Dubai Healthcare City Authority

Workplace COVID-19 Prevention and Response Plan- Review & Status Update

January 2021

	System Title	Page 1 of 51	
DUBAI HEALTHCARE CITY AUTHORITY	**OCCUPATIONAL HEALTH AND SAFETY GUIDELINES**	Document No.	**DHCA HSE – 31**
	Procedure Title	Effective Date	**5th July 2020**
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE	Revision / Date	**23rd January 2021**

TABLE OF CONTENTS

Page

	System Title		Page 2 of 51	
	OCCUPATIONAL HEALTH AND SAFETY GUIDELINES		Document No.	DHCA HSE – 31
	Procedure Title		Effective Date	5th July 2020
سلطة مدينة دبي الطبية DUBAI HEALTHCARE CITY AUTHORITY	**DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN-REVIEW & STATUS UPDATE**		Revision / Date	23rd January 2021

1.0   INTRODUCTION

Dubai Health Care City is pleased to announce that we are fully open for business. In line with the efforts to resume activities in Dubai while ensuring compliance with precautionary and preventive measures, Dubai Healthcare City Authority (DHCA), the governing body of Dubai Healthcare City, would like to update our partners in the free zone that all businesses have resumed (100%) operations (workforce and activities). We welcome all the employees back to work, as well as the Business Partners and look forward to highest standards maintained and your continued support in tackling the COVID-19 pandemic.

2.0   PURPOSE

The DHCA HSE "Workplace COVID 19 Prevention and Response Plan-Review and Status Update" is intended to guide employers in Dubai Health Care City (DHCC) prepare an action plan in line with the latest measures and protocols to ensure that the workplace is as safe as possible for the employees, visitors, suppliers and contractors in various workplace settings, and that the processes are in place and reviewed continuously to address employees who may develop symptoms of the COVID 19 illness or who are exposed to others who have the Coronavirus in an effective manner.

Additional guidance may be needed as COVID-19 outbreak conditions change, including new information about the virus and its variants, its transmission and impacts, vaccines available. Please note that this guide is non-exhaustive and does not cover all situations and businesses. This guide should be read in conjunction with the latest relevant advisories issued by MOHAP/DHA and other government agencies.

3.0   DEFINITION AND ABBREVIATIONS

Terms	Definition
Definition	
Asymptomatic	In medicine, a disease is considered asymptomatic if a patient is a carrier for a disease or infection but experiences no symptoms.
Business Continuity Plan	Business Continuity Plan-BCP of an organization is a plan to minimize disruption to operations and ensure that business remains viable during the virus outbreak
Contractor	A person or company, deployed to carry out a scope of works within DHCC, Business Partner or Licensee in a contract for service agreement. For the purposes of this HSE OHS, the terms contractor and sub-contractor are interchangeable. Employees or a nominated representative engaged to carry out a scope of works for the DHCC, Business Partner, Licensee in a contract for service agreement.
Contact Tracing	The of identifying individuals who have been in close 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.
COVID -19 Clinical signs and symptoms	• Fever (≥37.5 °C) • Cough • Pain in the body • Myalgia or fatigue • Shortness of breath

Terms	Definition
	• Sore throat • Runny nose • Diarrhea or nausea • Headache • Pneumonia and acute respiratory distress syndrome (ARDS) • Loss of sense of smell or taste • Renal failure, pericarditis and disseminated intravascular coagulation
COVID-19 Close Contact	A person who is exposed to a confirmed COVID-19 case, in a close proximity of less than 2 meters for a period that is more than 15 minutes (working, studying, a family member, or while using public transportation, etc.), either in the period starting from 2 days before the onset of symptoms in the confirmed case, or from the date of a positive COVID-19 PCR test (for asymptomatic confirmed cases), and/or throughout the 10-day duration of illness.
COVID 19 Deceased	A patient who died because of deteriorations resulting from COVID-19, and no other unrelated illness contributed to his/her death.
COVID 19 Recovered	A patient who completed the specified isolation period, with no symptoms or fever (afebrile without antipyretics) (≥37.50C) for a minimum of 3 consecutive days immediately before intended discharge.
COVID 19 Test – Polymerase Chain Reaction (PCR)	The standard test for the detection of the virus that causes COVID -19. It tests for the virus' genetic material, and a positive test detects at least

Terms	Definition
	two genes. The test is generally done from a swab taken from the nasopharynx.
DHCA Owned	Areas administered and maintained directly by Dubai Healthcare City Authority
Disinfectants	Disinfectants are antimicrobial agents designed to inactivate or destroy microorganisms on inert surfaces. For the list of EPA approved disinfectants, kindly refer the *"Dubai Municipality Technical Guidelines for Cleaning & Disinfection"*.
Employers	All employers in DHCC or the employing entity with respect to a Licensed Complementary and Alternative Medicine Healthcare Professional, the Licensed Healthcare Operator or other entity that employs or engages that Licensed Complementary and Alternative Medicine Healthcare Professional; or commercial activities in DHCC
Hasnaa	The electronic medical records system used in Dubai Health Authority's DHA public healthcare facilities.
Hazard	Potential source of harm Note: The term hazard can be qualified in order to define its origin or the nature of the expected harm (e.g., electric shock hazard, crushing hazard, cutting hazard, toxic hazard, fire hazard, drowning hazard)
Health Care Facility	Public or private healthcare facilities including hospital, primary healthcare clinics, fever clinics, and assessment centers.

