:	14
PATIENT TRANSPORTATION AND PREHOSPITAL EMERGENCY MEDICAL SERVICES – HMC AMBULANCE SERVICE (HAS)	15
REFERENCES:	17
APPENDIX 1: VISUAL TRIAGE FOR COVID-19	18
APPENDIX 2: IPC RECOMMENDATIONS FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING CARE OF PEOPLE WITH CORONAVIRUS DISEASE (COVID-19)	19
APPENDIX 3: DONNING AND DOFFING PPE	23
APPENDIX 4: HAND HYGIENE TECHNIQUE	25
APPENDIX 5: THE FIVE MOMENTS OF HAND HYGIENE	27
APPENDIX 6: DEFINITIONS	28

# ABBREVIATIONS

AGPs	Aerosol-generating Procedures
CDC	Centers for Disease Control and Prevention
COVID-19	Corona Virus Disease 2019
DPH	Department of Public Health
ED	Emergency Department HMC
EVD	Ebola Virus Disease
HCW	Health Care Worker
HGH	Hamad General Hospital
HIA	Hamad International Airport
HMC	Hamad Medical Corporation
HMC AS	Hamad Medical Corporation Ambulance Services
HP & CDC	Health Protection & Communicable Diseases Control
HQPS	Healthcare Quality and Patient Safety Department
IHR 2005	International Health Regulations 2005
IPC	Infection Prevention and Control
MERS-CoV	Middle East Respiratory Syndrome Corona Virus
MOD	Ministry of Defense
MOE	Ministry of Environment
MOI	Ministry of Interior
MOPH	Ministry of Public health
NFP	National IHR focal point
NHS	National Health Strategy
OCT	Outbreak Taskforce
PHCC	Primary Health Care Corporation
SARS	Severe Acute Respiratory Syndrome
WHO	World Health Organization

# PURPOSE:

This guideline outlines the infection prevention and control (IPC) practices associated with COVID-19. This document aims to provide healthcare workers (HCWs) with updated interim guidelines on timely, effective, and safe IPC practices when dealing with patients with COVID-19 and Severe Acute Respiratory Infections (SARI) and latest information on SARS-CoV-2 variants. This guideline is intended for all HCWs including ambulance staff, healthcare administrators, housekeeping staff and IPC teams at the national and the facility level. It should be used in conjunction with IPC policies. It also includes the advice that HCWs will provide for patients and their care givers.

The recommendations in this document are derived from WHO and CDC guidance. Please note that the guidelines are likely to evolve based on COVID-19 linked circumstances

# BACKGROUND

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus COVID-19 is a new strain that has not been previously identified in humans. Multiple variants of SARS-CoV-2 have been documented in globally throughout this pandemic. A variant of concern (Delta and Omicron) has been observed to be more infectious, more likely to cause breakthrough or re-infections in those who are vaccinated or previously infected. Coronaviruses are zoonotic, they are transmitted between animals and people. Detailed investigations found that COVID-19 was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

The outbreak of COVID-19 in Wuhan, China has been reported to be linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak.

Infection prevention & control procedures including administrative rules and engineering controls, environmental hygiene, correct IPC practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare workers, and visitors at the healthcare facility. Infection prevention & control procedures should be implemented in health care facilities by all staff.

# SURVEILLANCE

The epidemiological surveillance goal for Covid – 19 is to be able to rapidly detect cases and break the chain of transmission leading to controlling widespread transmissions and outbreaks, resulting in reduced rates of associated mortality and morbidity.

# CASE DEFINITIONS FOR COVID-19

## SUSPECT CASE

A. A person is suspected of Covid-19 (SARS-CoV – 2) who meets clinical or epidemiological criteria as follows:

### Clinical criteria:

- acute onset of fever AND cough (ILI)
- OR
- acute onset of **ANY THREE OR MORE** of the following signs or symptoms: fever, cough, general weakness/fatigue<sup>1</sup>, headache, myalgia, sore throat, coryza, dyspnoea, nausea/diarrhoea/anorexia
- OR

### Epidemiological criteria<sup>2</sup> :

- contact of a probable or confirmed case or linked to a COVID-19 cluster<sup>3</sup>.
- B. A patient with **severe acute respiratory illness** (SARI: acute respiratory infection with history of fever or measured fever of  $\geq 38$  °C; and cough; with onset within the last 10 days; and requires hospitalization)



C. A person with no clinical signs or symptoms OR meeting epidemiologic criteria with a positive professional-use or self-test SARS-CoV-2 Antigen-RDT.

<sup>1</sup>Signs separated with slash (/) are to be counted as one sign

<sup>2</sup>In light of the heightened transmissibility of emerging variants and the high likelihood that any close contact could be infected, epidemiological criteria alone are included in order to qualify asymptomatic contacts for testing, when possible, for the countries with the capacity to adapt more sensitive testing strategies; this is particularly relevant in high-risk populations and settings.

<sup>3</sup>A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least one NAAT-confirmed case or at least two epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with positive professional use OR self-test Ag-RDT (based on  $\geq 97\%$  specificity of test and desired  $>99.9\%$  probability of at least one positive result being a true positive)

### PROBABLE CASE

- A. A patient who meets clinical criteria AND is a contact of a probable or confirmed case, or linked to a COVID-19 cluster<sup>3</sup>
- B. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or linked to a COVID-19 cluster<sup>3</sup>

### Confirmed case

- A. A person with a positive Nucleic Acid Amplification Test (NAAT), regardless of clinical criteria OR epidemiological criteria
- B. A person meeting clinical criteria AND/OR epidemiological criteria ( suspect case A)with a positive professional-use or self- test SARS-CoV-2 Antigen-RDT

Ag RDT antigen-detection rapid diagnostic tests (Ag-RDT) are available for use by trained professionals or for self-testing by individuals:

- Professional-use SARS-CoV-2 antigen-RDT : WHO EUL-approved Ag-RDT, in which sample collection, test performance and result interpretation are done by a trained operator.

