Baseline and Impact Assessment of Interventions for Preventing & Safeguarding the Hospital Setting & Staff for the Regular walk-in at Burjeel Hospital, Abu Dhabi, UAE

By

Joginder Singh Adhikari

Dissertation submitted in partial fulfillment of the requirements of the degree

MBA Hospital and Health Management

Academic year, 2018-2020

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مستشفى برجيل
burjeel hospital
A unit of VPS Healthcare

56326

Internship Completion Certificate

This certificate is awarded to

Mr. Joginder Singh Adhikari

In recognition of having successfully completed his Internship in the department of **Emergency** and has successfully completed his Project on

A baseline and impact assessment of interventions for preventing & safeguarding the hospital setting & staff for the regular walk-in at burjeel hospital, Abu Dhabi, UAE

Internship Date: 10th February 2020 to 31st May 2020

We wish him all the best for future endeavors.

For Burjeel Hospital, Abu Dhabi

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Director - Operations

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Mr. Joginder Singh Adhikari

MBA- Healthcare Management

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DISCLAIMER

The information provided in this Dissertation Report is abided to UAE Law & Regulations which includes the policy of Hospital that restrict the researcher to share the data with any organization/industry/ institute in any circumstances.

The Results discussed in this report is marked to the data obtained or provided to the researcher as well based on the DoH i.e. Department of Health, Abu Dhabi, UAE circulars shared with researcher.

The Appendices shared are duly approved by the Hospital Management & doesn't include any act of infringement or Law Breaking.

The researcher is fully aware of the Hospital Policies and UAE LAW & Regulation. Being aware of the consequences.

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Signature: _____

Name: MANISH JAIN.

Designation: DIRECTOR- OPERATION

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ABSTRACT

Background of the study: Covid-19 is a mild to severe respiration infection this is resulting from a coronavirus (Severe acute respiratory syndrome coronavirus 2 of the genus Beta coronavirus), is transmitted chiefly by way of contact with infectious material (consisting of respiratory droplets) or with items or surfaces infected via the causative virus, and is characterized especially via fever, cough, and shortness of breath and can development to pneumonia and respiratory failure

Aim of the study: The aim of the study is to study the baseline and impact assessment of interventions made for preventing & safeguarding the hospital setting & staff for the regular walk-in at Burjeel Hospital, Abu Dhabi, UAE.

Methodology: After Declaration from the DOH .i.e. Department of Health, Abu Dhabi for the preparation for the outbreak many circular came for the discussions. The Quantitative Approach Descriptive in type selected for the study with the time line taken of 3 months. Starting from February 15 to May 15. In which for first 1.5 Months the Baseline assessment was done based on the no. of cases for Burjeel staff & No. of patients who walk-in the period being symptomatic or Asymptomatic to Emergency Department & Family Medicine Clinic marked by No. of swab taken in February & March. Interventions done based DOH circular applied to prevent the symptomatic cases to walk-in to the hospital applicable to Burjeel Staff & Patients. The Data is kept confidential & is not allowed to be provided in any case as per Hospital Policies & Govt. of UAE.

Results: The results of the study shows that – Total no. of cases till 31st March: 620, Total percentage= 41.33% with 75% Male & 25% Female, Majority of age 35, mean age 37. It has been seen in the results that there was significant decline in cross transmission for the positive case on comparing the staff residing in hospital provided accommodation that was Total cases from 15th March to 15th May, 2020 – 225 cases which is 15%, also there was significant walk-in increased by 20% due to interventions taken.

The total case % after intervention came to be 15%, which has been achieved through various implications of SOP's, Rules & Guidelines & Screening tents**.**

Thus, till the vaccine will be made available in the market the screening Programme will be continue to make the hospital safe for every visit.

Conclusion: It was concluded that the screening tents, Thermal Scanner installed at the entrance made the hospital more secure & safe for the patient's walk-in as for Out-patients, In-Patients & Staff.

Recommendation: The study would have been conducted for a longer Time-Period.

INTRODUCTION:

The ongoing episode of respiratory sickness brought about with the aid of a singular coronavirus (named "COVID-2019") has picked up attention universally and has been perceived as a true general wellbeing danger by "US Centers" for "Disease Control and Prevention (CDC)". The important case was distinguished in Wuhan City- China and from that point ahead, the contamination has spread quickly. As of February 28, 2020, the "World Health Organization" (WHO) proclaimed that the episode of COVID-2019 as a **"Public Health Emergency of International Concern" (PHEIC)** with sixty two nations currently detailing 85,176 affirmed instances (seventy nine,250 of which have been in territory China) and a couple of,919 passing's to this point. Notwithstanding, facts approximately the wellbeing frameworks and wellness specialists' readiness for fighting the 2019-nCoV isn't recognized. In this manner, their mindfulness and readiness in coping with the 2019-nCoV infection are vital to stop the in addition spread of the illness. This is a multicenter global take a look at intending to evaluate the diploma of readiness of emergency medical institution team of workers and works on with reference to COVID-2019 everywhere during the world and their readiness to manipulate the episode. It will likewise quantify the degree of attention to scientific health facility group of workers approximately the emergency and through what method will they reply to confine and stop in addition transmission.