Terms	Definition
OSHA's General Duty Clause- 5(a)(1)	Requires employers provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.
OSHA's Personal Protective Equipment (PPE) standards (1910.132)	The Occupational Safety and Health Administration (OSHA) requires that employers protect their employees from workplace hazards that can cause injury and provide Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to a variety of hazards
OSHA's Blood Borne Pathogen standards (1910.1030	The Occupational Safety and Health Administration (OSHA) requires that employers protect their employees from workplace hazards including all occupational exposure to blood borne pathogens i.e. pathogenic microorganisms that are present in human blood and can cause disease in humans
Permit to Works –PTW	A permit-to-work is essentially a document which systematically defines how work is to be done, the location, personnel responsible to apply, endorse and approve, date and time and the precautions to be taken.
Personal Protection Equipment (PPE)	PPE includes, gloves, medical masks, goggles or a face shield, and gowns, as well as for specific procedures, respirators. (i.e., N95 or FFP2 standard or equivalent) and aprons.
Public	All visitors, suppliers, vendors, deliveries, contractors entering DHCC premises

Terms	Definition
Quarantine	Quarantine is the restriction of movement of those who may have been exposed to an infectious disease but do not have a confirmed medical diagnosis to ensure they are not infected. Healthcare providers along with the employer are responsible for choosing the best place for people who are subject to quarantine.
Antibodies	An antibody, also known as an immunoglobulin (Ig), is a large, Y-shaped protein used by the immune system to identify and neutralize foreign objects such as pathogenic bacteria and viruses.
Antigen	A toxin or other foreign substance which induces an immune response in the body, especially the production of antibodies.
Isolation	Isolation is used to separate sick people from healthy people. People who are in isolation should separate themselves from others by staying in a specific isolation room.
Organizations / Facilities	All organizations in DHCC the Dubai Health Care City Authority, Business Partner Facilities, Service Providers and Contractors assigned in DHCC.
Risk	Combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can be caused by the event or exposure(s)
SARS CoV-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.

	System Title		Page 8 of 51	
	Occupational Health and Safety Guidelines		Document No.	**DHCA HSE – 31**
	Procedure Title		Effective Date	**5th July 2020**
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE		Revision / Date	**23rd January 2021**

سلطــة مدينــة دبــي الطبيــة
DUBAI HEALTHCARE CITY AUTHORITY

Terms	Definition
Salama	The electronic medical records systems used in Dubai Health Authority's (DHA) public healthcare facilities.
Spill Kit	A spill kit is a collection of items, to be used in case of a spill, leak or other discharge. They are developed so that a prompt response and clean-up may be performed.
Symptomatic	Displaying symptoms, concerned with or affected by a certain disease
Vaccine	A substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease.

Abbreviations	
ACIP	Advisory Committee on Immunization Practices
ALARP	As Low as Reasonably Practicable
BCP	Business Continuity Plan
CDC	Centre of Disease Control
DHCC	Dubai Healthcare City
DHCA	Dubai Health Care City Authority
DM	Dubai Municipality
DHA	Dubai Health Authority
EPA	Environmental Protection Agency

Abbreviations	
EUA	Emergency Use Authorization
FBO	Food and Beverage Outlets
FDA	Food and Drug Administration
HIV	Human immunodeficiency virus
COPD	Chronic obstructive pulmonary disease (COPD)
HSE	Health Safety and Environment
HCW	Health Care Workers
IDRP	Infectious Disease Preparedness and Response Plan
MOHAP	Ministry of Health and Prevention
NCEMA	National Emergency Crisis and Disasters Management Authority
OSHA	Occupational Safety & Health Administration, USA
PPE	Personal Protective Equipment
PHEIC	Public Health Emergency of International Concern
WHO	World Health Organization

4.0 DHCA HSE WORKPLACE COVID 19 PREPAREDNESS AND RESPONSE PLAN - REVIEW & STATUS UPDATE

According to OSHA (Occupational Health and Safety Administration) standards, employers must comply with safety and health standards and regulations issued and enforced by OSHA. Where no safety and health standards and/or regulations have been issued, such as the case with COVID-19, OSHA relies on the General Duty Clause 5(a)(1) employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. In addition to the General Duty clause, OSHA's Personal Protective Equipment (PPE) standards and Blood borne Pathogens standard may apply to certain workplaces, mostly for the healthcare industry.

