

MERS-CoV Case: Rapid Response Team Report

1. Visit Information:

| | | | |
|--|--------------|--|-----------------------|
| Visit date: | ___/___/20__ | | |
| Healthcare facility: | | | Regional directorate: |
| Person in charge of IPC in the facility: | Name: | | Email: |
| | Mobile No: | | Tel No: |

2. Patient Information:

| | | | |
|---------------|--------------|---|---------|
| Patient name: | ID/Iqama No: | HESN No: | |
| Age: | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Job: |
| Nationality: | Residence: | | Tel No: |

3. Clinical Information:

MERS-CoV Information:

| | | |
|---|---|---|
| Date of onset: | Date of presentation in the facility: | Date of notification: |
| ___/___/20__ <small>(dd mm yyyy)</small> | ___/___/20__ <small>(dd mm yyyy)</small> | ___/___/20__ <small>(dd mm yyyy)</small> |

Other Medical Conditions: *(Please check the box and use space to specify if needed)*

| | | | | | |
|---|--------------------------|--|--------------|--------------------------|--|
| Renal disease | <input type="checkbox"/> | | Cancer | <input type="checkbox"/> | |
| Diabetes | <input type="checkbox"/> | | Hepatitis | <input type="checkbox"/> | |
| Hypertension | <input type="checkbox"/> | | Asthma/ COPD | <input type="checkbox"/> | |
| Cardiovascular <small>(excluding hypertension)</small> | <input type="checkbox"/> | | Allergies | <input type="checkbox"/> | |
| Other: | <input type="checkbox"/> | | | | |

- Did the patient have contact with:

a) Confirmed MERS-CoV (Yes No) b) Camels or camels products (direct or indirect) (Yes No)

- Genes values:

UP-E Gene: _____ ORF1a Gene: _____

- History of present MERS-CoV illness:

4. Patient Pathway:

| |
|--|
| When did the patient present to the facility? Date ___/___/20__ Time : _____ <small>(dd / mm / yyyy) (hh :mm)</small> |
| How did the patient come to the facility? <input type="checkbox"/> Alone <input type="checkbox"/> Brought by ambulance <input type="checkbox"/> Brought by a family member or friend |
| If brought by ambulance, were the ambulance personnel traced? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What was the first place in the facility that the patient visited? <input type="checkbox"/> ER <input type="checkbox"/> OPD _____ <input type="checkbox"/> Patient was referred from _____ <small>(please specify the location) (please specify the location)</small> |
| Was the patient evaluated at triage station? (If yes, please specify the score) <input type="checkbox"/> No <input type="checkbox"/> Yes Score: _____ |
| Was the patient isolated from the first initial checkpoint? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How was the chest x-ray done? <input type="checkbox"/> Portable machine <input type="checkbox"/> Radiology department <input type="checkbox"/> No x-ray was done |
| What did the x-ray (or other radiological exam) reveal? |

Where was the swab for MERS-CoV taken?

Ward _____ ER OPD _____ Other _____
(please specify the location) (please specify the location) (please specify the location)

When was the swab for MERS-CoV taken?

Date ___/___/20___ Time : _____
(dd mm yyyy) (hh:mm)

Please mention other areas in the facility that the patient visited, stayed in or admitted to before MERS-CoV diagnosis was confirmed?

| | | | | |
|----|---|--|----|--|
| 1. | Date ___/___/20___ <small>(dd mm yyyy)</small> | Time : _____ <small>(hh:mm)</small> | To | Time : _____ <small>(hh:mm)</small> |
| 2. | Date ___/___/20___ <small>(dd mm yyyy)</small> | Time : _____ <small>(hh:mm)</small> | To | Time : _____ <small>(hh:mm)</small> |
| 3. | Date ___/___/20___ <small>(dd mm yyyy)</small> | Time : _____ <small>(hh:mm)</small> | To | Time : _____ <small>(hh:mm)</small> |
| 4. | Date ___/___/20___ <small>(dd mm yyyy)</small> | Time : _____ <small>(hh:mm)</small> | To | Time : _____ <small>(hh:mm)</small> |
| 5. | Date ___/___/20___ <small>(dd mm yyyy)</small> | Time : _____ <small>(hh:mm)</small> | To | Time : _____ <small>(hh:mm)</small> |

Did the patient visit other healthcare facilities in the last two weeks?