REPORTING THRESHOLD (Immediate/Urgent)	SUSPECTED/PROBABLE OR CONFIRMED CASE
Health facility level-based interventions	Usually, the cases are detected as part of health care seeking / case contact / at point of entry. NPS/OPS are collected to confirm diagnosis. Treatment/quarantine procedure are initiated as required.

## LABORATORY:

Laboratory testing of Oro and/or Nasopharyngeal swab is crucial for Covid-19 case confirmation and to initiate both the line of treatment as well as isolation precaution measures including quarantine requirements. RT-PCR testing continues to be the gold standard in Qatar for detecting the presence of Covid-19. MOPH has approved an implemented Rapid Antigen and Antibody testing as part of COVID-19 test strategy to increase access for tests for people in Qatar. As the sensitivity and specificity of antigen tests depend on the test used, the personnel carrying out the test and the clinical indication or setting in which they are used, at present antigen testing undertaken outside the approved healthcare facilities is not recognized for the purpose of notification of SARS-CoV-2/COVID-19.

Please refer to: [Interim Guidelines for Sample Collection, Handling, Storage and Transportation of Clinical Specimens from Persons Suspected of Coronavirus Disease 2019 \(COVID-19\)](#)

[Diagnostic Testing Protocols Eng\\_merged.pdf \(moph.gov.qa\)](#)

## DEFINITION OF CONTACT

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients.
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in proximity (1 meter) with a COVID-19 patient in any kind of conveyance within a 14 day period after the onset of symptoms in the case under consideration

# REPORTING AND NOTIFICATION

- Any suspected or confirmed case notified immediately to Health Protection & Communicable Disease Control (HP & CDC) at the Ministry of Public by approved laboratories.
- E-Health /Ehteraz for general public
- WHO requests that probable and confirmed cases be reported within 24 hours of classification, through the regional contact point for International Health Regulations at the appropriate WHO regional office.

# 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 negative pressure room is not available; use an adequately ventilated room – that is, natural ventilation with air flow of at least 160 L/s per patient, maintain the door closed and keep portable HEPA filter in the room. 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

- 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

- Ensure rapid triage and isolation of patients who might have COVID-19 infection (See Appendix 1: Visual Triage for COVID-19 ).
- Immediately isolate those identified as at risk for having COVID-19 infection.
- 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.
- 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.
- Provide space and encourage persons with symptoms of acute respiratory infections to sit at least 1 meter away from others as possible. If available, facilities may wish to place these patients in a separate area while waiting for care.
- Isolate those at risk for COVID-19. See recommendations for "Patient Placement" below.
- 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.



## Personal Protective Equipment (PPE)

Healthcare workers in contact with a confirmed case, or a suspected case of COVID-19, should wear N95 mask, tested for fitting, eye protection (i.e., goggles or face shield), long sleeved water-resistant gown and gloves.

Before undertaking any procedure, staff should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

All PPE should be:

- Compliant with the relevant national and international IPC standards
- Single use only. Located close to the point of use. Stored to prevent contamination in a clean/dry area until required for use (expiry dates must be adhered to)
- Changed immediately after each patient and/or following completion of a procedure or task; and disposed of after use into the correct waste stream i.e., healthcare/medical waste (this may require disposal via yellow bag waste; local guidance will be provided depending on the impact of the disease).

### Disposable gown and aprons

- Disposable fluid-resistant non-sterile gowns must be worn to protect staff uniform or clothes from contamination when providing direct patient care and during environmental and equipment decontamination.
- Plastic disposable aprons should be used when there is a risk of extensive splashing of blood and/or other body fluids e.g., during aerosol generating procedures (AGPs) on top of the gown. Disposable aprons and gowns must be changed between patients and immediately after completion of a procedure/task.

### Disposable gloves

- Disposable gloves must be worn when providing direct patient care and when exposure to blood and/or other body fluids is anticipated/likely, including during equipment and environmental decontamination. Gloves must be changed immediately following the care episode or the task undertaken or if it is damaged or heavily soiled.

### Eye /Face protection

- Eye/face protection should be worn when there is a risk of contamination to the eyes from splashing of secretions (including respiratory secretions), blood, body fluids or excretions.
- Disposable, single-use eye/face protection is recommended. Eye/face protection can be achieved using any one of the following:
  - Surgical mask with integrated visor.
  - Full face shield/visor.
  - Polycarbonate safety spectacles/goggles or equivalent; Regular corrective spectacles are not considered adequate eye protection.

### Surgical Mask /N 95 respirators

- Surgical mask is intended to be worn by health professionals during surgery and certain health care procedures to catch microorganisms shed in liquid droplets and aerosols from the wearer's mouth and nose. A surgical mask is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain viruses and bacteria, keeping it from reaching the wearer's mouth and nose.
- N 95 respirators are personal protective equipment that are used to protect the wearer from airborne particles and from liquid contaminating the face. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.5 micron) test particles.

### Recommendation for optimizing the use of PPE

Consider, on a case-by-case risk assessment, the use of PPE for the different procedures to be performed. Based on the current knowledge on the transmission of COVID-19, in which respiratory droplets seem to play a major role (although airborne transmission cannot be ruled out at this stage), and taking into consideration the possible shortage of PPE in healthcare settings due to the increasing number of COVID-19 patients, the suggested set of PPE for droplet, contact and airborne transmission (gloves, goggles, gown and N95 mask) can be adapted for the clinical assessment of suspected COVID-19 cases as below:

- Healthcare workers performing the first assessment without direct contact; the patient should wear a surgical mask and keep a distance of at least 1.5 meter.
- If possible, a physical barrier such as glass or a plastic teller window can be used to avoid direct contact and keep the distance; in such case no PPE is necessary.
- Healthcare workers performing aerosol-generating procedures (AGP) and swabbing, should wear the suggested PPE set for contact and airborne transmission (gloves, goggles, gown and N95).
- Be aware that suspected cases of COVID-19 should be isolated, or at least separated, from other patients. They should be instructed to wear a surgical mask and practice appropriate hand hygiene. If possible, dedicated toilet facilities should be made available. Non-essential contacts between suspected cases and other persons should be minimized.