To satisfy the requirement of the General Duty Clause and other standards, employers in Dubai Health Care City must undertake a hazard identification analysis to identify the steps that should be taken to reduce the risk of worker exposure to COVID-19 as low as reasonably possible. (ALARP)

The three basic elements of a hazard analysis in DHCC are:

(1) identification of workers at high risk

(2) identification of potential sources of exposure

(3) identification of appropriate control measures by employers

5.0 HAZARDS IDENTIFICATION/ RISK ASSESSMENT

5.1   Identification of workers at high risk

Worker risk of occupational exposure to the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower risk. The level of risk depends on:
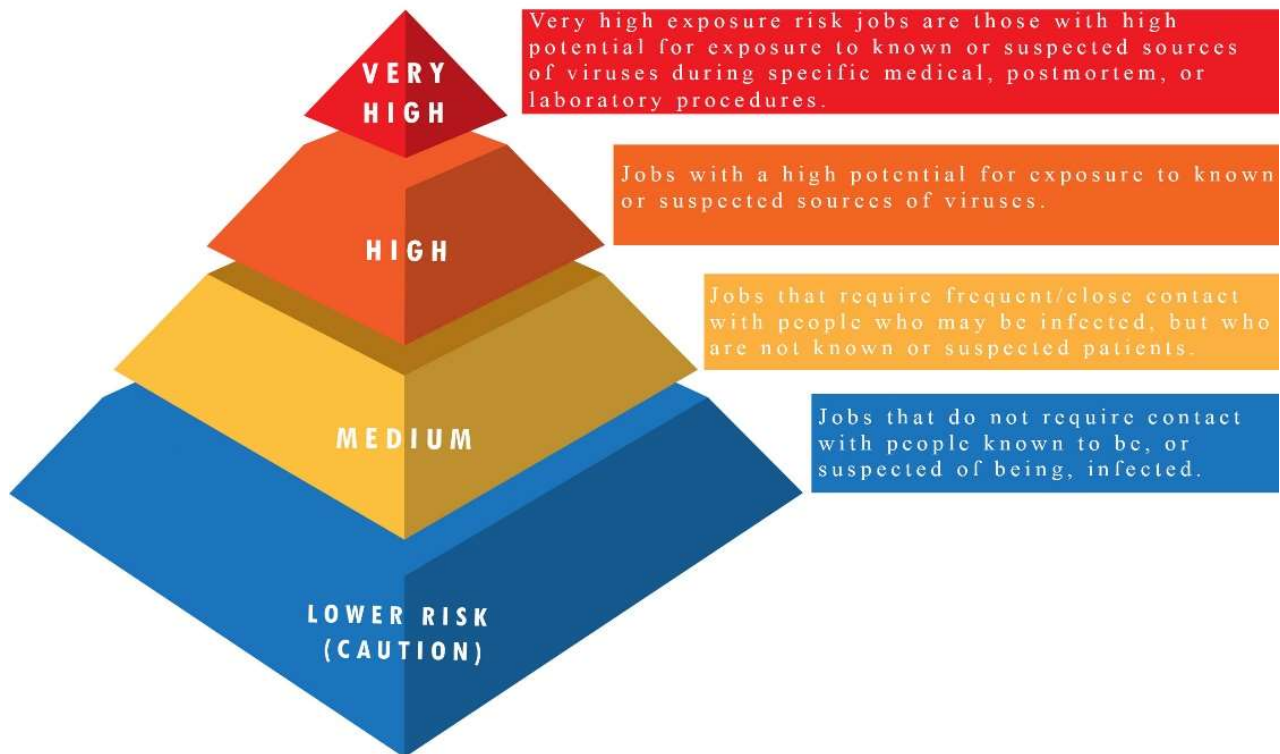
■   the industry type.

- need for contact within 2 meters of people known to be, or suspected of being, infected with COVID 19, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with COVID- 19.

- existing conditions.

To help employers determine appropriate controls, OSHA has divided job tasks into four risk exposure levels:

OCCUPATIONAL RISK PYRAMID

DUBAI HEALTHCARE CITY AUTHORITY

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of viruses during specific medical, postmortem, or laboratory procedures.

Jobs with a high potential for exposure to known or suspected sources of viruses.

Jobs that require frequent/close contact with people who may be infected, but who are not known or suspected patients.

Jobs that do not require contact with people known to be, or suspected of being, infected.

- Very high risk

- High risk

System Title		Page 12 of 51	
OCCUPATIONAL HEALTH AND SAFETY GUIDELINES		Document No.	**DHCA HSE – 31**
Procedure Title		Effective Date	**5th July 2020**
DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN-REVIEW & STATUS UPDATE		Revision / Date	**23rd January 2021**

■ Medium risk

■ Lower risk(caution).

The **Occupational Risk Pyramid** shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk.

■ Very High Exposure Risk: Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

> ➤ Healthcare workers-HCW's (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.

> ➤ Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).