No Yes

(If yes, please specify the healthcare facilities and visits dates):

5. Management:

Have appropriate steps been taken (or are planned to be taken) for:

| | |
|--|---|
| Contacts tracing in the healthcare facility | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ |
| Daily monitoring of all contacts | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ |
| Terminal cleaning | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ |
| Logbook | <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ |
| Others | _____ |

6. Contacts (HCWs):

Names are not required to be listed in this form. However, the facility must have the list available in its records.

A- Total number of exposed staff: _____

1- **Number of staff who had protected exposure** (contact with the case while wearing all personal protective equipment): _____

2- **Number of staff who had low-risk unprotected exposure** (contact with the case more than 1.5 meters): _____

3- **Number of staff who had high-risk unprotected exposure** (contact with the case within 1.5 meters): _____

B- Number of exposed staff who have become symptomatic: _____

C- Number of staff whose exposure indicates swabbing for MERS-CoV (as per guidelines): _____

D- Number of staff tested for MERS-CoV (swabbed): _____

7. Contacts (Patients):

Names are not required to be listed in this form. However, the facility must have the list available in its records.

- **Number of exposed patients** (patients admitted in the same room with the case for at least 30 minutes): _____

- **Number of exposed patients who have become symptomatic:** _____

- **Number of exposed patients still admitted in the facility:** _____

- **Number of exposed patients discharged from the facility:** _____

- **Number of exposed patients tested for MERS-CoV:** _____

8. Infection Control Measures Assessment (Units):

8.1. Infection Control Department

8.1.1 For hospitals > 150 beds: the director of IC department is a full timer personnel qualified in infection control through certification, training and experience for two years at least. Met Partial Met Not Met N/A

8.1.2 For hospitals < 150 beds: the director of IC department is a full timer personnel qualified in infection control through certification, training and experience for two years at least. Met Partial Met Not Met N/A

8.1.3 Adequate infection control supplies are provided to HCWs for successful IC program (e.g., PPE, disinfectants ...etc.) Met Partial Met Not Met

8.1.4 At least one full time IC practitioner is assigned for every 100 regular beds, an additional one IC practitioner / 30 beds in critical care units (at least one) and an additional one IC practitioner / 120 dialysis patients per day (at least one) Met Partial Met Not Met

8.2. Respiratory Triage:

8.2.1 Designated area for visual triage facing ER entrance with required equipment (surgical facemask, hand hygiene sanitizer, posters ..etc). Met Not Met

8.2.2 Assigned and trained HCW available at visual triage area 24/7. Met Not Met

8.2.3 Effective capturing of all individuals passing through ER entrance. Met Partial Met Not Met

8.2.4 Updating visual triage scoring forms are available, current, approved and used. Met Partial Met Not Met

8.2.5 Suspected patients score ≥ 4 are advised for surgical facemask and hand hygiene. Met Partial Met Not Met

8.2.6 Designated respiratory triage area (Respiratory Triage Clinic) is available. Met Partial Met Not Met

8.2.7 Suspected cases score ≥ 4 are escorted / directed safely to respiratory triage area (Respiratory Triage Clinic). Met Partial Met Not Met

8.2.8 Respiratory waiting area available with fixed chairs and distance between them more than 1.2 meter. Met Partial Met Not Met

8.2.9 Physician available timely at respiratory triage area (Respiratory Triage Clinic) to assess patient for Case definition of MERS. Met Partial Met Not Met

8.2.10 Suspected Patients are transferred to isolation room for necessary chest x-ray and swabbing. (When needed). Met Partial Met Not Met

8.3. Emergency Room:

8.3.1 There is a written policy and procedure for suspected or confirmed MERS-CoV patients based on updated MOH guidelines. Met Partial Met Not Met

