STANDARD OPERATING MANUAL FOR SCHOOL CLINICS FOR COVID-19 PANDEMIC

GEMS EDUCATION

We see **genius**
in every child

Contents

1. Introduction

The following standard operating manual is devised to help prepare all clinics across the GEMS Schools to safely manage all suspected or confirmed cases of COVID-19 within the School community.

2. Aim

The aim is to have a standard operating protocol in place which will be in addition to the pre -existing routine clinic policies, both internal (GEMS) and external (DHA/DOH/MOH) to face the challenges of the current COVID-19 pandemic.

The Target is to:

- *Have a high suspicion of index for all respiratory illnesses.*
- *Rapidly Identify and Isolate infected patients and inform the school management team and the relevant authorities.*
- *Ensure the safe management of patients with suspected or confirmed Coronavirus infection.*
- *To prevent spread of Coronavirus related infections.*
- *To ensure the highest standards of health and safety are observed.*

3. Scope

The scope of the document covers all GEMS related school clinics and respective Health Care Workers.

4. Definitions

SARSCoV 2/ COVID 19: Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2) is a strain of coronavirus that causes a respiratory illness called coronavirus disease 2019 (COVID 19).The virus (SARS CoV 2) and the disease it causes (COVID 19) spread across the world starting from Wuhan City of Hubei, a province in China, in December 2019. COVID-19.

COVID19 Confirmed Case (Active Case): A person with a positive polymerase chain reaction (PCR) test result for COVID 19 infection that is reported by an approved laboratory, irrespective of clinical signs and symptoms.

Suspected Case:
- Patient who presents upper or lower respiratory symptoms with or without fever (≥37.5˚C) and satisfying any one of the following criteria:
- International travel history during the 14 days prior to symptom onset; Or
- Been in contact with a confirmed COVID-19 case within 14 days; Or
- Residing in a community setting where COVID-19 cases have been detected; Or
- Cases of Influenza like illness without history of travel or known possible exposure.

COVID19 Close Contact: A person who is coming to close proximity of less than 2 meters for a period that is more than 15minutes (studying, or a family member) with a confirmed COVID-19 case, starting from 2 days before the onset of symptoms in the confirmed case and/or throughout the duration of illness .For asymptomatic cases, the count can start from the day of a positive COVID-19 PCR test that is done for the confirmed case.

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

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

5. General rules for clinic facilities

This section deals with the precautionary measures suggested to be implemented in the clinic facilities.

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

5.1   Preventing overcrowding in clinics
- Students must obtain a clinic pass from division Secretaries/Teachers, a strict "no pass, no clinic entry" policy will be followed, (Emergencies exempted). Nurse must dispose of pass after use.
- Teachers to email clinic to ask if they may proceed to send a student, staff to advice as per Clinic occupancy at the time. Emergencies exempted.
- One health care worker to one patient ratio will be followed to allow for proper doffing/donning and hygiene practices between patients.
- Maximum number of occupants allowed at a time in the clinic will be mentioned at the door. There will be no exceptions to this. (This can be calculated as one student per HCW and one/two support staff for disinfecting purposes at any given time).
- Where possible, a separate nurse should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission.

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

5.3   Personal Protective Equipment (PPE)
- Mandatory use of PPE by medical staff and surgical mask by patients that enter the Clinic.

5.4   Isolation room
- Provision of an isolation room for suspected and potentially infectious patients.

5.5   Waiting areas
- Separate waiting areas, non-infectious student collection areas.

5.6   Collection of students
- Parents to be advised to collect children within 30 minutes of being called, this is to minimize their exposure to a hazardous environment.

In addition, the following rules will be applied in all GEMS clinics

- Post signs and posters reminding students and staff to remain seated with a mask on, practice safe distancing, flu etiquette and correct way of practicing hand hygiene, etc. All posters and signage to be laminated to allow efficient surface cleaning.
- Student bags and other belongings are not to be allowed in the Clinic, to minimize risk of surface contamination. Essentials like water bottles are allowed.
- Nursing stations to be spaced at 2 meters from each other, desks to be kept tidy to prevent infectious fomites, alcohol- based hand rubs to be present on all working stations.
- Ensure an adequate supply of PPE that includes but not limited to, disposable facemasks, N95 masks, face shield, goggles, gloves, head and shoe covers, and impermeable isolation gowns.
- Provision of non-touch thermometers, approved surface disinfectants, disposable pillow and bedcovers, water repellent/resistant mattress covers, additional pillowcases, fitted bedsheets and blankets medical screens between patients.
- Implementation of strict sanitation protocols of clinic facilities, which includes daily waste management, daily change of linen, daily disinfection of screen dividers, weekly washing of screen dividers, daily deep cleaning of the clinic, regular disinfection of highly touched surfaces, clinic toilets to be cleaned every 30 minutes, after each use or as needed. (daily logs need to be maintained for all).
- After patient care, appropriate doffing and disposal of all PPE and hand hygiene should be carried out.
- Use a new set of PPE for every patient treated. These will be supplied to the Clinic from GEMS central procurement. Ensure that the numbers are adequate and consider any potential shortages.
- Ensure the availability of disposable water bottles and avoid using water coolers in the clinic.