### Availability and Supply of PPEs

- Assess the onsite availability of appropriate personal protective equipment (PPE) for all personnel at the point-of-care.
- Centralized request management approach recommended to avoid duplication of stock and ensuring strict adherence to essential stock management rules to limit wastage, overstock and stock ruptures.
- In order to maximize the use of PPE if there is an insufficient access to stocks of PPE materials staff should be assigned to carry out procedures, or a procedure, in designated areas, or staff can wear the same respirator/N95 while caring for multiple patients with the same diagnosis. For example, assigned staff to swabbing procedures in a dedicated swabbing area can use the same N95 mask/respirator for several patients for a maximum of 5 hours without having to remove the respirator, if it is not damaged or soiled, and according to the manufacturer recommendations.
- Facemasks (surgical masks) mainly protect from exhaled droplets. Their use is recommended if there is a shortage of respirators and on a case-by-case assessment. Extended use of surgical mask is the practice of wearing the same facemask for repeated close contact encounters with several different patients in same unit, without removing the facemask between patient encounters. The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.

**Table 1: IPC measures for COVID-19 at the Healthcare Facility**

Component	Recommendation	Comments
Hand Hygiene	<ul style="list-style-type: none"> <li>• HCW should perform hand hygiene as per the 5 moments of Hand Hygiene (Error! Reference source not found.).</li> <li>• Hand hygiene should also be performed after coughing and sneezing as part of respiratory hygiene/cough etiquette.</li> <li>• Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand sanitizer. If hands are visibly soiled, use soap and water, not alcohol-based hand sanitizer.</li> </ul> <p>Please refer to Appendix 4</p>	<ul style="list-style-type: none"> <li>• Healthcare facilities should ensure that supplies for performing hand hygiene are available for staff, patients and visitors.</li> </ul>



Component	Recommendation	Comments
Patient Placement	<ol style="list-style-type: none"> <li>1. Airborne Infection Isolation Rooms AIIR (Negative Pressure Rooms) particularly during an aerosol generating procedures</li> <li>2. Well ventilated single patient room (preferably containing a private bathroom) with the door closed if AIIR are not available.</li> <li>3. In primary care setting and ambulatory care, the patient should be placed in a dedicated isolation room with the door closed.</li> <li>4. If an AIIR is not available, patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.</li> <li>5. If the patient does not require hospitalization, they can be discharged if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the patient and isolate him/her in an examination room with the door closed.</li> <li>6. Avoid the movement and transport of patients out of the isolation room unless medically necessary</li> <li>7. If transport is required: <ul style="list-style-type: none"> <li>• Provide patients with Alcohol-based hand sanitizer</li> <li>• Patients should wear a surgical mask</li> <li>• Use routes of transport that minimize exposures of staff, other patients, and visitors.</li> <li>• Notify the receiving area of the patient's diagnosis and necessary precautions as soon as possible before the patient's arrival.</li> <li>• Ensure that healthcare workers (HCWs) who are transporting patients wear appropriate PPE and perform hand hygiene (HH) as per the 5 moments of HH.</li> </ul> </li> <li>8. Facilities should maintain a log of all persons entering the patient's room</li> </ol>	<ul style="list-style-type: none"> <li>• Post the appropriate isolation signage outside the room.</li> <li>• Ensure Adherence to Standard, Contact and Airborne or Droplet or Precautions as appropriate (Contact IPC team for confirmation).</li> <li>• Ensure the PPE resources are available at the point of need.</li> <li>• Patient who are critically ill (e.g., pneumonia with respiratory distress or hypoxemia) should be placed in Airborne Isolation rooms</li> <li>• When single rooms are not available, place patients with the same diagnosis together (cohorting). If this is not possible, place patient beds at least 1 meter apart</li> </ul>

Component	Recommendation	Comments
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>• For triage nurse:               <ul style="list-style-type: none"> <li>• Wear surgical mask until escorting the patient to the isolation room.</li> <li>• Remove /dispose surgical mask into a yellow bin after the patient enters the isolation room.</li> <li>• Perform HH as per 5 moments of HH.</li> </ul> </li> <li>• PPE should be worn by HCWs upon entry into the patient room.</li> <li>• Housekeeping staff wear the same PPE as the HCW managing the patient.</li> <li>• Adults accompanying children suspected or confirmed COVID-19 should be instructed to wear the appropriate PPE as the HCWs caring for their children.</li> <li>• Change PPE between use and for each different patient.</li> <li>• Dispose of single use PPE in a closed bin</li> </ul> <p>Pease refer to Appendix 4 for PPE recommendations and sequence.</p>	<ul style="list-style-type: none"> <li>• For HCWs who fail the fit testing of N95 masks (e.g., those with beards) an alternative respirator, such as a powered air-purifying respirator, should be used</li> <li>• Upon exit from the patient room or care area, PPE should be removed and discarded</li> <li>• Except for N95 masks, remove PPE at doorway or in anteroom. Remove N95 mask after leaving patient room and closing door.</li> <li>• You can perform HH immediately after removing gloves if you believe that your hands may have been contaminated.</li> </ul>
Patient Care Equipment	<ul style="list-style-type: none"> <li>• Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care</li> <li>• All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies</li> </ul>	<ul style="list-style-type: none"> <li>• Follow manufacturer's instructions and hospital policies</li> </ul>