8.3.2 HCWs have received continuous job-specific infection control training on MERS-CoV and competency is done. Met Partial Met Not Met

8.3.3 Written reminders for updated definitions of suspected cases of MERS-CoV are available in the emergency department & staff are quite familiar with these definitions. Met Partial Met Not Met

8.3.4 Available protocol for early detection, management, and transfer of respiratory illness patients "Flow Chart" Met Partial Met Not Met

8.3.5 Treating physicians Knowledge of MERS-CoV Case Definition: Met Partial Met Not Met

8.3.6 Nasopharyngeal Swabs from patients is performed by trained personnel. Met Partial Met Not Met

8.3.7 Staff awareness of the proper sequence of hand hygiene, donning and doffing of PPE Met Partial Met Not Met

8.3.8 All HCWs dealing with patients with acute respiratory illness properly use appropriate N95 respirators based on successful fit testing (when needed). Met Partial Met Not Met

8.3.9 A log book is used for HCWs and visitors who had entered the isolation room, when needed. Met Partial Met Not Met

8.3.10 There's at least one AIIR or single room with HEPA filter as 25 bed hospital Met Partial Met Not Met

8.3.11 The distance separating adjacent beds is not less than 1.2 m. Met Partial Met Not Met

8.3.12 Isolation signs are consistent with the patient diagnosis and are posted in Arabic and English, and indicating the type of precautions required for staff and visitors. Met Partial Met Not Met

8.3.13 There is schedule of cleaning/ disinfection activities log that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned. Met Partial Met Not Met

8.3.14 Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free. Met Partial Met Not Met

8.3.15 Terminal cleaning process is done properly when indicated by using updated detailed checklist and supervised by the in-charge nurse Met Partial Met Not Met

8.3.16 Biological spill kits are available in all patient care units and HCWs are capable of using them properly. Met Partial Met Not Met

8.4. Isolation Ward:

8.4.1 There is a written policy and procedure for suspected or confirmed MERS-CoV patients based on updated MOH guidelines. Met Partial Met Not Met

8.4.2 Isolation signs are consistent with the patient diagnosis and are posted in Arabic and English, and indicating the type of precautions required for staff and visitors. Met Partial Met Not Met

8.4.3 HCWs have received continuous job-specific infection control training on MERS-CoV and competency is done. Met Partial Met Not Met

8.4.4 Health care personnel demonstrate appropriate technique for management of blood and/or body fluids. Met Partial Met Not Met

8.4.5 There is written visitor policy Met Partial Met Not Met

8.4.6 Visitors restricted and only for few minutes and visitor must pass through permission from nursing station, and be aware how to use PPE and mode of transmission of the disease. For MERS-CoV patients, a sign in logbook/sheet is necessary. Met Partial Met Not Met