Crown infections, so named due to the because of its envelope studded with anticipating glycoproteins which takes after to a crown like structure ('crown' in Latin) and encompasses a center which comprised of framework protein encased inside. Crown infection are from a group of wrapped RNA infections. In people, a few coronaviruses are known to cause respiratory contaminations extending from the basic virus to increasingly extreme ailments, for example, **"Middle East Respiratory Syndrome"** (MERS) and **"Severe Acute Respiratory Syndrome"** (SARS)

The COVID-19 pandemic inside the United Arab Emirates is a chunk of the overall pandemic of coronavirus contamination (COVID-19) carried out through real extreme respiration trouble coronavirus (SARS-CoV-2). The chief insisted case inside the United Arab Emirates changed into accounted for on "29 January 2020". It turned into the number one U. S. A. Inside the Middle East to file a confirmed case. The patient, a seventy three-yr.-antique Chinese female, turned into host. The underlying passing was attested on "March 20". On "22 March", Dubai started out an 11day purging

exertion push to incorporate the coronavirus. Night take a look at in time become restricted four days sometime later at the same time as the country began purification. School give up changed into first introduced on March eight for about a month. Following three weeks, it turned into reported that faculty could be closed till the crowning glory of the educational year COVID-19 is spreading with astounding velocity; COVID-19 flare-using any setting have extreme outcomes; and there is presently stable evidence that non-pharmaceutical mediations can decrease or even intrude with transmission. Conqueringly, global and country wide readiness arranging is frequently irresolute approximately such intercessions. Be that as it could, to diminish COVID-19 sickness and loss of life, near time period preparation arranging have to hold close the great scope usage of excessive-caliber, non-pharmaceutical widespread well-being measures. These measures ought to completely fuse prompt case recognition and seclusion, thorough close touch following and checking/isolate, and direct populace/network Engagement.

COVID-19 avoidance and manage additives were started out following the episode become introduced and nine working gatherings had been set up to set up the response:

a) Coordination

b) Manipulation &prevention of Epidemic

c) Feasible Medical remedy

d) Ground Research

e) Public conversation & information

f) Foreign affairs

g) Essential Medical support

h) Life protection substances and Social balance.

Each working accumulating has a pastoral stage pioneer. Crisis reaction laws and guidelines for the crisis response to popular health crises, counteraction and manage of impossible to resist maladies were created or refreshed to control the reaction.

RATIONALE

Coronaviruses are a meeting of related RNA infections that reason illnesses in warm blooded animals and winged creatures. In humans, these infections purpose respiratory tract illnesses which can increase from mellow to lethal. Gentle illnesses incorporate some instances of the regular cold (which is also added approximately with the aid of exclusive infections, overwhelmingly rhinoviruses), whilst step by step lethal assortments can reason SARS, MERS, and COVID-19. Indications in exclusive species shift: in chickens, they purpose an higher respiratory tract contamination, whilst in dairy animals and pigs they cause free bowels. There are up 'til now no immunizations or antiviral medications to prevent or treat human coronavirus illnesses.

Coronaviruses bypass through and via in risk component. Some can slaughter over 30% of these polluted, as an instance, MERS-CoV, and a few are commonly innocent, for instance, the everyday virus. Coronaviruses can reason colds with huge signs, as an instance, fever, and a throat from swollen adenoids. Coronaviruses can purpose pneumonia (both direct widely recognized pneumonia or discretionary bacterial pneumonia) and bronchitis (both direct well-known bronchitis or assistant bacterial bronchitis). The human coronavirus observed in 2003, SARS-CoV, which motives great severe breathing hassle (SARS), has a fascinating pathogenesis since it motives each upper and decrease breathing tract ailments.

Six varieties of Human-Coronaviruses are regarded, with creature classifications divided into interesting strains. Seasonal stream of HCoV-NL63-Germany indicates a selected reputation from November till March

Three human coronaviruses produce signs which might be potentially excessive:

1. “Middle East respiratory syndrome” - Corona Virus(MERS-CoV)
2. “Severe acute breathing syndrome” - coronavirus (SARS-CoV)
3. “Severe acute respiratory syndrome” coronavirus 2 (SARS-CoV-2)

Having the higher transmission rate and low casualty rate it gets important to safe watchman others. As the antibody for COVID-19 is still under formative stage, the best assurance right now against this viral flare-up is anticipation. Since the infection is exceptionally irresistible, it is currently increasingly significant that individuals ought to have legitimate data about the spread and anticipation of the infection with the goal that they can ensure themselves against the infection just as keep it from further spreading. That is the reason the examination was directed to safe gatekeeper the emergency clinic with the mediations arranged according to DOH handouts.

AIM OF STUDY

The primary aim is to conduct the Baseline & Impact assessment to assess the intervention effectiveness done for safeguarding the hospital in a descriptive manner.

Objectives:

- To assess the Total no. of staff got positive in the time frame from 15th Feb to 31st March.
- To make implementation of designed intervention in respect of DoH circulars.
- To assess the impact of implemented interventions.

REVIEW OF LITERATURE:

Ernest Tambo, Ashraf G. El-Dessouky, Emad I.M. Khater & Zhou Xianonng (2018) contemplated the Enhanced observation and reaction approaches for pioneers and neighborhood Saudi populaces against rising Nipah, Zika and Ebola viraldiseases flare-ups dangers deducing in their investigation that expansion Hajj/Umrah mass social affair crisis episode readiness, travelers wellbeing instruction and commitment outreach, pre-, during and post programs inclusion and adequacy is required through One Health approach incorporation in accomplishing explorers and nearby populace wellbeing and security, in propelling Saudi maintainable wellbeing advancement objectives

Li Liua, Xiuqin Hong , Xin Suc, Haiou Chena, Dongcui Zhanga, Shigang Tanga, Liang Chena, Baining Zhua, Xiaosong Li & Yi Shi (2020) Considered the Optimizing screening methodologies for coronavirus ailment 2019: An examination from Middle China through review study which incorporated every affirmed instance of COVID-19 in Hunan Provincial People's Hospital (Changsha, China) between January 22 and February 15, 2020. All cases were distinguished utilizing an ongoing converse translation polymerase chain response examine. The study of disease transmission and clinical quality of these cases were researched by result in endeavors to upgrade screening techniques for COVID-19. Demonstrating the outcomes as there were 24 affirmed instances of COVID-19 in the fever outpatient division of Hunan Provincial People's Hospital. Three patients were asymptomatic, and 3 displayed mellow and 3 moderate sickness. There was a family group wonder.