> ➤ Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

■ High Exposure Risk: High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

> ➤ Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)

> ➤ Medical transport workers (e.g., ambulance vehicle operators) moving known or

	System Title	Page 13 of 51	
DUBAI HEALTHCARE CITY AUTHORITY سلطة مدينة دبي الطبية	**OCCUPATIONAL HEALTH AND SAFETY GUIDELINES**	Document No.	DHCA HSE – 31
	Procedure Title	Effective Date	5ᵗʰ July 2020
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE	Revision / Date	23ʳᵈ January 2021

suspected COVID-19 patients in enclosed vehicles.

➢ Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having,

■ Medium Exposure Risk: Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 2 meters of) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients.

➢ In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission.

➢ In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).

■ Lower Exposure Risk: Lower exposure risk jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 2 meters of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers. Employees should continue to use the PPE, if any, that they would ordinarily use for other job tasks.

5.1.1 **Pre-existing Conditions**: According to "Dubai Health Authority National Guidelines for clinical management and treatment of COVID 19", if a worker falls in the following category of a high-risk group, he/she is considered at a potentially high risk for COVID-19 infection.

■ High-risk group

➢ Age above 60 years' old

➢ Smoker

> ➢ Cardiovascular disease

> ➢ Diabetes

> ➢ Hypertension

> ➢ Immune deficiency and or suppression (HIV/AIDS, long-term steroid therapy, post- transplant cases, chemotherapy, immune modulator therapy)

> ➢ Pre-existing pulmonary disease (uncontrolled Asthma, COPD, bronchiectasis)

> ➢ Other chronic disease such as chronic kidney disease, Chronic Respiratory disease, Sickle cell...etc.

5.2 Identify Sources of Exposure

The employers in Dubai Health Care City should also identify possible source of exposures to COVID-19 at the workplace and provide procedures for employees to notify for following criteria's:

■ Workers' individual risk factors (e.g., older age; presence of chronic medical conditions, including immune compromising conditions; pregnancy).

■ Non-occupational risk factors at home and in community settings.

■ Suspected signs or symptoms, or if they suspect they may have come into contact with someone with coronavirus COVID-19. *(Annexure 3c DHCC Notification Forms for Employees)*

■ Healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19.

■ History of any international travel or visit to locations with widespread sustained (ongoing) COVID-19 transmission, obtain a health and travel declaration from employees, to report on whether they or their close relatives have travel history

regardless of whether or not they are exhibiting symptoms. *(Annex3b: DHCC Employee Travel Declaration Form)*

■ For further details, kindly refer to the *"(Annex3: Screening Procedures for Visitors and Employees")*

Once the hazard identification analysis is complete, employers in DHCC are encouraged to use this information to develop an Infectious Disease Preparedness and Response Plan ("IDPRP") if it does not exist or update it as per the latest guidance from Dubai Health Authority, Dubai Health City Authority, other relevant agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

A robust IDRP, is the best defense against OSHA liability, and it is mandatory for an organization in DHCC to strictly adhere to its policies and procedures.

The plan should consider and address the level(s) of risk associated with various worksites and job tasks for DHCC workers to perform at those sites. Such considerations may include:
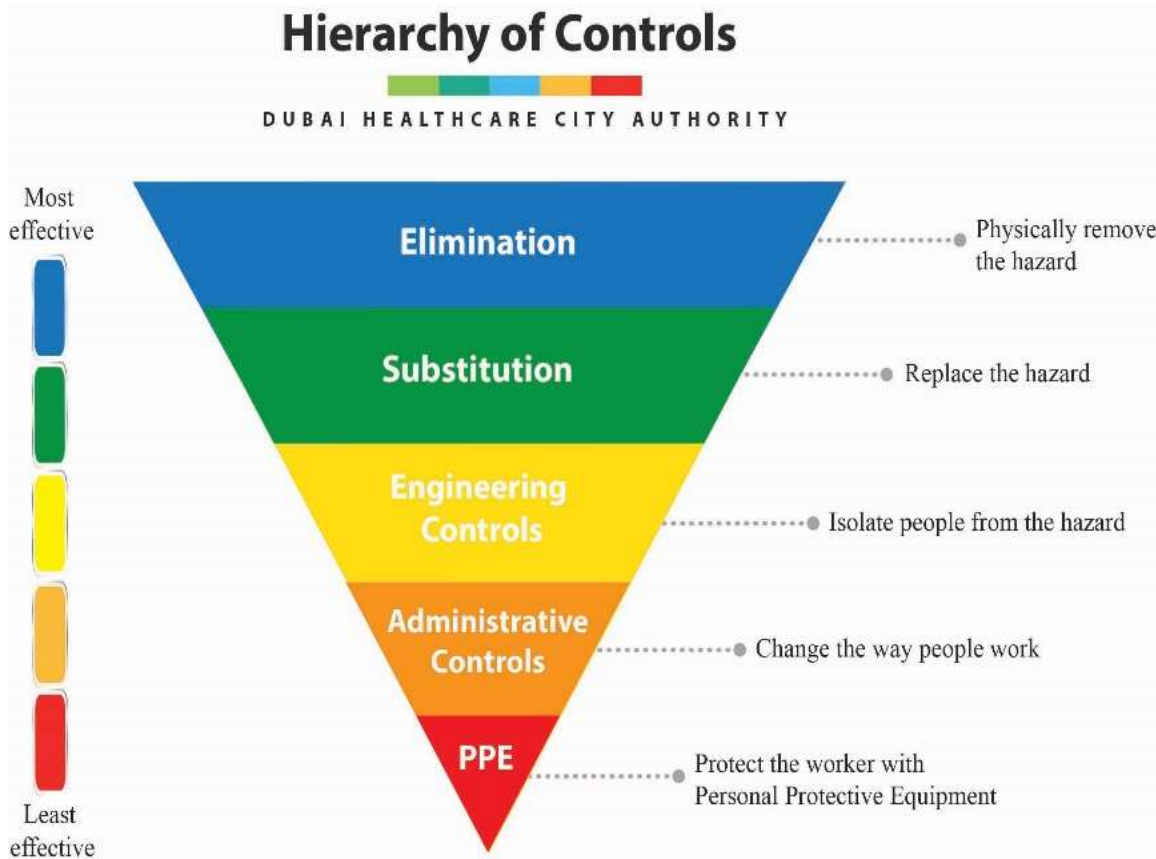
- Engineering control