Component	Recommendation	Comments
Sample collection and handling of laboratory specimens	<p>Diagnostic Respiratory Specimen Collection:</p> <ul style="list-style-type: none"> <li>• Samples collected at the Hamad Medical Corporation, PHCC centers and approved private healthcare facilities.</li> <li>• HCW collecting specimens for testing for COVID-19 should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection.</li> <li>• These procedures should take place in an air borne negative pressure room.</li> <li>• If negative pressure room is not available, designated swabbing room should be well ventilated, with self-closing door and HEPA filtration.</li> <li>• Only competent and qualified staff shall perform collection procedure.</li> <li>• Place specimens for transport in leak-proof specimen bags (secondary container) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container (primary container), and a clearly written request form.</li> <li>• Deliver all specimens by hand whenever possible. Do not use pneumatic-tube systems to transport specimens.</li> <li>• Notify the laboratory as soon as possible that the specimen is being transported.</li> </ul> <p>Please refer to: <a href="#">Guidelines-IG SAMPLE COLLECTION ENG.pdf (moph.gov.qa)</a></p>	<ul style="list-style-type: none"> <li>• Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) are likely to induce coughing or sneezing.</li> <li>• Individuals in the room during the procedure should, ideally, be limited to the patient and the healthcare provider obtaining the specimen.</li> <li>• Ensure that HCWs who collect specimens wear appropriate PPE; gowns, gloves, face-shield/goggles and surgical mask except in aerosol generating procedures use N95 Mask.</li> </ul>
Aerosol Generating Procedures (AGPs)	<p>If performing AGPs, use a combination of measures to reduce exposure:</p> <ol style="list-style-type: none"> <li>1. Wear N95 masks</li> <li>2. Wear eye protection (i.e., goggles or a face shield).</li> <li>3. Wear a clean, non-sterile, long-sleeved gown and gloves (some of these procedures require sterile gloves).</li> <li>4. Wear an impermeable apron for some procedures with expected high fluid volumes that might penetrate the gown.</li> <li>5. Perform procedures in a negative pressure room.</li> </ol> <ul style="list-style-type: none"> <li>• Perform hand hygiene as per the 5 moments of HH.</li> <li>• Limiting the number of HCWs present during the procedure to only those essential for patientcare and support.</li> <li>• Conduct environmental surface cleaning following procedures (see section below on environmental infection control).</li> <li>• Collection and handling of soiled re-usable respirators must be done by trained individuals using PPE</li> </ul>	<ul style="list-style-type: none"> <li>• Although there are limited data available to definitively define a list of aerosols generating procedures, procedures that are usually included are those planned ahead, such as sputum induction, bronchoscopy, elective intubation and extubation; and some procedures that often occur in unplanned, emergent settings and can be lifesaving, such as cardiopulmonary resuscitation, urgent intubation, and open suctioning of airways.</li> <li>• Once the patient vacates a room where aerosol generating procedures were conducted, unprotected individuals, including HCWs, should not be allowed in that room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. (1 hour or less, depending on air handling capacity of the facility)</li> </ul>

Component	Recommendation	Comments
Environmental In-fection Control	<ul style="list-style-type: none"> <li>Designate well trained housekeeping personnel for cleaning and disinfecting patient rooms occupied by suspected or confirmed COVID-19 cases.</li> <li>Staff performing environmental cleaning and disinfection should wear recommended PPE (described above) and consider use of additional barriers i.e., shoe and leg coverings, etc.) if needed.</li> <li>Face protection (face shield or facemask with goggles) should be worn when performing tasks such as liquid waste disposal that can generate splashes.</li> <li>Follow standard operating procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of:               <ol style="list-style-type: none"> <li>Environmental surfaces and equipment</li> <li>Textiles and laundry</li> </ol> </li> <li>Food utensils and dishware should be disposable.</li> <li>Waste management should follow the facility guidelines on Standard and Transmission based precautions</li> </ul>	<ul style="list-style-type: none"> <li>Follow standard procedures for cleaning and/or disinfection of environmental surfaces and patient-care equipment, linen, stretcher (trolley), and bed.</li> <li>For equipment that requires sterilization, follow routine sterilization procedures</li> <li>Use sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfection of frequently touched hard non-porous surfaces and equipment as per facility policies and manufacturer's instructions.</li> <li>Use 70% Ethyl alcohol to disinfect re-usable medical equipment</li> <li>Manage laundry, food service utensils and medical waste in accordance with IPC policy and procedures</li> </ul>
Safe Injection practices	<ul style="list-style-type: none"> <li>Staff should follow safe injection practices as specified under Standard Precautions.</li> </ul>	<ul style="list-style-type: none"> <li>Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use.</li> </ul>
Duration of Infection Control Precautions	<p>Factors that should be considered:</p> <ol style="list-style-type: none"> <li>Presence of symptoms related to COVID-19.</li> <li>Date symptoms resolved.</li> <li>Other conditions that would require specific precautions (e.g., tuberculosis, Clostridium difficile) and available laboratory information.</li> </ol>	<ul style="list-style-type: none"> <li>Duration of precautions should be determined on a case-by-case basis, in conjunction with local, and national health authorities, while the patient has been asymptomatic.</li> </ul>
Monitoring and Management of Potentially Exposed Healthcare Personnel	<ul style="list-style-type: none"> <li>Trace all health care workers who had protected or unprotected contacts with patients with suspected, probable, or confirmed COVID-19 infection.</li> <li>The infection control and occupational health and safety services of the facility should proactively call by phone all contacts to assess their health daily, total of 7 days.</li> </ul> <p>Please refer to: <a href="#">COVID-19 Post Exposure Management in Healthcare Settings_Final 12042021 (003).pdf (moph.gov.qa)</a></p>	<ul style="list-style-type: none"> <li>Asymptomatic HCWs who test positive should be isolated and managed as confirmed cases.</li> </ul>

Component	Recommendation	Comments
Monitoring, Management, and Training of Visitors	<ul style="list-style-type: none"> <li>◆ Family members and visitors in contact with a patient should be limited to those essential for patient support</li> <li>◆ They should be trained on the risk of transmission and on the use of the same infection control precautions</li> <li>◆ Further training may be needed in settings where hospitalized patients are often cared for by family members</li> </ul>	<ul style="list-style-type: none"> <li>◆ Visitors who have been in contact with the COVID-19 patient before and during hospitalization are a possible source of COVID-19 for other patients, visitors, and staff.</li> <li>◆ These asymptomatic contacts should follow the instructions provided on home isolation chapter.</li> </ul>
Managing deceased bodies	<ul style="list-style-type: none"> <li>◆ Follow the proper identification of body transportation, and documentation in the morgue as per the facility IPC- policy</li> </ul>	<ul style="list-style-type: none"> <li>◆ Notify the Morgue Supervisor of the deceased infectious status.</li> <li>◆ This should be documented in writing on the identification tag</li> </ul>
Awareness & education training	<ul style="list-style-type: none"> <li>◆ Deliver regular IPC awareness/ education activities for HCW and public</li> </ul>	<ul style="list-style-type: none"> <li>◆ Post visual alerts at the entrance and strategic places</li> </ul>

# HOME ISOLATION

Home isolation is recommended for people who are tested positive with mild symptoms/asymptomatic after consultation with healthcare professional. The residential setting should be suitable for home isolation.