Rachid Tahiri Joutei Hassani & Ahmed Bennis (2020) contemplated Hydroxychloroquine as antiviral prophylaxis for presented guardians to Covid-19 after the optional information research through the researcher's locales it was presumed that Anti-Covid-19 HQ prophylaxis ought to be direly gotten to, particularly for human services laborers. It is to be trusted that HQ prophylaxis diminishes the dreariness and mortality from Covid-19 disease among this populace which is especially uncovered and moderately old.

G.S.E. Tan , H. Ang , C.M. Manauis , J.M. Chua , C.Q. Gao , F.K.K. Ng , C.S. Wong , O.T. Ng , K. Marimuthu , M. Chan, Y.-S. Leo & S. Vasoo (2020) studied reducing medical clinic confirmations for COVID-19 at a committed screening place in Singapore, The National Center for Infectious Diseases (NCID) Screening Center (SC) in Singapore was actuated on 28 January 2020 to assess patients alluded from establishments across the country for COVID19 ailment [1]. All suspect and affirmed cases seen were conceded for motivations behind confinement to airborne disease disengagement rooms, in accordance with a national regulation technique to restrain network transmission. As the quantity of cases requiring affirmation expanded, there was a need to build up a triaging calculation to figure out who could be released pending a corroborative outcome. We portray a Swab-and-Send-Home (SASH) methodology executed on 7 February during this flare-up that has assisted with decreasing clinic confirmations.

Liang E. Wee MPH, Tzay-Ping Fua MRCSEd (A&E), Ying Y. Chua MRCP, Andrew F. W. Ho MMed, Xiang Y. J. Sim MRCP, Edwin P. Conceicao BSc. (Nursing), Indumathi Venkatachalam MPH, Kenneth B.-K. Tan MCEM & Ban H. Tan MRCP (2020) Containing COVID-19 in the Emergency Department: The Role of Improved Case Detection and Segregation of Suspect Cases, in this investigation Patients with COVID-19 may give respiratory conditions indistinct from regular infections. This represents a test for early location during triage in the crisis office (ED). Over a 3-month period, our ED meant to limit nosocomial transmission by utilizing more extensive speculate case rules for better location and utilizing proper individual defensive hardware (PPE) for social insurance laborers (HCWs). Inferring that Frontline doctors should be offered space to settle on the demeanor of cases dependent on clinical doubt during a continuous episode of COVID-19. In the event that a more extensive basis is utilized at ED triage, ED offices and detachment offices should be prepared to oblige a flood of suspect cases. Utilization of fitting PPE is fundamental in limiting nosocomial transmission

ABOUT HOSPITAL:

Burjeel Hospital is a top notch private medical clinic in Abu Dhabi. Giving best clinical treatment over various claims to fame and world-class 7-star care.

Consisting of 209 Patient Beds + Cyber Beds, 14 Bedded ICU and 10 Hybrid Operating Rooms.

- **Vision:**
  "To be the preferred and trusted choice hospital in the Middle East for health and wellness delivered through the art of care & the science of healing

- **Mission:**
  Burjeel hospital delivers exemplary medical care by using cutting edge technology, international medical expertise, combined with first-class patient experience.

The artwork of Healing: A new standard in healthcare:

It is not pretty much the cure. It isn't only approximately the equipment. It isn't always merely approximately the facilities. At Burjeel Hospital, we're of the company perception that the process of restoration is a lot extra than curing a scientific situation in a scientific environment. Amidst all of the clinical improvements of the current global, it is straightforward to overlook that people who aren't of sound fitness every so often want something more than a complicated clinical surroundings at their disposal.

A heat smile, a reassuring touch or some words of comfort can instill desire and self-belief in sufferers and assist them on the street to recovery. Which is why at the side of world-class medical experts, sophisticated diagnostic gadget and advanced healthcare services, we also provide a really comforting atmosphere, complete of heat and customized interest. We call this process the 'art of recovery'.

Conveniently located on Al Najda Street, Burjeel Hospital gives all spherical know-how making sure the high-quality in diagnostic, curative as well as preventive aspects of healthcare. Equipped with the first-class and the most superior centers in treatment, gadget and prognosis, and with a group of famend experts and medical personnel on the helm, Burjeel Hospital is setting a brand new widespread in healthcare in the UAE.

Core Values:

- **Balance –** Healthy Life & Work Balance
- **Unity –** Unbroken Unity.
- **Respect –** Being Self Respectful & for others
- **Justice –** Equalization based on ethics, rationality, regulation, religion, equity, or fairness
- **Efficiency -** Being green and effective in pulsation of technique
- **Empowerment –** Self Empowerment & Innovation
- **Leadership -** Efficiently combining and maximizing available resources

Strategically positioned on Al Najda Street, Abu Dhabi, UAE. Burjeel Hospital offers all round potential making sure the satisfactory in indicative, remedial simply as preventive elements of social coverage. Outfitted with the pleasant and the maximum evolved workplaces in remedy, gear and determination, and with a group of well-known execs and scientific work force in rate, Burjeel Hospital is setting every other widespread in social coverage within the UAE.

METHODOLOGY:

The study design was Pretest-Posttest study:

5.1 Type & Method of Data:

- **Primary Data**: -Data collected through DOH i.e. Department of Health, Tracking sheet.
- **Secondary Data: -** Hospital documents Review, Clinical Record Review & SOP's

Study was carried out in following functional departments:-

- Emergency Department – Screening Tents
- Family Medicine Clinic- Screening Tents

5.2 Duration of Study:

- The study carried out for period of 4 months (15th Feb -15th May, 2020)

5.3 Analyzation of Data:

- The data was analyzed by using Microsoft Excel.