- Administrative controls

- Safe work practices

- PPE (Personal Protective Equipment's)

System Title		Page 17 of 51	
OCCUPATIONAL HEALTH AND SAFETY GUIDELINES		Document No.	**DHCA HSE – 31**
Procedure Title		Effective Date	**5th July 2020**
DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE		Revision / Date	**23rd January 2021**

سلطــة مدينــة دبي الطبيــة
DUBAI HEALTHCARE CITY AUTHORITY

6.0 CONTROLS IN DHCC WORKPLACES FOR COVID-19

During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure to COVID 19 in Dubai Health Care City.

6.1 Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. These include:

■ Ensuring appropriate air-handling systems are installed and maintained.

■ Installing high-efficiency air filters.

■ Increasing ventilation rates in the work environment.

■ Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings)

■ Installing physical barriers, such as clear plastic sneeze guards

■ Installing a drive-through window for customer service

6.2   Administrative Controls

Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls in Dubai Health Care City for COVID-19 include.

- Encouraging high risk group workers and sick workers to stay at home.

- Entrance Health Screening

  - Ensuring and communicating the availability of screening and temperature evaluation of workers/visitors/contractor entering a DHCC buildings and workplace.

  - Denying entries into DHCC workplaces of employees or anyone showing signs of illness or not wearing face mask (without exception from concerned authority).

  - For Screening and Evaluation Procedures, kindly refer *(Annex3: DHCC Screening Procedures for Visitors and Employees)*

- Enforcing social distancing

  - Physical distancing of 2 meters: Increase the physical distance among workers, visitors in workplaces and common areas such as corridors, elevators, customer service and reception desks.

    - No more than 30% capacity of elevators permitted.

    - discouraging sharing of equipment/workspaces;

    - prohibit handshaking;

    - avoid worker gatherings;

    - avoid signatures and PIN entry devices.

  - Minimizing contact amongst workers, clients, and customers by:

    - replacing face-to-face meetings with virtual meetings and ensuring important

meetings not to exceed 5 people (maintain min. 2 m distance).

✧ telework if possible.

✧ delivering services remotely

✧ provide alternative points of sale.

✧ limit occupancy of public areas like prayer rooms and pantries.

✧ discouraging / limiting visitors (providing specific timings for important visits)

✧ Restricting the public's access to the DHCC worksite or restricting access to only certain workplace areas.

✧ establishing a procedure to manage the flow of visitors into premises *(Annex3: Screening Procedures for Visitors and Employees)*

✧ ensuring contractors apply for DHCA Permits to Works and provide evidence to ensure compliance of DHCA HSE Guidelines for COVID-19 Infection control in DHCC.

6.3   Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work for most employers is emphasizing basic infection prevention measures for good hygiene and infection control practices at workplace, including:

■ Provision of resources and a work environment that promotes personal hygiene in DHCC for example:

➢ In-house 24-hour workplace sanitation

✧ Increase the frequency of cleaning and disinfecting the potentially contaminated environmental surfaces and commonly used furniture and equipment, including telephones, window handles, intercoms, computer

System Title		Page 20 of 51	
OCCUPATIONAL HEALTH AND SAFETY GUIDELINES		Document No.	DHCA HSE – 31
Procedure Title		Effective Date	5th July 2020
DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE		Revision / Date	23rd January 2021

DUBAI HEALTHCARE CITY AUTHORITY
سلطــــة مدينـــة دبـي الطبيـــة

keyboards, printers, trolleys etc.