6. Roles and responsibilities for health care workers

- Be up to date on the latest information about signs and symptoms, diagnostic testing and case definitions for 2019-nCoV. As per DHA /DOH/MOH.

- Ensure one member of the staff has an updated infection control certification.

- Adhere to standard contact and airborne precautions including the use of eye protection.

- Implement preventative measures before patient arrival, upon arrival and throughout the duration of the affected patient's presence in the health facility.

- Be alert for patients who meet the criteria for suspected cases or confirmed cases.

- Ensure rapid triage and isolation of patients with symptoms of suspected 2019-nCoV or other respiratory infection (e.g., fever, cough).

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

- Apply the WHO-5 Moments for Hand Hygiene approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient and after touching a patient's surroundings

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

- Use a new set of PPE for every patient treated.

- Healthcare professionals should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands.

- Remain at home and notify the School, if the healthcare professionals themselves are unwell. Healthcare workers are only to be tested when symptomatic, routine testing is not yet recommended.

- Doctors are responsible for prompt notification of any suspected or confirmed cases to the DHA /DOH/MOH, on IDNS notification system, to the MSOs and SLT.

7. Standard precautions for health care workers

STANDARD PRECAUTIONS

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

AIRBORNE PRECAUTIONS

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

CONTACT & DROPLET PRECAUTIONS

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

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

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

8. Personal Protective Equipment (PPE)

SHOE COVER

HEAD COVER

SURGICAL MASK

N95 MASK

FACE SHIELD

PLASTIC APRON

HAZMAT

DISPOSABLE GOWN

8. Personal Protective Equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

1. GOWN

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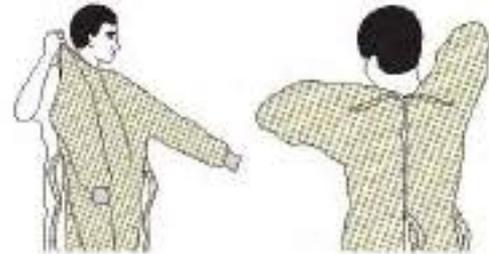
2. MASK OR RESPIRATOR

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

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

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

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

CDC

8. Personal Protective Equipment (PPE)

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

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

1. GLOVES

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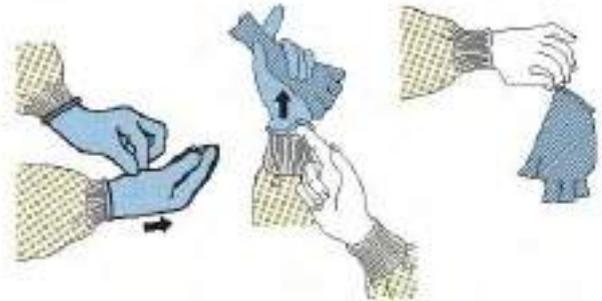
2. GOGGLES OR FACE SHIELD

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

3. GOWN

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

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
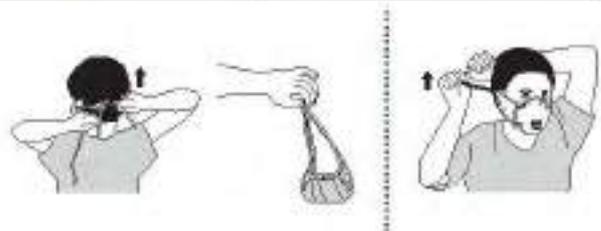
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
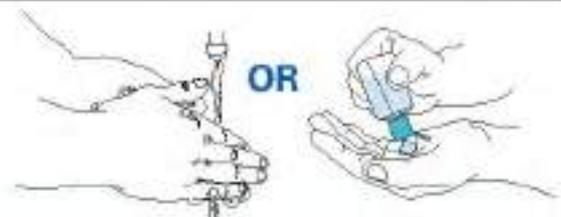
OR

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

CDC

8. Personal Protective Equipment (PPE)

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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