5.4 Study Area:

- Study carried out at Burjeel Hospital, Abu Dhabi, UAE: Main Entrance & Najda St. Entrance.

5.5 Sample Size: 1500 Employees + 1000- 3000 Patient Walk-Ins

- The sample size includes the Employees: Doctors, Nurses, Managers, Front Desk Staff, Allied Staff, House Keeping Staff, Managers and Pharmacy.

5.6 Data Collection Tool:

- Data collected through a structured DOH Tracking sheet & Self-Assessment of Hospital

RESULTS:

- **Objective 1:** To assess the Total no. of staff got positive in the time frame from 15th Feb to 31st March.

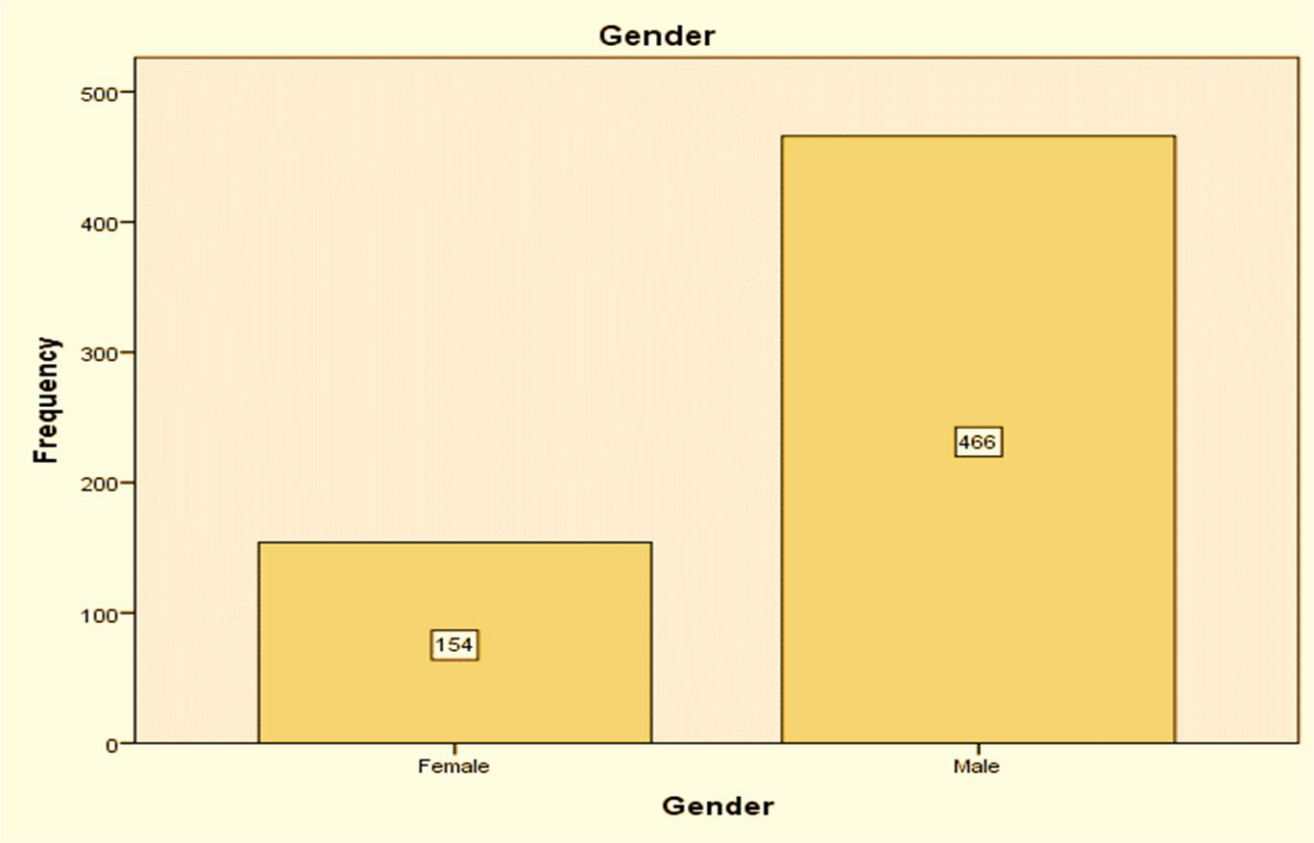
Base Line Assessment: Total no. of cases till 31st March: 620

