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التاريخ : ٢٠٢٠ / ٥ / ٢٠ المرجع : و.و.ص

تعميم رقم (٨٨) لسنة 2020

السادة / وكلاء الوزارة المساعدين
السادة / مدراء المناطق الصحية
السادة / مدراء الإدارات المركزية
السادة / مدراء المستشفيات والمراكز التخصصية
المحترمين
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انطلاقاً من حرص الوزارة على حسن تقديم الخدمات الصحية ، ونظراً للوضع الصحي الوبائي وتدايعات انتشار فيروس كورونا المستجد (COVID-19) والمستجدات المتلاحقة لمجابهة هذا الفيروس والحد من اثاره ومخاطره .

وتماشياً مع الوضع الصحي خلال جائحة (COVID-19) وفي اطار الخطة الزمنية لعودة العمل الطبي تدريجياً في العيادات الخارجية والاجراءات الاحترازية اللازمة .

يرجى العمل على عودة تشغيل العيادات الخارجية حسب الآلية المرفقة اعتباراً من تاريخ 2020/5/31 وبالتعاون مع فريق العمل المشكل لهذا الغرض .

مع ضرورة تزويدنا بالخطة العملية للمستشفى في تشغيل العيادات وقائمة بأسماء العيادات والقائمين عليها من الأطباء مبيناً بها بياناتهم التالية (الاسم باللغة الانجليزية - الرقم المدني - رقم الملف - المسمى الوظيفي وذلك علي ملف بصيغة Excel .
أملين الالتزام بما جاء في تلك الآلية المرفقة والتقيد بها حفاظاً علي الامن الصحي بالبلاد .
والله ولي التوفيق ،،،،،

وكيل وزارة الصحة

د. محمد رضا
وكيل وزارة الصحة (١)
25/5/20

تعميم رقم () لسنة 2020

السادة / وكلاء الوزارة المساعدين
السادة / مدراء المناطق الصحية
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انطلاقا من حرص الوزارة على حسن تقديم الخدمات الصحية ، ونظرا للوضع الصحي الوبائي وتدايعات انتشار فيروس كورونا المستجد (Covid-19) والمستجدات المتلاحقة لمجابهة هذا الفيروس والحد من اثاره ومخاطره .

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وكيل وزارة الصحة


د. عبدالرحمن فرج الفرج
وكيل وزارة الصحة



1. Introduction

With the current pandemic affecting the State of Kuwait, and in an effort to reduce the societal spread of the COVID-19 virus, implementations such as a total lockdown has been put in place. This has resulted in unprecedented stress on the healthcare system, and understandably the majority of the effort has been diverted to treat COVID-19 cases. As a result, ambulatory clinical care services have been put on hiatus. Nevertheless, many patients with chronic health issues have been either unable to seek regular medical care or follow up on their pre-existing appointments. This has put a stress on both emergency departments as well as in-patient wards due to their late presentation to the hospital.

The aim of this protocol is to lay the foundation for the roadmap to reinstate the ambulatory care services of the Ministry of Health in Kuwait. This protocol is multi-pronged, focusing on several domains including but not limited to 1) the timing and capacity for starting the ambulatory care services 2) the location where these services would be provided 3) stratification and prioritisation of the cases and 4) infection control methods.

2. Location

2.1 The ambulatory clinics should be located at a health care facility that does not include inpatient COVID-19 positive cases.

2.2 Such location could be a polyclinic building, separate building within the same hospital premises or at a different "COVID-19 NEGATIVE" Hospital.

2.3 This should be decided by the hospital administration abiding by the local infection control protocols.

3. Case Referral and Prioritization

3.1. **New Referrals:** Referrals from polyclinics, other hospitals or ER to the Hospitals:

3.1.1. The referral process to be done electronically from the primary care physician to the clinic based on the drainage area.

3.1.2. A health care provider from the responsible at the Intended hospital to go over the referrals and stratify them according to priority to be seen.

3.1.2.1. **Red** – Urgent Referrals – To be seen within **72 hours** (acute cases should be referred to the ER from the polyclinic directly)

3.1.2.2. **Yellow** – Semi-Urgent – To be seen within **5-10 days** of the referral

3.1.2.3. **Green** – Non-Urgent – To be scheduled based on the availability of the clinic



Ambulatory Clinical Care Guidelines



3.2. Immunization:

- 3.2.1. There should be a separate immunization clinic with either different location from the ambulatory clinics or at a separate time (e.g. afternoon clinics) to reduce the traffic within the ambulatory clinic buildings and exposure of healthy children and infants to others.