The following instructions should be provided to these individuals.

**Stay home except to get medical care:** You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Do not use public transportation, ridesharing, or taxis.

**Separate yourself from other people in your home:** As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

**Wear a surgical mask:** You should wear a surgical mask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a surgical mask, the people who live with you should wear one while they are in the same room with you.

**Cover your coughs and sneezes:** Cover your mouth and nose with a tissue or your flexed elbow when you cough or sneeze. Throw used tissues in a closed bin and immediately wash your hands with soap and water or disinfect it with alcohol-based hand sanitizer

**Clean your hands:** Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

**Avoid sharing household items:** You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and warm water

**Monitor your symptoms:** Seek prompt medical attention if you develop any symptoms as fever, cough, sore throat, shortness of breath or difficulty breathing.

**Call ahead before visiting your doctor:** Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people from getting infected or exposed. Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

## Discontinuing home isolation

The decision to discontinue home isolation precautions should be made upon negative COVID test and resolved clinical symptoms. RT-PCR testing performed on the day 5th or Rapid Antigen test on the day 7th after confirmed positive result and return to work on the day 8th. Home precautions are conservative and based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS).

# FOR CAREGIVERS AND HOUSEHOLD MEMBERS:

Care givers are instructed to do the following:

- Limit the number of caregivers, ideally assign one person who is in good health without risk conditions.
- Household members should stay in a different room.
- Restrict visitors who do not have an essential need to be in the house.
- Limit the movement of the individual and minimize shared space. Ensure that shared spaces (e.g., kitchen, bathroom) are well ventilated (e.g., keep windows open).
- Remind the individual to wear a surgical mask when in the presence of other family members
- Keep elderly people and those who have compromised immune systems or specific health conditions away from the ill person. This includes people with chronic heart, lung or kidney diseases, and diabetes
- Wear a surgical mask, gown, and gloves when you touch or have contact with the individual's blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucous, vomit, urine, or diarrhea.
- Throw out surgical masks, gowns, and gloves after using them. Do not reuse.




- Wash your hands immediately after removing your medical mask, gown, and gloves
- Wash your hands often and thoroughly with soap and water. Use an alcohol-based hand sanitizer if soap and water are not available and if hands are not visibly dirty. Avoid touching eyes, nose, and mouth with unwashed hands
- Avoid other types of possible exposure to the person's or contaminated items in their immediate environment (e.g., avoid sharing toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen). Eating utensils and dishes should be cleaned with either soap or detergent and water after use and may be re-used instead of being discarded.
- Clean and disinfect frequently touched surfaces such as bedside tables, bedframes, and other bedroom furniture daily. Also, clean any surfaces that may have blood, body fluids and/or secretions on them with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
- Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution (1-part bleach to 99 parts water).
- Clean clothes, bedclothes, bath and hand towels, etc. using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid direct contact of the skin and clothes with the contaminated materials.
- Use disposable gloves and protective clothing (e.g., plastic aprons) when cleaning or handling surfaces, clothing or linen soiled with body fluids. Perform hand hygiene before and after removing gloves.
- Place all used gloves, gowns, medical masks, and other contaminated items in a lined container before disposing them with other household waste. Wash your hands immediately after handling these items.

## **PATIENT TRANSPORTATION AND PREHOSPITAL EMERGENCY MEDICAL SERVICES – HMC AMBULANCE SERVICE (HAS)**

Patients who may have COVID-19 may be safely transported by HMC Ambulance service with the proper precautions.

1. Involve the fewest HAS personnel required to minimize possible exposures.
2. Family members and other contacts of COVID-19 patients should not ride in the ambulance. If necessary, they should be evaluated for fever and lower respiratory symptoms and, if either is present, asked to wear a surgical mask when riding in the vehicle.
3. When possible, use vehicles that have a separate driver and patient compartments that can provide separate ventilation to each area. Close the door/window between these compartments before bringing the patient on board.
4. Set the vehicle's ventilation system to the non-recirculating mode to maximize the volume of outside air brought into the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle. Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle.
5. Place a surgical mask on the patient to contain droplets expelled during coughing. If this is not possible (i.e., would further compromise respiratory status, difficult for the patient to wear), have the patient cover the mouth/nose with a tissue when coughing.
6. Oxygen delivery with a non-rebreather face mask may be used to provide oxygen support during transport.
7. If a patient has been mechanically ventilated before transport, HEPA or equivalent filtration of airflow exhaust should be available.
8. Aerosol-generating procedures (e.g., mechanical ventilation, nebulizer treatment) should be avoided during prehospital care.
9. Prehospital care providers who directly handle a patient with COVID-19 or who are in the compartment with the patient should wear PPE as recommended.
10. Avoid touching face with contaminated gloves. Avoid unnecessary touching of surfaces in the ambulance vehicle.
11. Arrange for the receiving facility staff to meet the patient at the ambulance door to limit the need for EMS personnel to enter the emergency department in contaminated PPE. (It may not be practical to change PPE before patient transfer into the facility.) Remove and discard PPE after transferring the patient at the receiving facility and perform hand hygiene. Treat used disposable PPE as medical waste.