Total percentage: 41.33%

Gender

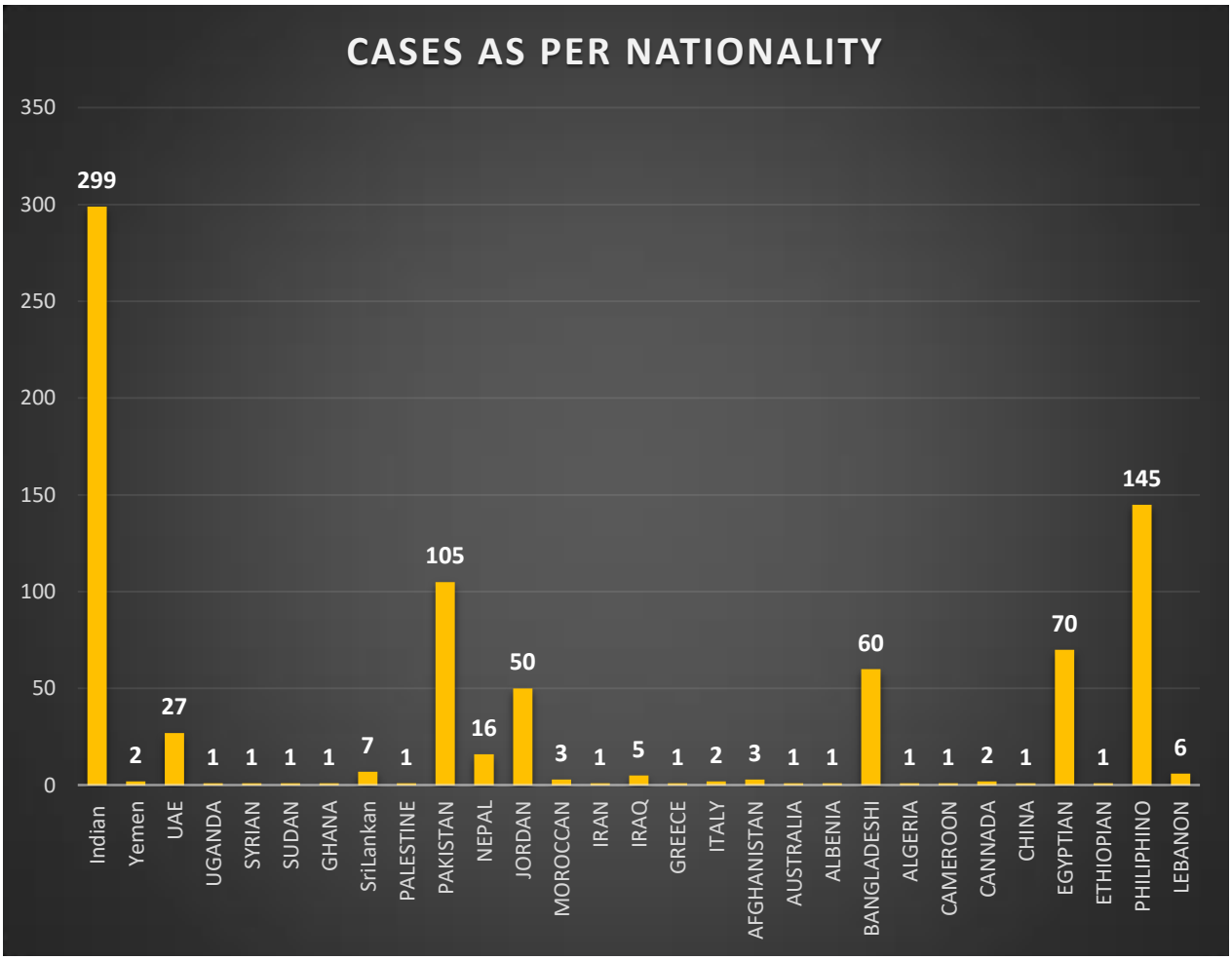
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	154	24.8	24.8	24.8
	Male	466	75.2	75.2	100.0
	Total	620	100.0	100.0	

Chart 1.1:



Interpretation: Out of Total affected staff **75%** was **Male** & **25%** was **Female**

Chart 1.2: Nationality wise case Distribution:



Interpretation: Nationality wise the majority of staff affected was with -

Chart: 1.3

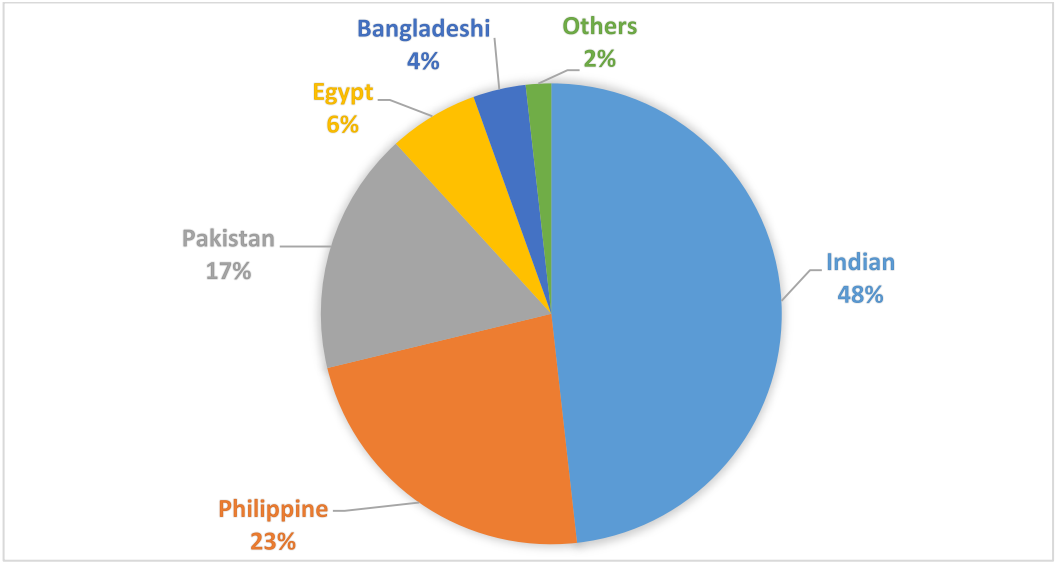
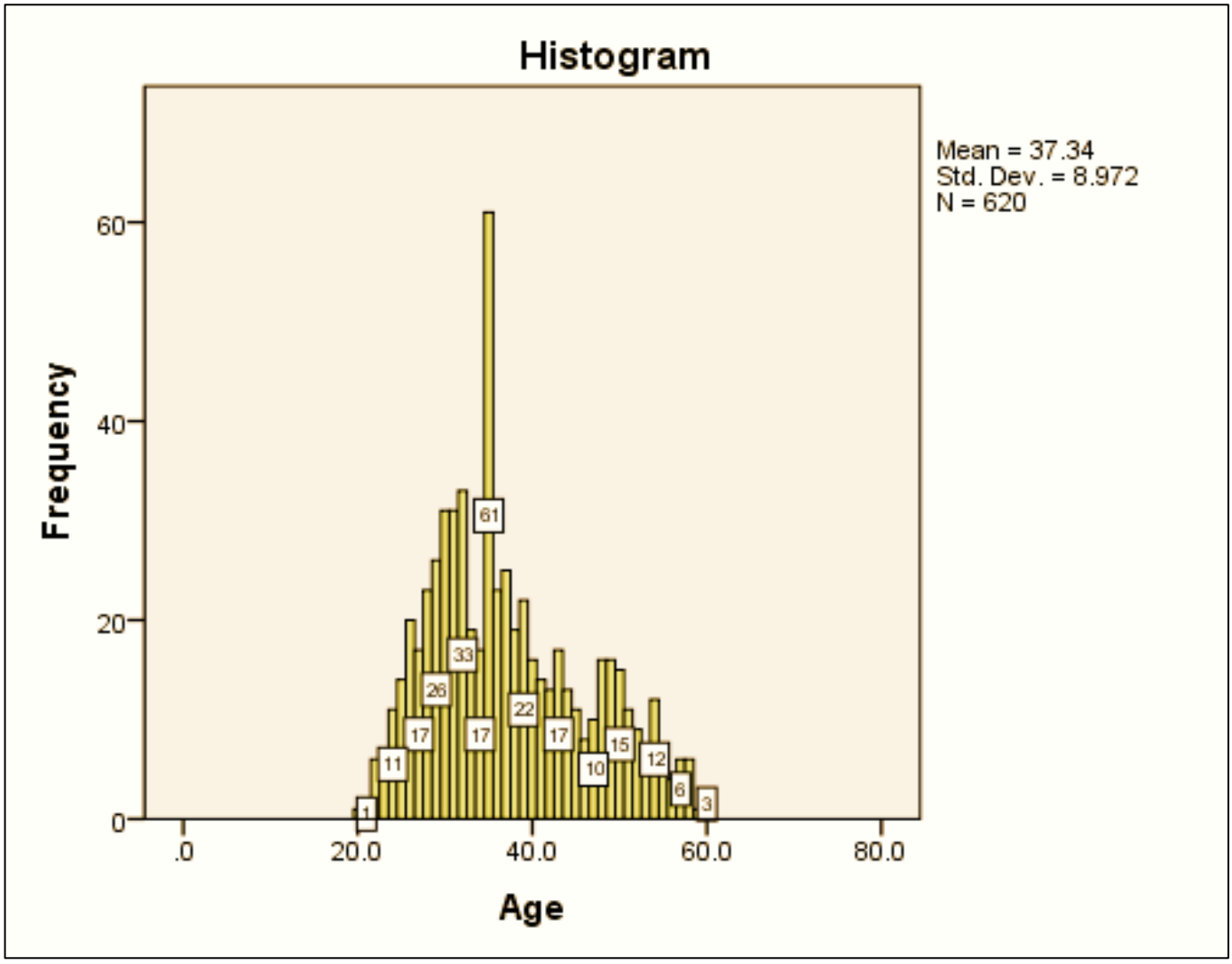


Chart: 1.4 Age Distribution

Age	Frequency	Percent
20.0	1	.2
21.0	1	.2
22.0	6	1.0
23.0	6	1.0
24.0	11	1.8
25.0	14	2.3
26.0	20	3.2
27.0	17	2.7
28.0	23	3.7
29.0	26	4.2
30.0	31	5.0
31.0	31	5.0
32.0	33	5.3
33.0	19	3.1
34.0	17	2.7
35.0	61	9.8
36.0	23	3.7
37.0	25	4.0
38.0	19	3.1
39.0	22	3.5
40.0	16	2.6
41.0	14	2.3
42.0	13	2.1
43.0	17	2.7
44.0	13	2.1
45.0	11	1.8
46.0	8	1.3
47.0	10	1.6
48.0	16	2.6
49.0	16	2.6
50.0	15	2.4
51.0	11	1.8
52.0	9	1.5
53.0	7	1.1
54.0	12	1.9
55.0	6	1.0

56.0	4	.6
57.0	6	1.0
58.0	6	1.0
59.0	1	.2
60.0	3	.5
Total	620	100.0



Interpretation: The graph shows that the Mean age of affected staff was at **37 Years**, among which majority of **61 staff** out of **620** was having age of **35 Years**

- **Objective 2:** To make implementation of designed intervention in respect of DoH circulars.

Interventions Implied:

- **Banding Policy:**

To secure the hospital from symptomatic cases having:

- Head ache
- Fever
- Breathing Difficulty
- Body Pain
- Sore throat.

Screening tents were established, in which banding policy was implemented:

Red Band: Patients having any of the listed symptom straightly sent to Swabbing Tent, More urgent or difficult cases directly to Emergency Department.

Green Band: Patients not having any of the listed symptom will be allowed to go concerned OPD or IP visit

SOP (Structure Operating Procedure) for handling was made by Mr. Joginder Singh Adhikari – MT Operations, approved by Infection Control & Medical Director acknowledging process flow to handle 1500 to 3000 Walk-Ins of patients.

