UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

Version 4
April 05, 2020

Management of a suspected case of COVID-19

Does the patient have **EITHER**?

- acute upper or lower respiratory infection of any degree of severity, symptoms including shortness of breath, difficult breathing or cough (with or without fever), sore throat, runny nose, diarrhea, vomiting, etc. **OR**
- severe acute respiratory infection requiring admission to hospital with clinical or radiological Evidence of pneumonia or severe acute respiratory infection (SARI) or acute respiratory distress syndrome **OR**
- fever with no other symptoms

Yes → Has the patient travelled in the 14 days before onset of illness?

No →

- If the patient travelled in the last 14 days before onset of illness, advice home quarantine for 14 days
- If Anyone who has had contact with a confirmed case of COVID-19 in the last 14 days should be reported to local PMD and take COVID Swab

Has the patient travelled in the 14 days before onset of illness?

Yes → Primary Care / Secondary Care

No → Have they had contact with a confirmed case of COVID-19 in the 14 days before onset of illness?

Have they had contact with a confirmed case of COVID-19 in the 14 days before onset of illness?

Yes → Primary Care / Secondary Care

No →

- Residing or from a community setting were COVID-19 cases were detected
- ILI cases (fever and Cough) without history of travel or known possible exposure
- Take COVID test & Advise home quarantine for suspected cases with mild symptoms **till result is available**

Primary Care

- Isolate the patient (and their belongings or waste) in a side room with the door closed and PPE is worn by any person entering the room
- Inform Infection Control Practitioner and Local PMD
- For Mild cases (URTI): **Take COVID19 Swab** and send patient for quarantine* with daily follow up for 14 days.
- For Moderate or Severe acute respiratory infections, Arrange for Patient transfer to allocated hospital via National ambulance.
- Patient with Positive COVID 19 results, risk categorizes patients by PHC triage team:
  - Asymptomatic/Mild > isolation building**
  - Moderate -Severe > allocated Hospital
- Patient with Negative COVID 19 results continue quarantine* for 14 days

Secondary Care

- Place the patient in airborne isolation preferably, if not available put in single room with droplet precaution (airborne precaution if aerosol generation procedure)
- PPE is worn by any person entering the room
- Inform Infection Control Practitioner and Local PMD for Contact tracing & Surveillance
- Positive patients (Moderate\Severe) cont. infection control & send to allocated hospital *

*send patient to quarantine in coordination with PMD
** send patient to isolation building in coordination with mobile team

COVID 19 Case Definition -30/3/2020

Appendix#1: Case Definition for suspected COVID-19 Case

*Patient present with upper or lower respiratory symptoms "With or Without Fever" AND any of the following:

- history of international travel during the 14 days prior to symptom onset
- Close contact with an individual known as confirmed case of COVID-19 within 14 days
- Residing or From a community setting were COVID-19 cases were detected including health care setting
- ILI cases (fever and Cough) without history of travel or known possible exposure

→
- **Admit according to risk matrix**
- **Apply standard, contact & airborne precautions**

OR

All Severe acute respiratory infections (SARI) admissions regardless of exposure history

→

Possibility of COVID-19 infection

- Collect **nasopharyngeal and oropharyngeal** swabs **and sputum or BAL** samples for patients with lower respiratory symptoms **(if available)**
- Advise home quarantine for suspected cases with mild symptoms **till result is available**
- Send samples to reference laboratory in health authority for PCR testing
- If positive, admit for isolation according to the matrix

Notes

SARI case definition: An Acute respiratory infection with:

- history of fever or measured fever of >= 38 C
- And cough
- with onset within the last 10 days
- and requires hospitalization

This flowchart may change as further information emerges.

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

Version 4
April 05, 2020

Clinical Assessment for patients suspects– 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
Moderate	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
Severe	• Patient with pneumonia & respiratory distress	patient with any one of the following criteria: -Respiratory distress (RR>30/min, adults) (RR >40/min, child < 5 yr) -O sat < 93% at rest -PaO2/FiO2 <300 mmhg -Lung infiltrate > 50% of the lung fields in 24-48 hr
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

Risk Matrix for COVID–19

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 admission/ Institution with medical care	Hospital admission	Admit to Assigned hospital	Admit to Assigned hospital
No risk	Institution admission with medical care	Institution admission with medical care	Hospital admission	Admit to assigned hospital

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] $\geq$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

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

Version 4
April 05, 2020

Management of Suspected COVID 19 Traveler

Asymptomatic travelers

Home Quarantine 14 days

Symptomatic

Symptomatic Travelers in last 14 days

Suspected Case

Call Tele-Consultation Center or go to the nearest PHC for Clinical Assessment

Mild cases: PHC take **COVID 19** Swab and send for Home Quarantine * 14 days

Moderate and severe cases: go to the nearest hospital via National Ambulance

COVID-19 result

Positive results

Negative Results

Home Quarantine 14 days with Primary Care/PMD follow up

1-Notify PMD

2- PHC triage team to assess Patient clinical status:

- **Asymptomatic/ Mild (isolation building**)**
- **Moderate to Severe (allocated hospital)**

3- Arrange patient transfer **with Operation Center**

* Start treatment as per protocol and repeat COVID testing every 72 hours

* Contact tracing by PMD

Discharge with home quarantine (14 days):

- Free of symptoms & Afebrile
- 2 negative samples > 24Hour apart

*send patient to home quarantine in coordination with PMD/PHC

** send patient to isolation building in coordination with mobile team

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

Version 4
April 05, 2020

Management of Suspect with History of contact with COVID positive patient

Close contact with no symptoms

Notify PMD for surveillance and contact tracing + **COVID 19- Test**

Positive

Negative

Quarantine* 14 days with Daily follow up by PHC/PMD

1-Notify PMD

2- Mobile team to assess Patient clinical status:

- **Asymptomatic / Mild (isolation building**)**
- **Moderate to Severe (allocated hospital)**

3- Arrange patient transfer **with operation center**

-Start treatment as per protocol and repeat COVID testing every 72 hours

-Contact tracing by PMD

Discharge & home quarantine 14 days if:

- Free of symptoms for 48 hours
- 2 negative samples> 24H apart

Close contact with symptoms

Suspected case

- Notify PMD
- Call Tele-consultation center or go to the nearest PHC for Clinical Assessment
- **Mild cases**: PHC take **COVID 19** Swab and send for Quarantine building*
- **Moderate and Severe cases**: go to the nearest hospital via National Ambulance

COVID 19- Test

Positive

Negative

If first COVID19 test is Negative, and clinical presentation and investigation is suggestive of COVID-19, repeat SARS CoV2 PCR

*send patient to quarantine building in coordination with PMD
** send patient to isolation building in coordination with mobile team

Healthcare provider exposure to suspected or confirmed COVID19

Protected (proper use of PPE)

Asymptomatic

1- No COVID 19 test
2- Continue duties
3- Daily assessment by IC team for 14 days post exposure

Clear if Remain asymptomatic for period of >14 days post exposure

Symptomatic

Unprotected

(without wearing proper or PPE used improperly)

Symptomatic

Asymptomatic

High risk

(within 1.5m of the patient)

Low risk

(>1.5m of the patient)

1- Stop preforming duties
2- Quarantine 14 days*
3- Test for COVID 19
4- Resume duties after clearance by IC team

1- No COVID 19 test
2- Continue duties
3- Daily assessment by IC team for 14 days post exposure

Clear if

Remain asymptomatic for period of >14 days post exposure

If COVID 19 – RCR + VE

Follow COVID -19 Management protocol

If COVID 19 – RCR - VE

Clear if
Remain asymptomatic for period of >14 days post exposure & COVID-19 Retest **Negative**

*send patient to quarantine building in coordination with PMD
** send patient to isolation building in coordination with mobile team

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

Version 4
April 05, 2020

Management of Asymptomatic Healthcare providers exposed to COVID 19 patients

Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

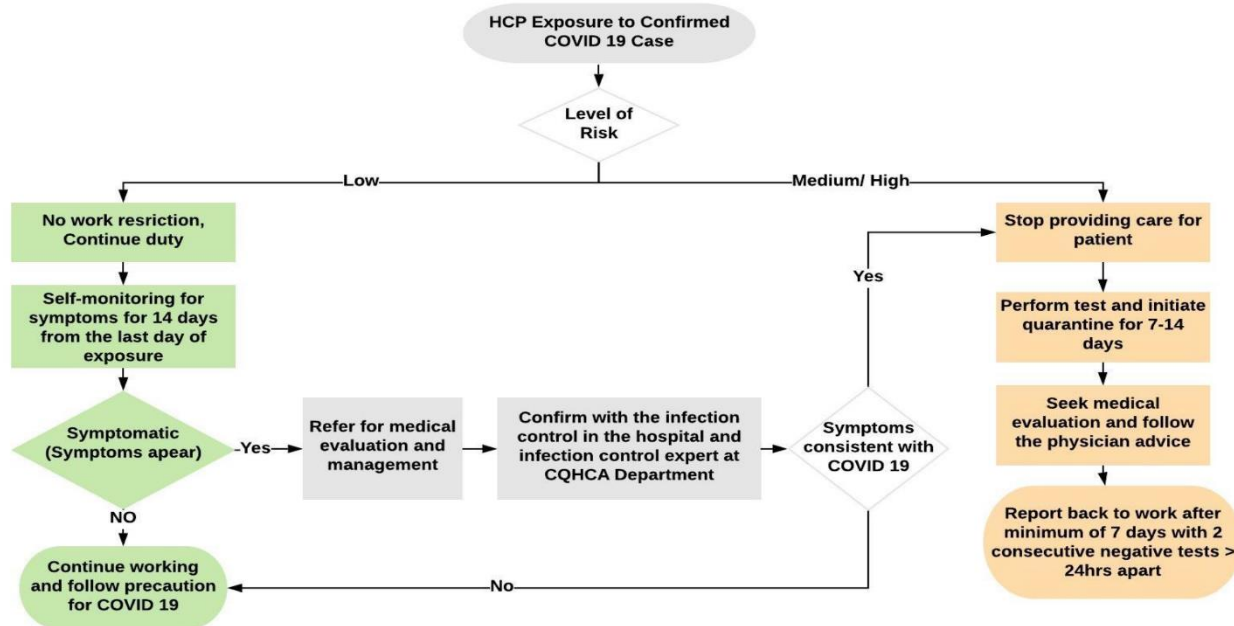
Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[b]	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

[a]The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
[b]The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

Attachment 2: Flowchart on the Management of Health care provider's Exposure to Coronavirus Disease (COVID 19).

Note: This Flowchart is applicable only to HCPs that have provided direct care to a confirmed case of COVID 19. Exposure risk assessment must be conducted by the facility's Infection Control Practitioner, using Attachment 1.



High-risk exposures:HCP who have had prolonged close contact withpatients with COVID-19 who were not wearing a facemaskwhile HCP nose and mouth were exposedto material potentially infectious with the virus causing COVID-19.
Medium-risk exposures:HCP who had prolonged close contact withpatients with COVID-19 who were wearing a facemaskwhile HCP nose and mouth were exposedto material potentially infectious with the virus causing COVID-19.
Low-risk exposures:brief interactions with patients with COVID-19 or prolonged close contact withpatients who were wearing a facemaskfor source controlwhile HCP were wearing a facemask or respirator.