- 
12. Handle clinical specimens that must be collected during transport (e.g., blood gas) by standard operating procedures.
  13. Follow standard operating procedures for the containment and disposal of regulated medical waste.
  14. Follow standard operating procedures for containing and reprocessing used linen. Wear appropriate PPE when removing soiled linen from the vehicle. Avoid shaking the linen.
  15. Clean and disinfect the vehicle by standard operating procedures. Personnel performing the cleaning should wear a disposable gown and gloves (a respirator should not be needed) during the clean-up process; the PPE should be discarded after use.
  16. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an MOPH-approved hospital disinfectant by manufacturer's recommendations.
  17. Clean and disinfect reusable patient-care equipment per manufacturer's instructions.

## REFERENCES:

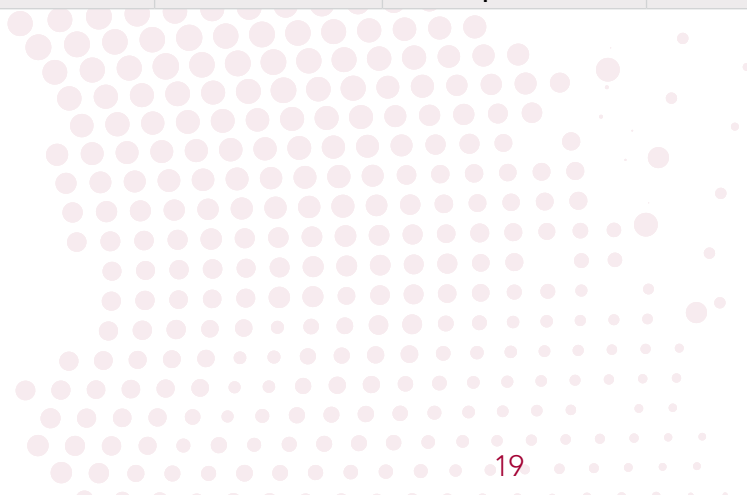
- WHO COVID-19 Case definition, Updated in Public health surveillance for COVID-19, 22 July 2022 | COVID-19: Surveillance, case investigation and epidemiological protocols; WHO/2019-nCoV/Surveillance\_Case\_Definition/2022.1
- Clinical management of severe acute respiratory infection when novel coronavirus (CAUVID-19) infection is suspected Interim guidance. Available at: [https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517\\_2](https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf?sfvrsn=bc7da517_2) ;
- Surveillance case definitions for human infection with novel coronavirus (COVID-19) Interim guidance WHO/COVID-19/Surveillance/ ;
- WHO COVID-19: Case Definitions Updated in Public health surveillance for COVID-19, published 16 December 2020;
- Revised COVID-19 case definition & criteria for repeat test SWICC April 2020
- Infection prevention and control during health care when novel coronavirus (COVID-19) infection is suspected Interim guidance. Available at: [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) ;
- CDC Infection Control: Novel Coronavirus 2019 (COVID-19), Updated Feb. 2, 2022 Available at: <https://www.cdc.gov/coronavirus/COVID-19/infection-control.html>
- Laboratory testing of human suspected cases of novel coronavirus (nCoV) infection Interim guidance. Available at: <https://apps.who.int/iris/bitstream/handle/10665/330374/WHO-COVID-19-laboratory-2020.1-eng.pdf>;
- Transmission of SARS-CoV-2: implications for infection prevention precautions, Scientific paper, WHO, 9th July 2020. WHO/2019-nCoV/Sci\_Brief/Transmission\_modes/2020.3 ;
- MOPH Approves COVID-19 Rapid Testing and Antibody Testing for Private Healthcare Sector, Hukoomi e-government, May 30, 2021. Available at: <https://hukoomi.gov.qa/en/news/moph-approves-covid-19-rapid-testing-and-antibody-testing-for-private-healthcare-sector>





# APPENDIX 2: IPC RECOMMENDATIONS FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) DURING CARE OF PEOPLE WITH CORONAVIRUS DISEASE (COVID-19)

Setting	Target personnel or patients	Activity	Type of PPE or procedure
<b>Inpatient facilities</b>			
Patient room including Intensive care units (ICU)	Healthcare workers	Providing direct care to COVID-19 patients.	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gown</li> <li>Gloves</li> <li>Eye protection (goggles or face shield).</li> </ul>
		Aerosol-generating procedures performed on COVID-19 patients	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gown</li> <li>Gloves</li> <li>Eye protection</li> <li>Apron</li> </ul>
	Cleaners	Entering the room of COVID-19 patients.	<ul style="list-style-type: none"> <li>Medical mask</li> <li>Gown</li> <li>Heavy duty gloves</li> <li>Eye protection (if risk of splash from organic material or chemicals).</li> <li>Boots or closed work shoes</li> </ul>
	Visitors*	Entering the room of a COVID-19 patient	<ul style="list-style-type: none"> <li>Medical mask</li> <li>Gown</li> <li>Gloves</li> </ul>
Other areas of patient transit (e.g., wards, corridors).	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask</li> </ul>
Triage	Healthcare workers	Preliminary screening not involving direct contact	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask</li> </ul>
	Suspected COVID-19 Patient	Assessment and direct contact with suspected COVID-19 patients	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gown</li> <li>Gloves</li> </ul>
	Patients with respiratory symptoms	Any	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask (if tolerated by patient)</li> </ul>
	Patients without respiratory symptoms.	Any	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask (if tolerated by patient)</li> </ul>
Laboratory	Lab technician	Manipulation of respiratory samples	<ul style="list-style-type: none"> <li>Medical mask</li> <li>Gown</li> <li>Gloves</li> <li>Eye protection (if risk of splash)</li> </ul>
Administrative areas	All staff, including healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask</li> </ul>