[The pictures shown below is copyrighted & is not allowed to share or distribute]


مدخل
ENTRANCE
مدخل
ENTRANCE


COVID CLINIC
EXIT

Establishment of Covid Clinic:

The Covid clinic also known as fever clinic was established as per DOH rules at the Najda Street enterance to the hospital, AbuDhabi with proper facilities including:

- Swabbing & Phlebotomy Room
- X-Ray Room
- Triage Room
- Consultation Room

For CoviD clinic also the SOP was made by Mr. Joginder Singh Adhikari MT Operations, approved by Infection Control & Medical Director

THERMO-DETECTOR CAMERA AT HOSPITAL ENTRANCES & STAFF ENTERANCES:

The highly calibrated Thermal detectors camera were used to monitor staff or patients to make the gateway secure. If the temperature of the patient or staff is high more than 37.5 degree Celsius then the camera will automatically capture the picture & will raise alarm.

Continuous monitoring was done by the security personnel's.

- **Objective 3:** To assess the impact of implemented interventions.

Discussion & Impact assessment:

It has been seen in the results that there was significant decline in cross transmission for the positive case on comparing the staff residing in hospital provided accommodation.

The walk-increased by **20%** more after the safety was showed through the strong protocols.

The total case % after intervention came to be **15%,** which has been achieved through various implication of SOP's, Rules & Guidelines & Screening tents**.**

Thus, till the vaccine will be made available in the market the screening Programme will be continue to make the hospital safe for every visit.

The cases of staff getting affected from **15th March** till **15th May** reduced, notified cases were **225** in total.

ANNEXURES

DOH Tracking Sheet:

The DOH tracking sheet consist of:

1. **S.no.**
2. **Name of the Patient**
3. **IDN Number**
4. **MRN Number**
5. **Age**
6. **Gender**
7. **Nationality**
8. **Contact no.**
9. **Alternate Contact**
10. **Complete Address**
11. **Occupation**
12. **Place of Work**
13. **Symptoms**
14. **Risk Factor**
15. **Initial Blood Investigation**
16. **Chest X-Ray Report**
17. **Eligible for Home or Camp Isolation**
18. **Eligible for Admission to Hospital**
19. **Date of Starting Treatment**
20. **Results of – First, Second, Third, Fourth & Fifth Sample**
21. **Date of Completing Treatment**
22. **Outcome**
23. **Comments**
24. **Remarks**

The sheet comprises of Every Patient & Staff details whose test was done in the facility & is positive in status.

- **Fever Clinic Assessment:** Based on the circular of DOH with the following Attributes the Screening tents were established. Appendix4/v2/042020

BH/ICM/FRM/083 Infection Control & Patient Outbreak Counsel Form

ABU DHABI PUBLIC HEALTH CENTRE | مركز أبوظبي للصحة العامة

DEPARTMENT OF HEALTH دائرة الصحة

Fever Clinic Assessment

Outpatient setup for high risk areas, hospitals to deal with large volumes of patients with URTI and prioritization of patients

ILI Triage Check point

- To determine if Risk factors and CoVID exposure risk (exposure to possible or confirmed case, travel history)
- Details of patient History
- Physical examination (physical exam, signs of Pnuemonia)

Shortness of Breath immediate referral for hospital admission/ Emergency department

URTI (No shortness of breath)/ risk factors

- Send RT-PCR
- Chest x-ray
- ECG
- Blood collection for baseline tests
- Initiate treatment for Covid-19 based on treatment protocol attached
- Admit based on bed availability

ILI assessment "No risk factors / Mildly Sick"

- Refer to the risk matrix attached
- Take samples for RT-PCR test for signs of upper or lower respiratory.
- Home Quarantine counseling till test result is negative or symptoms resolution
- If test negative, patient will get text message
- If test positive, The health care facility should call and case will be managed as per positive test protocol

Appendix4/v2/042020

1

→ = regular flow

⇢ = emergency healthcare flow

ABU DHABI PUBLIC HEALTH CENTRE | مركز أبوظبي للصحة العامة

DEPARTMENT OF HEALTH دائرة الصحة

Treatment of High risk patients suspected with COVID-19 Cases**:

Baseline investigations:

- CBC, Renal profile and extended electrolytes (Na+, K+, Mg++, Ca++, Phosphate), Uric acid, Hepatic Profile Coagulation Profile , CRP, Ferritin, LFT's, Amylase, Lipase, then to be repeated Q 3 days for the Treatment Duration
- G6PD baseline, blood glucose monitoring especially if diabetic (if on Chloroquine or Hydroxychloroquine)
- Baseline ECG and consider repeat for patients suspected to have QT prolongation (elderly, patients with electrolyte imbalances, history of arrhythmias, Taking other medications prolonging QT
- Baseline CXR or CT (If Symptomatic/ high risk groups) to rule out Pneumonia

symptomatic URTI without Pneumonua (suggested treatment duration 5 days)	**Without radiological evidence of pneumonia:** Hydroxychloroquine 400mg PO BID x2doses, followed by 200mg PO BID ± Camostat 100 mg PO TID OR Chloroquine 500mg PO BID for 1 day, followed by 250mg PO BID (total 5 days) ± Camostat 100 mg PO TID OR Lopinavir-Ritonavir (200/50mg) 2 tablets PO BID ± Camostat 100 mg PO TID
Pneumonia (suggested treatment duration 7 days)	Hydroxychloroquine 400mg PO BID x2doses, followed by 200mg PO BID+ Faviplavir 1600 mg PO BID on day1, then 600 mg po TID from day2 ± Camostat 200 mg PO TID OR Chloroquine 500mg PO BID x2 doses, then 250mg PO BID (total 5 days) + Faviplavir 1600 mg PO BID on day1, then 600 mg po TID from day2 ± Camostat 100 mg PO TID OR Lopinavir-Ritonavir (200/50mg) 2 tablets PO BID + Hydroxychloroquine 400mg PO BID x2doses, followed by 200mg PO BID (alternatively: Chloroquine 500mg PO BID x2 doses, then 250mg PO BID (total 5 days)) ± Camostat 200 mg PO TID

