**General Directorate of Infection Prevention and Control (GDIPC)**

**Outbreak Management Department**

**Response and Intervention Division**

**Hospital COVID-19 Outbreak Management Action Plan**

**Status of the Outbreak Management Plan**

|  |  |
| --- | --- |
| Done  |  |
| Ongoing  |  |
| Not done  |  |
| Not applicable  |  |

 **Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **Recommendation** | **Responsibility** | **Time Frame** | **Status** |
| Done | Ongoing | Not Done | Not Applicable |
| **1. NOTIFY GDIPC / Outbreak Management Department and the Regional Coordinator**  | Use the designated Google Form for the Outbreak Notification | IPC Head / IPC Outbreak Coordinator in hospital | **Within 6 hours** |  |
| **2. Isolate and inform the COVID-19 positive case(s)** | -Droplet isolation in separate rooms if not available (Cohort Isolation) - Place a precaution sign at the entrance of the infected patient’s rooms with approved MOH color-coding.\* some cases required Airborne isolation  | Unit Head Nurse andIPC Staff | **Immediately**  |  |
| **3. Cohorting and relocation** | -Determine in collaboration with the administration what cohorting arrangements to implement at the facility to manage infection control.  | IPC Staff /Medical Director |  |  |
| **4. IMPLEMENT** **IPC Measures IMMEDIATELY** | - Review MOH Guideline and IPC Policies.  | IPC Head and the Unit Nurses  | **IMMEDIATE** |  |
| **5. ACTIVATE** **the Outbreak Management Team (OMT)** | -Review the Outbreak Management Team roles- Document the meetings minutes- OMT regular meetings until the end of the outbreak  | IPC Head | **IMMEDIATE** |  |
| **6. Implement your outbreak management plan**  | -Implement your outbreak management plan.(Appendix)-Review to determine if there are any gaps in the plan that need to be addressed. -Distribute the plan to all involved stakeholders so they are across the plan. | IPC Staff / Unit Head Nurse  | **IMMEDIATE** |  |
| **7. RESTRICT** **visitors and unauthorized personnel**  | * Implement visitor restriction policy on e.g.: relatives, trainees, medical students...etc.
* Reinforce standard precautions including hand hygiene, cough etiquette and staying 1.5m away from other people throughout the facility.
* Lockdown healthcare facilities (When needed).
 | IPC Staff / Security Department  | **IMMEDIATE** |  |
| **8. ESTABLISH screening protocols**  | Review COVID-19 screening protocols for people entering the healthcare facility and determine whether changes are required as part of outbreak management **(According to the internal policy of the hospital).** | Hospital IPC Staff/ Regional Outbreak Coordinator  |  |  |
| **9. Contact tracing**  | - The IPC/ Nursing staff conduct contact tracing. - They will identify anyone who has spent 15 minutes or more **(protected or not protected)**, within 1.5 meters of the COVID-19 positive person. And consider to follow up all contact list. | Nursing Staff / IPC Staff  |  |  |
| **10.Conduct COVID-19 testing** | Urgently test all patients and staff for COVID-19 to understand the status of the outbreak. According to the status of contacts (HCWs and patients).  | Head Nurse /Medical Director/IPC Staff |  |  |
| **11. Identify key documents** | - A detailed OMT /COVID-19 plan.- Prepare line list COVID 19 patients and staff employed.- complete investigation form. | Nursing Staff / IPC Staff |  |  |
| **12. Review PPE stock** | -Carry out an analysis of current PPE and hand sanitizer stock levels.-Estimate what you will require over the coming days.- Check the state stocks until the supplies arrive from regional store. | IPC staff / Medical store  |  |  |
| **13. PREPARING an organizational plan for health practitioners** | -Keep in mind up to 80-100% of the workforce may need to isolate in a major outbreak. Where the provider is unable to sufficiently staff the facility. | IPC Staff/Nursing staff/ Medical director |  |  |
| **14. Review Infection control Environmental cleaning policy** | -According to the IPC’s cleaning and disinfection policies-Inform the housekeeping supervisor to terminally clean the unit-Use checklist for routine and terminal cleaning.-Approved MOH disinfectants -Apply Proper contact time for disinfectant -Activate the roles and responsibilities of the environmental cleaning  | IPC Staff/Unit Head Nurse /Housekeeping Supervisor /ER Supervisor |  |  |
| **15. Maintaining social contact**  | -Consider how you will enable staff to assist with online programs etc. where these are available to patients. - Ensure that there is a dedicated communication device for each patients.  | Patient Relations/ Head /  IPC Staff |  |  |
| **16. Follow up communications**  | Establish a clear and consistent pattern of daily follow-up outbound communications. - Ensure patients, families and stakeholders are informed of developments as they unfold | Patient Relations/ Head /  IPC Staff |  |  |
| **17. Support your staff**  | -Implement fatigue management plans for staff.-Establish pathways to maintain contact with staff who are isolating or quarantining | IPC Staff / Medical Director |  |  |
| **18. CONTINUE to monitor state of COVID-19 Outbreak** | -Ongoing outbreak management Monitor Progress of the OutbreakIncreased and active observation of all patients for the signs and symptoms of COVID-19 -Daily identification of any ongoing transmission and potential gaps in infection control measures • Implementation of additional or stronger infection control measures to reduce transmission and the duration of the outbreak.-Testing (including repeat testing) and ongoing actions for individuals in the defined setting should be undertaken in line with the COVID-19 National Guidelines. | IPC Staff / Head of the Unit  |  |  |
| **19.TRANSFERS** | -If symptomatic patient/HCWs under investigation for COVID-19 consult bed management office before accepting new admissions into the healthcare facilities. -Symptomatic staff should not work at the site until their isolation period is complete. -Stop admissions and/or transfers into the healthcare facilities if a COVID-19 outbreak is confirmed consult IC department.  | IPC Staff/bed management office |  |  |
| **20. END of an outbreak** | -No test-confirmed cases with illness onset dates in the last 14 days in that setting based MOH criteria.-Review and evaluate the outbreak communication management. | IPC Staff /RHD/ GDIPC |  |  |
| **21. OTHERS ……………** |  |  |  |  |

**1. Head of the Infection Prevention and Control Department:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Outbreak Coordinator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**