3.3. Follow-up Cases:

- 3.3.1. Patients who missed their appointments due to the interruption of the ambulatory clinical care should reach the hospital via a WhatsApp number OR a virtual portal (if available); providing the full name, civil ID number and the name of the clinic and treating physician.
- 3.3.2. The MRP could book an appointment for their patients directly.
- 3.3.3. The OPD clerk/nurse will provide an appointment to the patient after discussing the case with the most responsible physician (MRP).
- 3.3.4. The cases will be stratified to Red, Yellow and Green accordingly (as described above).
- 3.3.5. The consultation will be provided as Virtual or In-person option based on the discretion of the MRP and the availability of the services

4. Pre-clinic:

- 4.1. The OPD clerk/nurse will contact the patient to provide a specific date and time for the consultation.
- 4.2. Upon booking the appointment, the clinic nurse will ask the patient the following questions:
 - 4.2.1. Do you have ANY respiratory symptoms (cough, fever, shortness of breath, change in smell or taste, diarrhea)?
 - 4.2.2. Did you have TRAVEL, AND /OR QUARANTINE HISTORY (Home or Institutional) in the past 14 days?
 - 4.2.3. HAVE you been in CONTACT with suspected or confirmed COVID-19 patient?
- 4.3. If the patient/caregiver answers yes to any of the aforementioned questions, the triaging Most Responsible Physician (MRP) should decide whether to offer a physical or virtual clinic appointment (if available) /AND refer the patient to the ER as per the COVID-19 protocol.



Ambulatory Clinical Care Guidelines



5. The Clinic Visit:

- 5.1. Each patient should be accompanied by only ONE CAREGIVER IF NEEDED.
- 5.2. Upon arrival, the patient and the accompanying caregiver should go through the visual triage in the OPD.
- 5.3. Their temperature will be checked by a non-contact method and they will be asked a set of questions by the screening nurse:
 - 5.3.1. Do you have ANY respiratory symptoms (cough, fever, shortness of breath, change in smell or taste, diarrhea)?
 - 5.3.2. Did you have TRAVEL, AND /OR QUARANTINE HISTORY (Home or Institutional) in the past 14 days?
 - 5.3.3. HAVE you been in CONTACT with suspected or confirmed COVID-19 patient?
- 5.4. Consultations should be booked on a 15-45 minutes slot, including 10 minutes for disinfection between patients.
 - 5.4.1. The time identified above should include virtual and physical consultations.

6. Infection control measures:

6.1. Examination Rooms

- 6.1.1. When disinfecting exam rooms, you should wipe down each room with the usual approved cleaning solutions, this will allow for immediate turnover.
- 6.1.2. The only time rooms are required to be shut down is when aerosolized procedures occur; which is for 2 hours.

6.2. Waiting Rooms

- 6.2.1. Place visual alerts such as signs and posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- 6.2.2. Ensure supplies are available such as tissues, hand soap, waste receptacles, and alcohol-based hand sanitizer in readily accessible areas.
- 6.2.3. Ensure the removal of all toys and reading materials from the waiting area.
- 6.2.4. Place chairs 1-2 meters apart and keep the waiting area as empty as possible.



6.3. Staff

6.3.1. Ensure that clinical staff know the correct method of donning and doffing PPE safely.

6.3.2. Universal masking should be applied by ALL STAFF at ALL TIMES.

6.3.3. PPE should be applied by all the Health Care Providers (HCP) in contact with patients.

6.3.4. Should be updated with the local infection control policies and procedures.

6.3.5. Refrain from resuming duties if they develop fever, respiratory symptoms (cough, shortness of breath) or under investigation for COVID-19.