1. GOWN AND GLOVES

* Gown front and sleeves and the outside of gloves are contaminated!
* If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
* Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
* While removing the gown, fold or roll the gown inside-out into a bundle
* As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD

* Outside of goggles or face shield are contaminated!
* If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
* Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
* If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

* Front of mask/respirator is contaminated — DO NOT TOUCH!
* If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
* Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
* Discard in a waste container
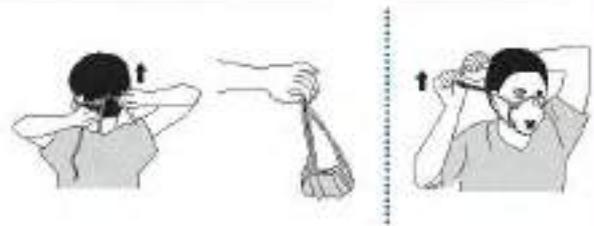
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
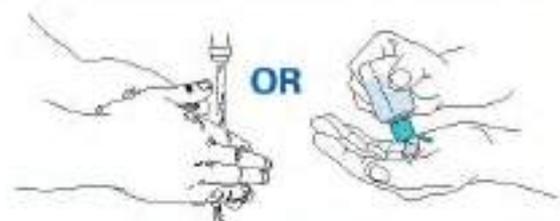
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

9.   Isolation room requirements

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

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

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

10. Student waiting and collection areas

Keeping in mind the limitations that some facilities may have with regards space and infrastructure, this section outlines the requisites of a make shift waiting area that can be arranged, to allow for an organized structure and to minimize contact as much as possible.

- Separate waiting areas is for students waiting to come into the clinic to be triaged. Identify an area either at the entrance within your clinic or immediately outside it, using a divider screen, which affords complete privacy to the students waiting.
- Keep overcrowding to a minimum by allowing the least possible chairs available.
- The chairs are to be spaced 2m apart, and should not be facing one another.
- Distances should be clearly marked and medicals screens should be placed between them.
- Ensure that there is visible signage reminding patients to remain seated with masks on, to wait their turns, and maintain safe distance.
- Ensure that there is a hand sanitizer present to practice hand hygiene.

11. Flow chart for treatment of students who are unwell

Student arrives with a clinic pass

Temperature Check
Quick Assessment
Data Entry (Triage Nurse)
Provision of Face mask (if needed)

Suspected Covid-19 Case ☆
(Infection Control Nurse)

- Proceed to Isolation room
- Practice Isolation Nursing
- Provide First Aid Treatment

Referral to School Doctor
Inform MSO

Follow DHA Protocol for Covid-19
See Appendix 3 for Flow Chart

Call Parent for notification and or collection

Discharge/ For Referral

Initiate Deep cleaning of facility

Documentation
- IDNS
- Phoenix
- HSE

Follow up after 24-72 hours

Negative Result | **Positive Result**

Negative Result:
Follow DHA recommendations
→ Medical clearance upon return to school

Positive Result:
Follow DHA protocol for Positive cases
→ Case reporting to DHA
→ Medical clearance upon return to school

Fever & Respiratory Symptoms ☆
(Infection Control Nurse)

Proceed to Isolation room
Practice Isolation Nursing

Referral to School Doctor
Inform MSO

Call Parent
First aid treatment

Send home for referral

Follow up after 24 hours

Return to school 24 hrs fever free
Without fever reducing medicine

Medical clearance upon return to school

Fever w/o Respiratory Symptoms
(Treatment Nurse)

Proceed to Designated Treatment room

Call Parent
First aid treatment

Send home

Follow up after 24 hours

Return to school 24 hrs fever free
Without fever reducing medicine

Report to school clinic for Temperature check

With Fever | **Without Fever**

With Fever:
Send home

Without Fever:
Proceed to class

Respiratory Sx but w/o fever ☆
(Infection Control Nurse)

Proceed to Isolation Room
Practice Isolation Nursing

Administer First aid treatment

Notify Parents to collect child from the clinic

Send home for referral

Follow up after 24 hours

Report to school clinic
For Reassessment

Unwell w/o fever
& Without Respiratory symptoms
(Treatment Nurse)

Proceed to designated Treatment room

Assessment

With significant findings | **No significant findings**

With significant findings:
First aid treatment
→ Parent Notification
→ Send back to class

No significant findings:
Send back to class

☆ *Can be merged depending on the definition of suspected case from DHA*

12. Screening and contingency planning

If a stable case of illness is detected amongst visitors or staff presenting COVID-19 symptoms, such as fever (≥37.5 C), cough, body ache or fatigue, shortness of breath, sore throat, runny nose, diarrhoea and nausea, headache, or loss of sense of smell or taste, DHA /DOH/MOH hotline number should be contacted by the school's designated H&S officer.

