



مركز القيادة و التحكم  
Command & Control Center



وزارة الصحة  
Ministry of Health

## Infection Control Policies and Procedures for Rapid Response Teams

### Issuer

General Directorate of Infection Prevention and Control

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### Executers

Regional Command and Control Centers.

### Purpose

Rapid Response Teams, RRT, is designed to respond to MERS-CoV/COVID-19 cases and aims at supporting healthcare facilities in reducing the spread of MERS-CoV/COVID-19 within the facility.

### Definitions

**MERS-CoV:** Middle East Respiratory Syndrome Coronavirus

**COVID-19:** Corona Virus Disease-2019

**C-RRT:** Central Rapid Response Team at GDIPC

**RRT:** Rapid Response Team

**HCW:** Health Care Workers

**IPC:** Infection Prevention Control

**GDIPC:** General Directorate of Infection Prevention and Control



**Policy No.1: Rapid Response Team should visit any healthcare in which MERS-CoV / COVID-19 has occurred.**

### Procedures:

- 1.1. The responsibilities of RRT start from receiving notification of a positive MERS-CoV/ COVID-19 case
- 1.2. Head of infection control administration in the regional health directorate assigns, immediately after the notification, one infection control practitioner or a team of two practitioners to visit the healthcare facility where the infection occurs
- 1.3. The team should consist from two infection control practitioners if the MERS-CoV / COVID-19 case occurs in a hospital and one practitioner if the MERS-CoV / COVID-19 case occurs in an ambulatory care setting.
- 1.4. During the visit to any healthcare facility, RRT must trace all exposed HCWs and patients to the MERS-CoV / COVID-19 patient. The team should keep a detailed list of contacts before leaving the facility.
- 1.5. RRT should work with the healthcare facility on implementing preventive measures to manage the MERS-CoV / COVID-19 infection and prevent any possibilities for outbreak. These measures include measures for the MERS-CoV / COVID-19 case (placement, isolation, transfer, etc.), the hospital contacts (tracing, management, monitoring, etc.) and other IPC measures assessment (IPC department, respiratory triage, ER, ICU, isolation wards/rooms and hemodialysis when).
- 1.6. RRT should guide the facility on proper terminal cleaning, monitoring staff compliance with hand hygiene and personal protective equipment.
- 1.7. RRT should follow-up with healthcare facility for any update with regards to the case and the contacts and for tracking IPC progress against recommended actions.
- 1.8. RRT should debrief the IPC healthcare facility staff of the facility on results of assessment, provide critical IPC recommendations/actions, and provide same-day support as needed to make sure IPC gaps are filled.
- 1.9. RRT team should also visit any other health care facility that had been visited by the MERS-CoV / COVID-19 patient in the last two weeks before diagnosis.

**Policy No.2: RRT visited the healthcare facility should submit preliminary and detailed report after the visit.**

### Procedures:

- 2.1. RRT team should visit the facility and send a preliminary report to the C-RRT within 8 hours of notification.
- 2.2. RRT team should send a detailed report to the C-RRT within 24 hours of notification using the online electronic "MERS-CoV / COVID-19 Case: Rapid Response Team Report" based on the team's visit to the facility.
- 2.3. In case the electronic form is not available, the RRT will communicate with the C-RRT for an alternative method for the report submission.



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- 2.4. RRT team should also visit any other health care facility that had been visited by the MERS-CoV/COVID-19 patient in the last two weeks before diagnosis and submit a visit report within 48 hours after the visit.

**Policy No.3: Rapid Response Team should follow the MERS-CoV / COVID-19 case daily and keep C-RRT updated.**

### Procedures:

- 3.1. Daily update should include status of the MERS-CoV / COVID-19 patient (stable/critical), patient transfer inside the hospital (e.g. from ward to ICU), status of the exposed persons to the MERS-CoV / COVID-19 patient (onset of symptoms), number of swabs taken/to be taken and the results.
- 3.2. Exposed persons to a MERS-CoV / COVID-19 patient should be followed for 14 days for symptoms regardless of the status of the MERS-CoV / COVID-19 patient. C-RRT should be updated daily.
- 3.3. MERS-CoV / COVID-19 patient should be followed daily until the patient recovers or dies.
- 3.4. The update should send by RRT to C-RRT through email: [MERS-GDIPC@moh.gov.sa](mailto:MERS-GDIPC@moh.gov.sa) daily between 12 p.m. – 1:00 p.m.

**Policy No.4: In case of a MERS-CoV / COVID-19 outbreak, RRT roles should end when the outbreak team is assigned for the containment.**

### Procedures:

- 4.1. In case of outbreak (evidence of one or more secondary transmission within health care facility), RRT will immediately communicate with the GDIPC for further actions including forming an outbreak management team.
- 4.2. RRT will provide all relevant information to the outbreak team.
- 4.3. Roles of RRT end when the outbreak team are assigned to contain the outbreak.