6.3.6. Social distancing must be practiced by all HCP at ALL times.

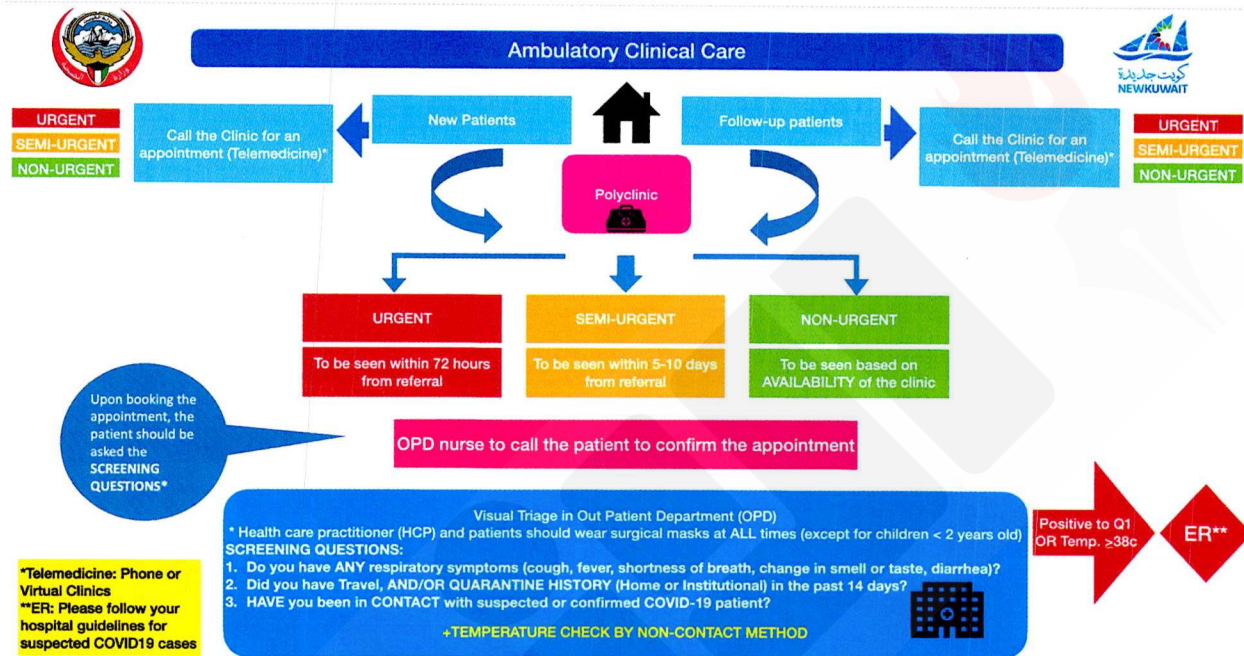
7. Resumption of outpatient service will be based on review of COVID-19 metrics and update COVID-19 daily progress reports, as this impact readiness to continue with service, and may indicate the need to scale back services as more cases arise.

References:

1. Centers for Disease Control and Prevention (CDC)
2. American Academy of Pediatrics (AAP)
3. American Medical Association (AMA)
4. American College of Surgeons (ACS)
5. Royal College of Surgeons England (RCSEng)



Ambulatory Clinical Care Guidelines



Last Update - May 22, 2020

Updated - May 23, 2020



DOCUMENT FOR THE TIMELINE PLAN IN REOPENING THE CLINICS AND STARTING PROCEDURES IN THE HOSPITALS AND SPECILAZED CENTERS

Introduction:

During COVID-19 pandemic, many health care services were on hold trying to minimize the crowds in the health care facilities. After a while the need to reopen the services is mandatory. This document illustrates the timeline plan the for restarting the healthcare services during the COVID-19 pandemic.

Objectives:

- Start opening the clinics in the general hospitals after the total lockdown.
- The percentage of health care services given in the clinics is guided by the timing of the peak of COVID-19 pandemic in Kuwait.
- Full health care services in the clinics, procedures, elective surgeries are expected immediately after the pandemic resolution with existing ongoing precautions.

Method:

Clinics:

- Start with 30% capacity of the outpatient department in all the hospitals immediately after the curfew 31th May,2020. This date will depend on readiness of external sites for some hospitals.
- The clinic's type can be (virtual, telephone, or actual patient attendance).
- The 30% of the service will continue till early July then with attempt to increase to 50% by 16th August,2020. Then full capacity (100%) by October,2020. Depending on the country's Covid-19 status.



Ambulatory Clinical Care Guidelines



Procedures:

- Start preparation and stratification assessment for the procedures by 15th July, 2020 aiming to start on 16th August, 2020.

Elective surgeries:

- Plan to start elective surgeries by early October. This will be separately dealt with by the surgical council of Kuwait, pending resolution of bed capacity issue as one of many factors.

TIMELINE PLAN FOR REOPENING HEALTH CARE SERVICES IN THE HOSPITALS

MAY-OCTOBER

Start clinics 30% 50% clinics increasing to 100%

Start preparation for the procedures.....

Elective surgeries

31st May 15th Jun 30th Jun 1st Jul 15th Jul 1st Aug 15th Aug 30th Aug 1st Sep 15th Sep 1st Oct