In cases of emergencies, such as having unstable cases amongst staff, students or visitors, the school should immediately contact 999 or 998.The designated health and safety staff at your school is the MSO, who is assigned to handle any emergency situation, follow up and monitor the implementation of health and safety procedures, and conduct all necessary trainings for students and staff. The MSO is also responsible for the designated isolation room within the school premises.

If a child/teacher/staff begins to show symptoms of COVID-19 while at school, they must get isolated instantly, and the parent/ guardian of the child to be notified immediately and the patient should be referred to the hospital to take the necessary action. The patient should not return to school until the PCR result is obtained. If the result is negative and there is a clinical assessment of a probable COVID-19 case, the patient should complete a 14-day quarantine. If the result is negative and there is no clinical assessment for a probable case, the child can resume schooling so long as they are symptom-free.

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

In cases of COVID-19 emergency, the school should follow their endorsed guidelines for emergencies by the school's qualified nurse/ doctor while wearing adequate personal protection equipment. Also, the health and safety in-charge should ensure that the child is accompanied by an adult wearing the full PPE when transported to home or to the hospital.

13. Summary of the management plan

For a suspected case:

- **Provide a mask and Isolate immediately**

- **Inform SLT/MSO/Parent/Guardian**

- **Referral to hospital /healthcare facility**

- **Obtain PCR test**

- **Negative result, with probable COVID case-to complete a 14-day quarantine.**

- **Negative result, with no probability of COVID case-can return to school, if symptom free.**

- **Positive result , initiate contact tracing of anyone who spent more than 15 minutes in a proximity of 2m or less with the positive case ,from the day of symptom onset ,or the day of the positive PCR test-to complete 14 day quarantine.**

14. Vulnerable groups

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

- Students with chronic conditions like DM 1, Cancer, Transplant etc. (see list on next page).

- Pregnant staff.

- All such individuals will have to bring a medical clearance certificate that states that it is safe for them to be present on campus, in the presence of adequate safety measures such as use of PPE, social distancing etc. In the absence of such a certificate, they will not be allowed on campus.

- Any individual who is mandated by the local health regulatory body to be wearing a mask but is unable to due to some existing illness should provide a medical report stating the same. This will be considered only on a case-by-case basis.

High risk groups

- Above 60 years old

- Serious heart conditions such as ischemic heart disease

- Diabetes mellitus

- Uncontrolled hypertension

- Chronic lung/respiratory disease including moderate to severe asthma

- Chronic kidney disease and renal failure

- Chronic liver disease

- Cancer patients who are still undergoing treatment

- Use of biologics or immunosuppressive medications

- History of transplant

- People of any age with severe obesity (body mass index more than 40) or certain underlying medical conditions, particularly if not well controlled

- Any health conditions that may compromise immunity

- People with disability (people of determination)

- People staying at long term care centres

15. Training

- Please ensure that team members have up to date infection control certification.

- The Clinic Medical Director can decide on the number of staff certified depending on team numbers.

- Ensure all members of the team complete the GEMS COVID-19 training as per the deadline that will be provided.

16. Documentation and reporting

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

- Doctor informs MSO and SLT

- Doctor calls the parents

- Doctor Reports to DHA /DOH/MOH and IDNS system

- Nurse Documents the case on Phoenix/HSE

- Maintain a log of all medical certificates/ waivers provided for vulnerable staff.