****Adopted from SEHA Clinical Management and Treatment of COVID-10. 12th April 2020 version**

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Appendix4/v2/042020

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دائـــرة الـصـحـة DEPARTMENT OF HEALTH

Risk Matrix for COVID–19

Developed in Abu Dhabi to support physicians in the decision making for admission priority and treatment for confirmed COVID-19 cases

Risk Category	Asymptomatic Positive COVID 19 test	Mild	Severe	Critical
Patient with Risk	hospital/ Institution with medical care	Hospital admission	Assigned hospital tier 3	Assigned hospital tier 3
No risk	Home Isolation/Institution with medical care	Home Isolation/Institution with medical care	Hospital admission	Assigned hospital tier 3

Definition of High risk:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised including cancer treatment
  - People of any age with severe obesity (body mass index [BMI] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

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دائـــرة الـصـحـة DEPARTMENT OF HEALTH

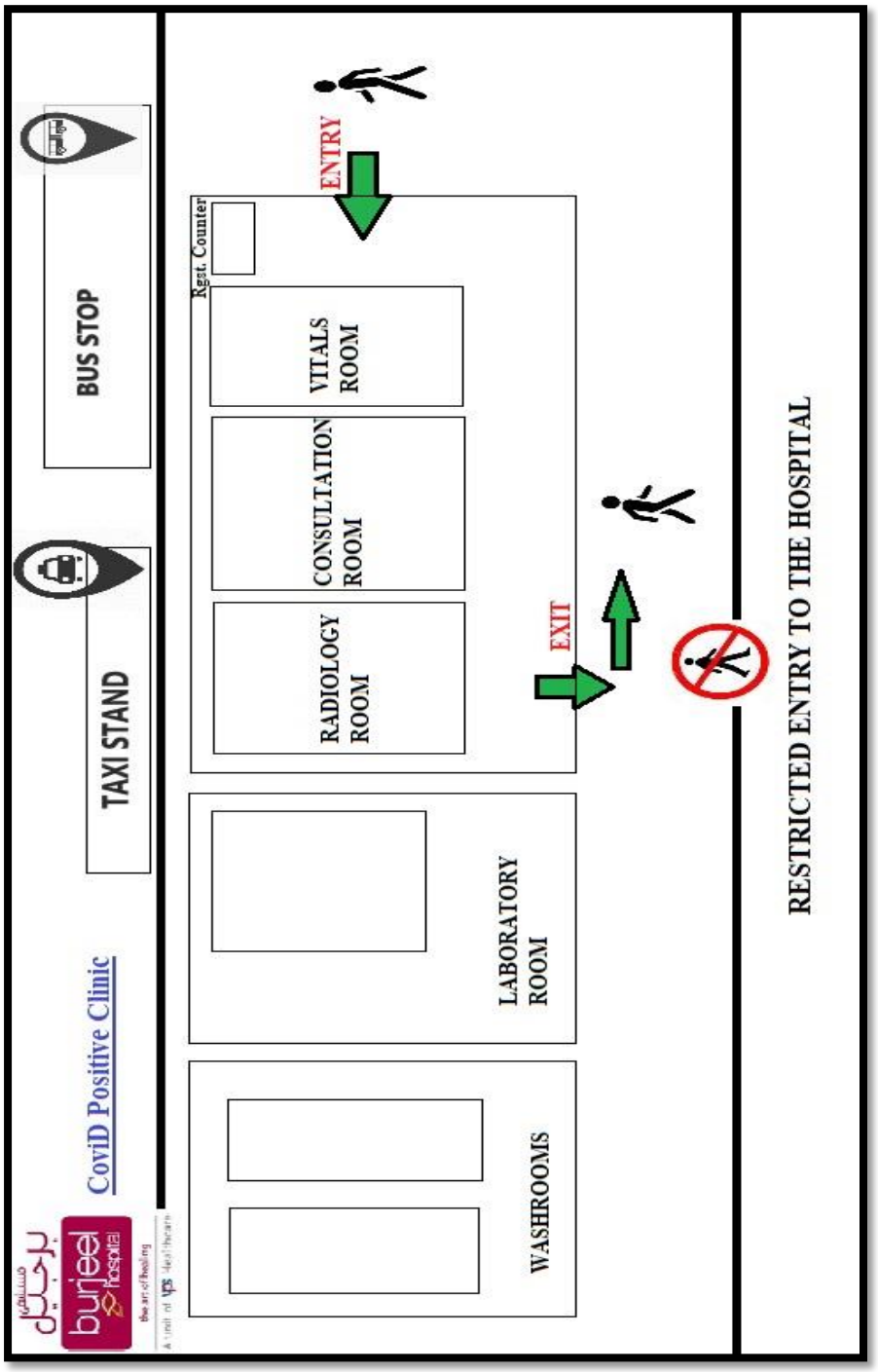
Clinical Assessment for patients suspect COVID–19

Term	Symptoms	Clinical Assessment/diagnosis
Asymptomatic	Patient has a positive confirmed laboratory COVID 19 test with no symptoms.	
Mild	Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Stable Oxygen saturation exceeds 93% Respiratory rate is less than 30
Severe	Dyspnea and other non-specific symptoms: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Signs of Pneumonia, lower respiratory symptoms
Critical	All mentioned above and complicated by: Persistent pain or pressure in the chest • New confusion or inability to arouse • Bluish lips or face	Acute respiratory distress syndrome Sepsis Septic Shock

https://CoVID-19.uwmedicine.org/Pages/default.aspx

- Investigation and discharge of confirmed Cases of COVID-19: Circular no. 31
- DOH Novel Coronavirus Circular (COVID-19), Circular No. ADPHC-DG/C/09/2020

Documented Work Flow:



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