✧ Use an appropriate disinfectant with indication of effectiveness against germs, EPA approved, and DM registered can be used. Disinfectants should be prepared and applied in accordance with the manufacturer's recommendation and as per MSDS (Material Safety Data Sheet)

✧ Ensure that appropriate contact time is given before removing any disinfected materials. Please refer to the *"List of approved professional Use / Business-to-Business "B2B" Biocides" for a list of biocides that can be used that published on Dubai Municipality website – Health & Safety Department."*

■ Promote frequent and thorough hand washing, by providing workers, customers, and worksite visitors with a place to wash their hands.

■ Provision of hand Sanitizers/ alcohol-based hand rubs containing at least 60% alcohol especially at the entrances, reception areas common areas.

■ Encourage respiratory etiquette, including covering coughs and sneezes.

■ Provision of Spill kits at places with risk of blood spills and usage by trained employees as per manufacturer's recommendations

■ Provision of proper protective material

➤ Provide hand Sanitizers and gloves as precautions to touch unknown belongings and anything a worker/ visitor would touch frequently e.g., the call buttons in lifts, light switches, door handles, handrails, toilets, telephones, desks, keyboards and the reception counter.

➤ Provision of approved face masks at the entrances for all employees and visitors

➤ Provide customers and the public with tissues and no-touch trash cans (recommended),

- Display hygiene notices in workplace and Post hand washing signs in restrooms.

- Limited number of staff in the pantries and provide single use of food disposables.

- Limited number of staff in the smoking areas, prayer rooms or any area potential for public gatherings based on safe occupancy parameters.

- Full sanitization of Clinical Outpatient workplace on weekly basis by approved company from Dubai Municipality Refer: *"Interim Guidelines for Disinfection and Environmental Cleaning in Outpatient Clinics"*

- For detailed infection control procedures Refer: *"DHCA HSE Infection Control and Preparedness Plan"*

COVID-19 Measures to current situation

IMPORTANT MEASURES

Use of approved facial masks are very important and must be changed frequently

Facial Mask / Gloves

Social distancing at least 1.5 meter in the office, shopping, restaurant etc. provides another 30% of protection

Social Distancing

Necessary, frequent disinfection works in the offices, homes, facilities, transports, gadgets, keys are essential

Disinfection

Work in Isolation

Critical aspect such as work from home must be considered by organizations and business entities as it's the most valuable and effective method to stop the spread of the virus/decease

6.4   Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to COVID 19, PPE may also be needed to prevent certain exposures. Employers in DHCC are thus obligated to provide their workers with PPE needed to keep them safe while performing their jobs.

While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies. Examples of PPE include:

■   Gloves,

■   Goggles,

■   Face shields, masks

■   Desks Acrylic Shields

■   Respiratory protection, when appropriate.

During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the OSHA, CDC, MOHAP and DHA websites regularly for updates about recommended PPE.

Thus, any types of PPE must be selected ensuring:

■   Specific for Job risk of the worker: Employers in DHCC should select perfect combination of PPE as that protects workers specific to their workplace. Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard
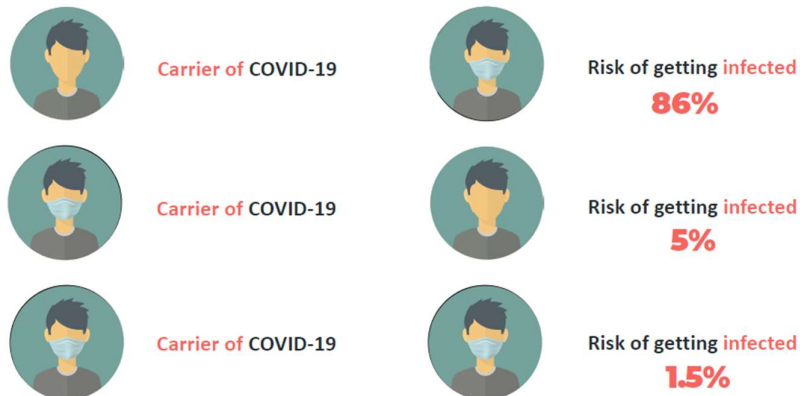
assessment, and the types of exposures workers have on the job. For specific PPE selection refer *(DHA guidelines, MOHAP, CDC and OSHA's)*

■ Proper fitting and periodical refitting, as applicable (e.g., respirators).

■ Consistently and properly worn when required.

■ Regularly inspected, maintained, and replaced, as necessary.

■ Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

■ Employers should train the employees for correct use of the PPE.

6.4.1 FACIAL MASKS AT WORK DURING COVID-19

While allowing employees to resume physical workplaces, organizations must take all measures intended to protect them in this evolving environment and help them adapt to the new realities. Among the most striking changes is the use of facial masks. The future of work will involve a lot of these face masks, at least in the short run, as companies do all they can to curtail the spread of COVID-19.