- Maintain a log of student/staff travel declaration, if any.
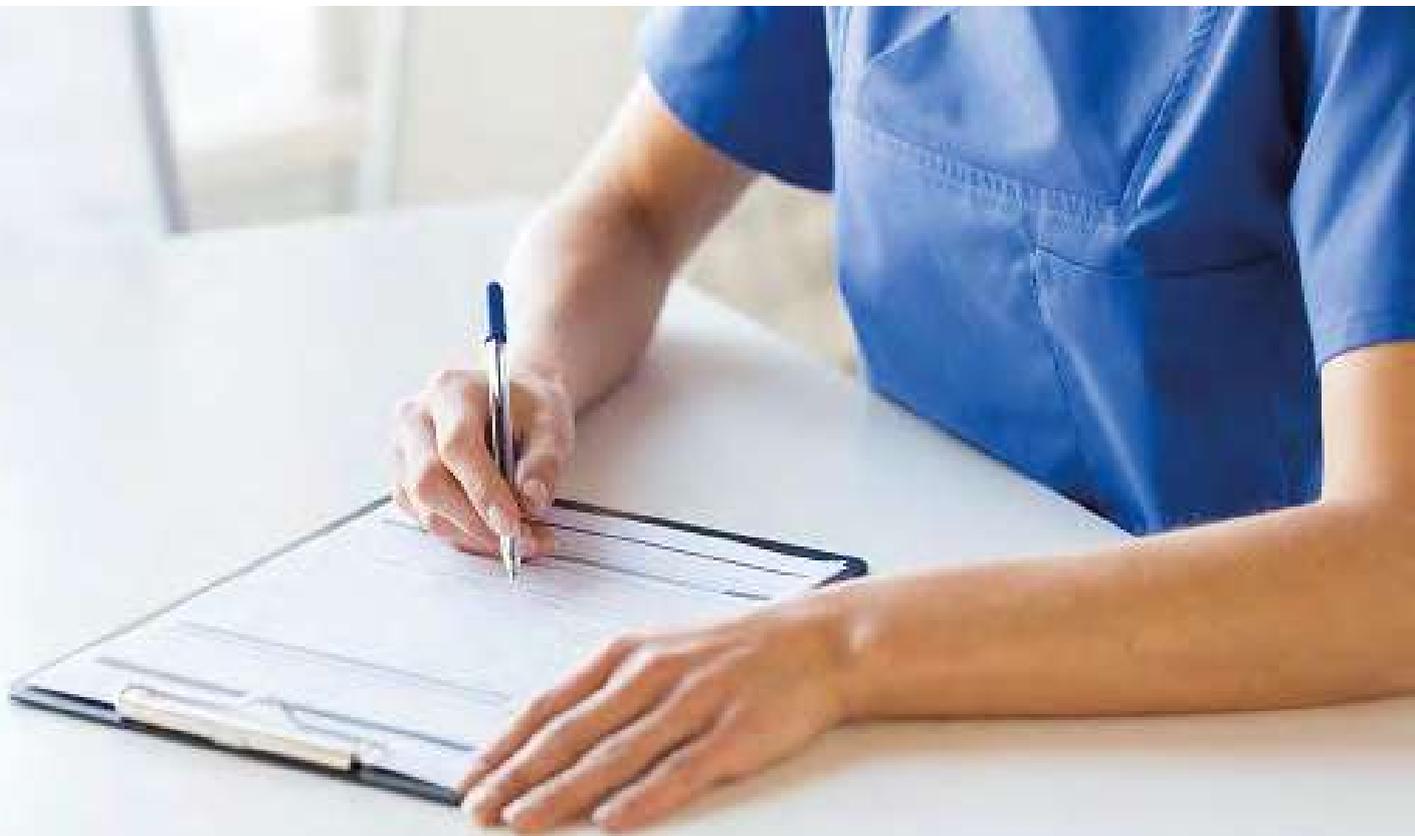
17. Contact tracing

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

In the case of a confirmed positive case, initiate a deep disinfection; follow local health ministry guidelines on contact tracing, and possible closure of classrooms. This will be dictated by the DHA/DOH/MOH and KHDA/ADEK in collaboration with the SLT.

Encourage all to download AL-HOSN app for contact tracing.

Refer to flowchart for contact tracing below.

Flowchart for Contact Tracing

Suspected case of Covid-19

Brief interview by nurse at initial presentation in clinic. Notes-class ,division ,teachers ,and classmates.

Positive PCR result

Interview by H&S officer on phone
Advised to download Al Hosn app for tracing

Patient Identifies contacts

*Teachers along with classmates of student are considered close contacts (anyone who spent more than 15 mins in a proximity of 2 meters with the positive case from the day of symptoms onset or the day of positive PCR test)

Contact commences 14-day self quarantine period

If symptoms appear

If No symptoms

Refer to Health Facility and obtain PCR

Return to school on completing 14-day isolation

Positive PCR

18. Limitations of this document

- This document is not exhaustive and will need to be tailored according to your Clinic's specific requirements and daily functioning, however all recommendations pertaining to standard, contact and air borne precautions are to be met as recommended by your local health regulatory body.

- Any guidelines provided by the DHA/DOH/Ministry of Health and Prevention will super cede the recommendations of this document, should there be any point of contradiction.

- This document is dynamic and subject to change as new policies and guidelines are received.

Important Contacts

Ambulance services:
998 / 999

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

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

DHA hotline number:
800342

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

Ministry of Health & Prevention:
80011111

EDUCATION

We see *genius* in every child