Setting	Target personnel or patients	Activity	Type of PPE or procedure
<b>Outpatient facilities</b>			
Consultation room	Healthcare workers	Physical examination of patient <b>with</b> respiratory symptoms.	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Gown</li> <li>• Gloves</li> <li>• Eye protection</li> </ul>
		Physical examination of patients without respiratory symptoms.	<ul style="list-style-type: none"> <li>• PPE according to standard precautions and risk assessment</li> </ul>
	Suspected COVID-19 Patient	Assessment and direct contact with suspected COVID-19 patients	<ul style="list-style-type: none"> <li>• Respirator N95 or FFP2 standard, or equivalent.</li> <li>• Gown</li> <li>• Gloves</li> </ul>
	Patients <b>with</b> respiratory symptoms	Any	<ul style="list-style-type: none"> <li>• Provide medical mask if tolerated</li> </ul>
	Patients without respiratory symptoms	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>
	Cleaners	After and between consultations with patients with respiratory symptoms.	<ul style="list-style-type: none"> <li>• Medical mask</li> <li>• Gown</li> <li>• Heavy duty gloves</li> <li>• Eye protection (if risk of splash from organic material or chemicals).</li> <li>• Boots or closed work shoes</li> </ul>
Waiting room	Patients <b>with</b> respiratory symptoms	Any	<ul style="list-style-type: none"> <li>• Provide medical mask if tolerated.</li> <li>• Immediately move the patient to an isolation room or separate area away from others.</li> <li>• if this is not feasible, ensure spatial distance of at least 2 m from other patients.</li> </ul>
	Patients without respiratory symptoms	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>
Administrative areas	All staff, including healthcare workers.	Administrative	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>
Triage	Healthcare workers	Preliminary screening not involving direct contact	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>
	Patients with respiratory symptoms.	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Provide surgical mask if tolerated</li> </ul>
	Patients without respiratory symptoms.	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>



Setting	Target personnel or patients	Activity	Type of PPE or procedure
<b>Points of entry</b>			
Administrative areas	All staff	Any	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask</li> </ul>
Screening area	Staff	First screening (temperature measurement) not involving direct contact	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Medical Mask</li> </ul>
	Staff	Second screening (i.e., interviewing passengers with fever for clinical symptoms suggestive of COVID-19 disease and travel history).	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gloves</li> <li>Gown</li> </ul>
	Cleaners*	Cleaning the area where the passengers with fever are being screened	<ul style="list-style-type: none"> <li>Medical mask</li> <li>Gown</li> <li>Heavy duty gloves</li> <li>Eye protection (if risk of splash from organic material or chemicals).</li> <li>Boots or closed work shoes</li> </ul>
Temporary isolation area	Staff	Entering the isolation area, but not providing direct assistance.	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 1.5m.</li> <li>Surgical mask</li> <li>Gloves</li> </ul>
	Staff, healthcare workers	Entering the isolation area and providing direct assistance	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gown</li> <li>Gloves</li> <li>Eye protection</li> </ul>
	Staff, healthcare workers	Assisting passenger being transported to a healthcare facility.	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gown</li> <li>Gloves</li> <li>Eye protection</li> </ul>
	Cleaners	Cleaning isolation area	<ul style="list-style-type: none"> <li>Surgical mask</li> <li>Gown</li> <li>Heavy duty gloves</li> <li>Eye protection (if risk of splash from organic material or chemicals). Boots or closed work shoes</li> </ul>
Ambulance or transfer vehicle	Healthcare workers	Transporting suspected COVID-19 patients to the referral healthcare facility.	<ul style="list-style-type: none"> <li>Respirator N95 or FFP2 standard, or equivalent.</li> <li>Gowns</li> <li>Gloves</li> <li>Eye protection</li> </ul>
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient. Assisting with loading or un-loading patient with suspected COVID-19 disease.	<ul style="list-style-type: none"> <li>Maintain spatial distance of at least 2 m.</li> <li>Surgical mask</li> <li>Respirator N95 or FFP2 stand-ard, or equivalent.</li> <li>Gowns</li> <li>Gloves</li> <li>Eye protection</li> </ul>
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments.	<ul style="list-style-type: none"> <li>Surgical mask</li> </ul>
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	<ul style="list-style-type: none"> <li>Surgical mask if tolerated</li> </ul>
Cleaners	Cleaning after and between transport of patients with sus-pected COVID-19 disease to the referral healthcare facility.	<ul style="list-style-type: none"> <li>Surgical mask</li> <li>Gown Heavy duty gloves</li> <li>Eye protection (if risk of splash from organic material or chemicals).</li> <li>Boots or closed work shoes</li> </ul>	

Special considerations for rapid response teams assisting with public health investigations

Anywhere	Rapid response team investigators	In-person interview of suspected or confirmed COVID-19 patients without direct contact.	<ul style="list-style-type: none"> <li>• Respirator N95 or FFP2 standard, or equivalent.</li> <li>• Gowns or overall</li> <li>• Gloves</li> <li>• Maintain spatial distance of at least 1,5m.</li> <li>• The interview should be conducted outside the house or outdoors, and confirmed or suspected COVID-19 patients should wear a surgical mask if tolerated.</li> </ul>
		In-person interview with asymptomatic contacts of COVID-19 patients.	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 1.5m.</li> <li>• Surgical mask</li> <li>• The interview should be performed outside the house or outdoors. If it is necessary to enter the household environment, do a thermal screening to confirm that the individual does not have a fever, maintain distance of at least 2 m and do not touch anything in the household environment.</li> </ul>
<b>Community</b>			
Public areas (e.g., schools, shopping malls, transport)	Individuals without respiratory symptoms	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2 m.</li> <li>• Medical Mask</li> </ul>
Home	Patients with respiratory symptoms. tolerated, except when sleeping	Any	<ul style="list-style-type: none"> <li>• Maintain spatial distance of at least 2m.</li> <li>• surgical mask if tolerated, except when sleeping</li> </ul>
	Caregiver/ Healthcare workers	Providing direct care or assistance to a COVID-19 patient at home	<ul style="list-style-type: none"> <li>• Respirator N95 or FFP2 standard, or equivalent.</li> <li>• Gown</li> <li>• Gloves</li> <li>• Eye protection</li> <li>• Apron (if risk of splash)</li> </ul>

# APPENDIX 3: DONNING AND DOFFING PPE

## HOW TO GUIDE - PUTTING ON PPE FOR CONTACT/DROPLET PRECAUTIONS

### 1 Perform hand hygiene

**Alcohol based handrub**  
Rub hands for 20–30 seconds.

or

**Water and soap**  
Wash hands for 40–60 seconds.



### 2 Put on the gown



### 3 Put on the mask

Medical mask.