PROTECTIVE PROPERTIES OF FACIAL MASKS WITH COVID-19

Carrier of COVID-19 — Risk of getting infected 86%

Carrier of COVID-19 — Risk of getting infected 5%

Carrier of COVID-19 — Risk of getting infected 1.5%

https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-mask/art-20485449

	System Title	Page 24 of 51	
	OCCUPATIONAL HEALTH AND SAFETY GUIDELINES	Document No.	DHCA HSE – 31
	Procedure Title	Effective Date	5th July 2020
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN-REVIEW & STATUS UPDATE	Revision / Date	23rd January 2021

6.4.1.1 Is it mandatory to use face masks in the workplace?

Employers are encouraged to comply with the Dubai Health Care City Authority, local health and governmental guidelines on the use of face masks as part of part of a comprehensive package of other infection control measures such as physical distancing, hand hygiene and respiratory etiquette.

Staff need to be trained and made aware with guidance on how to wear them correctly. Facial masks should cover the mouth and nose, be secured under the chin and fit snugly on all sides. It's important to ensure disinfection before touching any mask with either an alcohol-based hand rub or water and soap; Alcohol based hand rub for 20 – 30 seconds and soap and water for 40 – 60 seconds.

Accordingly, a mask- wearing policy must be circulated and enforced effectively in a manner that does not discriminate against any employees based on position, origin, age or disability.

- Exceptions can be made based on needs or circumstances, for example employees who may not be able to wear masks due to health conditions, religious observance, or other reasons. Approval for an exemption to the mandatory rule for wearing face masks must be obtained from the concerned authority. OSHA recommends that employers encourage workers to wear face coverings at work," the agency said, but it added that employers can decide not to, "based on the specific circumstances present at the worksite."

6.4.1.2 What types of face masks are most appropriate?

- **Fabric Masks**

Fabric masks are mainly intended to protect others and not the wearer, for example if you are the source and the mask is there to protect those around you. When used correctly, they act

as a barrier between the mouth, nose, and the surrounding environment.However, face coverings are not classed as personal protective equipment (PPE) because:

o there is currently no need to conform to a manufacturing standard.

o they do not provide protection for work risks such as dust and spray.

Therefore, fabric masks are not subject to federal requirements to provide them and train workers in their proper use and are not recommended for use by healthcare workers in healthcare settings or for vulnerable populations such as people who are 60 or over, or those with underlying medical conditions, those individuals should be wearing medical masks.

The study that evaluated the effectiveness of various of materials used to make masks identified that the fabric mask should ideally have three layers, an outer layer and inner layer, and a middle layer which can be an insert or can be another fabric layer. The inner layer which comes in direct contact with your face should be hydrophilic material, meaning it will easy absorb droplets from your exhaled breath. An example of this material is a cotton. It is important to select light color such as white which can help determine when it is soiled or wet. The middle layer should go into the pocket between the inner and outer layer and should act as a filter. This should ideally be a strip of polypropylene fabric which is a spun bond non-woven fabric material. The outmost layer should be a hydrophobic material, this means that the fabric will repel droplets and moisture. This can be made of a synthetic material such as polyester or a polyester and cotton blend.

- **Surgical face masks**

Surgical face masks are designed to be worn in medical settings to limit the spread of infection. They are considered as PPE as they protect workers from exposure to infections or toxic substances at hospitals, construction sites, therefore must be provided with training.

Unlike fabric masks, they:

o are manufactured to a recognized standard.

o   are resistant to droplets of fluids and splashes.

6.4.1.3 MASKS AND THEIR IMPACT ON THE ENVIRONMENT

As the pandemic has surged, incorrect disposable of masks has raised environmental concerns around the world. **Environmentalists have warned about the threats posed to human life, marine and wildlife habitats.** The masks laying around in common areas, on the beaches and other public places have raised an alarm in the increase in the spread of exposure and contamination concern in addition to pollution.

6.4.1.4   HOW TO DISPOSE OF MASKS CORRECTLY?

The **World Health Organization (WHO) recommends discarding the face masks responsibly in the "correct" rubbish bin immediately after use and not reusing them.** Masks and other disposable material that are used to contain the pandemic, such as gloves, must not be disposed of in the recycling bin with packaging, cans, etc. or with organic waste. Do not throw them with general waste unless no other option. **In this case the materials should be placed into two small plastic bags, tied firmly in case one inside the other if mixed with general waste.**

7.0 COMMUNICATIONS

Employers in DHCC should designate effective means of communication and consider developing emergency communication plans, including a forum for answering employee' and business partner concerns through internet-based communications, if feasible. Employers in DHCA can thus reduce the risk of disrupted communications and business continuity by:

■ Collaborating with employees and providing with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).

■ Updating the incident reports, risk assessments and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers.

■ Keeping abreast of Dubai Health Authority, DHCA, WHO, MOHAP and other relevant government advices and communicating this to the employees accordingly.

■ Monitoring public health communications about COVID-19 recommendations and ensure that workers have access to that information.

■ Training workers to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

■ Updating contact details of employees and circulating emergency contact details for key employees.

■ Communicating updated HR policies or procedures (e.g., sickness absence, dependent care leaves, flexible/home working procedures) which may be affected by an outbreak of COVID-19 and relieve staff from work accordingly in cases requiring absence from work.

■ To be referred to latest updates from **National Emergency Crisis and Disaster Management Authority and MOHAP COVID19 Command and Control Center**.