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|---|--|
| 8.4.7 All HCWs dealing with patients with acute respiratory illness properly use appropriate N95 respirators based on successful fit testing. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.8 A log book is used for HCWs and visitors who had entered the isolation room, when needed. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.9 Staff awareness of the proper sequence of hand hygiene, donning and doffing of PPE | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.10 Isolation Room is maintained at 12 ACH. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.11 Isolation Room is maintained at negative pressure (-2.5 pascal or more) with respect to corridors | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.12 Temperature ranges from 21 to 24 and relative humidity from 30% to 60% | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.13 Records for routine monitoring and maintenance of pressure gradients and air cycles for negative isolation rooms are available. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.14 There is schedule of cleaning/ disinfection activities log that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.15 Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.16 Terminal cleaning process is done properly when indicated by using updated detailed checklist and supervised by the in-charge nurse | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.4.17 Biological spill kits are available in all patient care units and HCWs are capable of using them properly. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5. ICU: N/A <input type="checkbox"/> | |
| 8.5.1 There is a written policy and procedure for suspected or confirmed MERS-CoV patients based on updated MOH guidelines. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.2 HCWs have received continuous job-specific infection control training on MERS-CoV and competency is done. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.3 Health care personnel demonstrate appropriate technique for management of blood and/or body fluids. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.4 Staff awareness of the proper sequence of hand hygiene and donning and doffing of PPE. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.5 The patient's skin is disinfected with an appropriate antiseptic before injection or cannulation. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.6 All patient care supplies are brought to patient area when needed with no excess item in the area. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.7 Isolation signs are consistent with the patient diagnosis and are posted in Arabic and English, and indicating the type of precautions required for staff and visitors. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.8 All HCWs dealing with patients with acute respiratory illness properly use appropriate N95 respirators based on successful fit testing (when needed). | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.9 A log book is used for HCWs and visitors who had entered the isolation room, when needed | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.10 Isolation Room is maintained at 12 ACH. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.11 Isolation Room is maintained at negative pressure (-2.5 pascal or more) with respect to corridors. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.12 The distance separating adjacent beds is not less than 2.4 m | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.13 Records for routine monitoring and maintenance of pressure gradients and air cycles for negative isolation rooms are available. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.14 There is schedule of cleaning/ disinfection activities log that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.15 Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.16 Terminal cleaning process is done properly when indicated by using updated detailed checklist and supervised by the in-charge nurse | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.5.17 Biological spill kits are available in all patient care units and HCWs are capable of using them properly. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6. Hemodialysis: N/A <input type="checkbox"/> | |
| 8.6.1 There is a written policy and procedure for suspected or confirmed MERS-CoV patients based on updated MOH guidelines. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.2 Designated visual triage station is available at the unit entrance with required equipment (surgical facemask, hand hygiene sanitizer, visual alerts ...etc.). | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.3 Assigned and trained HCW is available at the start of each hemodialysis session for triaging all hemodialysis patients (except those with life-threatening conditions). | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.4 Current and approved visual triage scoring form is used for effective capturing of hemodialysis patients with acute respiratory illness. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.5 Respiratory waiting area is available with visual alerts and fixed chairs and distance between them \geq 1.2 m. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.6 Patient with ARI and score \geq 4 is segregated in a single room after being advised to perform hand hygiene & wear surgical facemask. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.7 An appropriate single room with portable HEPA filter is available for segregation of patient with ARI and score \geq 4 to be assessed for Case definition of MERS-CoV. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.8 Suspected patient is transferred to an Airborne Infection Isolation Room - AIIR with negative pressure or a single room with portable HEPA filter for isolation of the patient while providing care for him (i.e., getting the dialysis session, performing chest x-ray and swabbing when needed) | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.9 If AIIR with negative pressure or single room with portable HEPA filter is not available for isolation of suspected patient, a clear protocol is implemented for patient's transfer to other appropriate healthcare facility to provide care while applying transmission-based precautions in isolation room. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |

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|---|--|
| 8.6.10 All HCWs dealing with patients with acute respiratory illness properly use appropriate N95 respirators based on successful fit testing (when needed). | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.11 Multi-dose vials are used for a single patient, dated when they have been opened and accessed for the first time, and discarded after 28 days unless the manufacturer specifies a different shorter or a longer date (i.e., reuse life). | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.12 The distance separating adjacent dialysis chairs/beds is not less than 1.2 m. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.13 There is schedule of cleaning/ disinfection activities log that records responsible worker, used agents, methods of cleaning and the environmental surfaces intended to be cleaned. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.14 Hospital environment, lockers, and cabinets are regularly cleaned, dry and dust free. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.15 Terminal cleaning process is done properly when indicated by using updated detailed checklist and supervised by the in-charge nurse | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |
| 8.6.16 Biological spill kits are available in all patient care units and HCWs are capable of using them properly. | <input type="checkbox"/> Met <input type="checkbox"/> Partial Met <input type="checkbox"/> Not Met |

| Visit conducted by: | Mobile No | Email: | Date: |
|---------------------|-----------|--------|---|
| 1. | | | <u> </u> / <u> </u> / <u> </u> / <u> </u> dd mm yyyy |
| 2. | | | <u> </u> / <u> </u> / <u> </u> / <u> </u> dd mm yyyy |

➔ Please submit completed form to the following emails mersreport@gmail.com