### 4 Put on eye protection

Put on face shield or goggles.



### 5 Put on gloves

Ensure glove is placed over the cuff of the gown.



### Full PPE



# HOW TO GUIDE – TAKING OFF PPE FOR CONTACT/DROPLET PRECAUTIONS

Ensure that infectious waste containers are available for safe disposal of PPE. Separate containers should be available for reusable items.

Order is important

## 1 Remove gloves



## 2 Remove the gown

Ensure gown is pulled away from the body during removal and that clothing does not become contaminated and dispose of them safely.



## 3 Perform hand hygiene

### Alcohol based handrub

Rub hands for 20–30 seconds.

or

### Water and soap

Wash hands for 40–60 seconds.



## 4 Remove eye protection

Remove face shield or goggles.



## 5 Remove the mask

Ensure you are taking the mask off from the straps, avoid touching the mask.



## 6 Perform hand hygiene

### Alcohol based handrub

Rub hands for 20–30 seconds.

or

### Water and soap

Wash hands for 40–60 seconds.



# APPENDIX 4: HAND HYGIENE TECHNIQUES

## HANDWASHING WITH SOAP AND WATER



1



Wet hands with water and apply enough soap

2



Rub hands palm to palm

3



Rub the palm of the right-hand against the back of your left-hand with fingers interlaced and vice versa

4



Rub hands palm to palm with fingers interlaced

5



Rub the back of your fingers against the palm of the other hand with fingers interlocked

6



Rub the left thumb in a rotational movement against the palm of the right-hand and vice versa

7



Rub the fingers of the right-hand in a rotational movement against the palm of the left-hand and vice versa

8



Rinse hands with water

9



Dry thoroughly with a single use towel

10



Use towel or your elbow to turn off the tap

### PLEASE NOTE:



The duration for handwashing should be at least 20 seconds



Save water

For more info. on Coronavirus Disease 2019 (COVID-19) visit [www.moph.gov.qa](http://www.moph.gov.qa) or call 16000

وزارة الصحة العامة  
Ministry of Public Health  
دولة قطر - State of Qatar











مؤسسة حمد الطبية  
Hamad Medical Corporation  
صحة - تعليم - بحث  
HEALTH - EDUCATION - RESEARCH

مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION



# THE CORRECT WAY TO USE AN ALCOHOL-BASED HAND SANITIZER



- 1  Apply enough alcohol hand sanitizer to cover the palm
- 2  Rub hands palm to palm
- 3  Rub the palm of the right-hand against the back of your left-hand with fingers interlaced and vice versa
- 4  Rub hands palm to palm with fingers interlaced
- 5  Rub the back of your fingers against the palm of the other hand with fingers interlocked
- 6  Rub the left thumb in a rotational movement against the palm of the right-hand and vice versa
- 7  Rub the fingers of the right-hand in a rotational movement against the palm of the left-hand and vice versa
- 8  Leave your hands to dry

**PLEASE NOTE:**

 Use alcohol-based hand sanitizer with at least 60 % alcohol

 The ideal hand sanitization technique should last for at least 20 seconds

For more info. on Coronavirus Disease 2019 (COVID-19) visit [www.moph.gov.qa](http://www.moph.gov.qa) or call 16000



وزارة الصحة العامة  
Ministry of Public Health  
دولة قطر - State of Qatar



مؤسسة حمد الطبية  
Hamad Medical Corporation  
صحة - تعليم - بحوث  
HEALTH - EDUCATION - RESEARCH



مؤسسة الرعاية الصحية الأولية  
PRIMARY HEALTH CARE CORPORATION



# APPENDIX 5: FIVE MOMENTS FOR HAND HYGIENE

## Your 5 Moments for Hand Hygiene



<b>1</b>	<b>BEFORE TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2</b>	<b>BEFORE CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b> Clean your hands immediately before performing a clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3</b>	<b>AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>4</b>	<b>AFTER TOUCHING A PATIENT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.
<b>5</b>	<b>AFTER TOUCHING PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched. <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs.

## APPENDIX 06: DEFINITIONS

- (a) **Fever** may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations.
- (b) **Protected exposure** is defined as contact within 1.5 meters with a patient with confirmed or probable Novel- CoV infection while wearing all personal protective equipment (surgical mask, gloves, and gowns, and, when indicated, goggles, or N95 mask).
- (c) **Unprotected exposure** is defined as contact within 1.5 meters with a patient with confirmed or probable Novel -CoV infection without wearing all personal protective equipment (surgical mask, gloves, and gowns, and, when indicated, goggles, or N95 mask).
- (d) **A 'cluster'** is defined as two or more persons with onset of symptoms within the same 14-day period, and who are associated with a specific setting such as a classroom, workplace, household, extended family, hospital, other residential institution, military barracks or recreational camp. Recommendations for testing in clusters associated with health care settings

Human to human transmission of COVID-19 has been amplified in health care settings.

During outbreaks WHO recommend that, if feasible, all contacts of laboratory confirmed cases, especially health care worker contacts and inpatients sharing rooms/wards with confirmed cases, regardless of the development of symptoms, be tested for COVID-19 using RT-PCR.

- (e) **Home Isolation:** Is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well



[www.moph.gov.qa](http://www.moph.gov.qa)



[/MOPHQatar](https://www.facebook.com/MOPHQatar)



[/MOPHQatar](https://twitter.com/MOPHQatar)



[/MOPHQatar](https://www.instagram.com/MOPHQatar)