8.0 COVID CASE MANAGEMENT IN DHCC
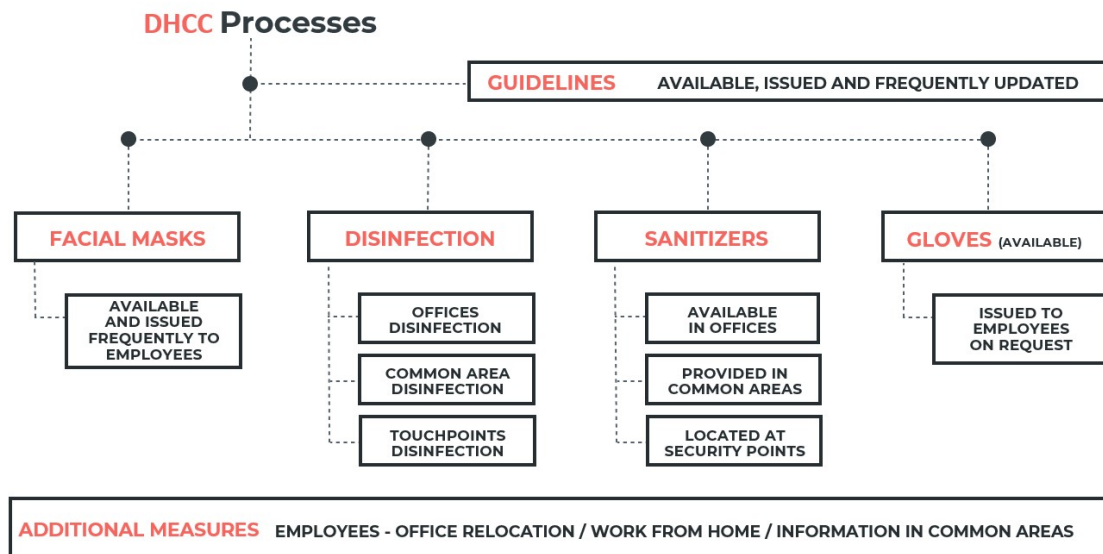
Employers in DHCC need to also ensure that their IDRP (Infectious Disease Preparedness and Response Plan) has clear and updated procedures to manage suspected/confirmed COVID 19 cases at workplace and report to concerned authorities accordingly.

■ Case 1: (Suspected case) - if an employee presents upper or lower respiratory symptoms with or without fever (≥37.5°C) AND satisfying any one of the following criteria:

  ➢ International travel history; OR

  ➢ Been in contact with a confirmed COVID-19 case; 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.

but then gets better without COVID-19 testing or medical care, they would be allowed to return to work under the following conditions:

> ➢ Three days have passed since their recovery, which means their fever is resolved without the use of fever-reducing medication and their respiratory symptoms have improved; and

> ➢ At least seven days have passed since they first experienced symptoms.

- Case 2 (Covid 19 Probable): A person with clinical and radiological picture compatible with COVID-19 infection awaiting polymerase chain reaction (PCR) result or having repeatedly negative PCR tests collected from different sites with no microbiological evidence of another infectious etiology. Patient will be advised for quarantine at home while awaiting test results.

If the test is negative, patient receives an SMS and the quarantine ends (except for cases that are clinically assessed as probable cases and close contacts of a confirmed COVID-19 case. The employee is advised to self-monitor and to call the DHA hotline 800342 or refer to the nearest healthcare center or hospital for assessment and retesting if symptoms or fever arise (≥37.5°C).

If the result is positive, the patient receives an SMS with the result and declares the patient as a confirmed case.

- Case 3 (**A. Confirmed Asymptomatic case**): If employees have a laboratory-confirmed case of COVID-19, but are not showing any symptoms, they may return to work based on:

	System Title	Page 30 of 51	
	OCCUPATIONAL HEALTH AND SAFETY GUIDELINES	Document No.	DHCA HSE – 31
	Procedure Title	Effective Date	5th July 2020
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE	Revision / Date	23rd January 2021

DUBAI HEALTHCARE CITY AUTHORITY
سلطــة مدينــة دبـي الطبيــة

Time-based strategy

➢ 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

➢ No need for 10 days home quarantine after discharge. Refer: "**Interim Guidance for Discharge/Deisolation of COVID-19 Patients and Quarantine of Close Contacts Version 2.0 -24 December 2020**"

■ Case 4: (Confirmed Symptomatic case/Active case)- if an employee who is medically confirmed (with a positive polymerase chain reaction PCR test) result for COVID-19 infection that is approved by an approved laboratory or showing COVID-19 clinical symptoms. In this instance, the worker would be allowed to return to work based on following criteria's:

B. Mild symptomatic COVID-19 positive patients either:

Symptoms based strategy:

➢ At least 10 days have passed since symptoms first appeared; and,

➢ Resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) in the last 3 consecutive days (72 hours).

Or:/

Test-based strategy:

➢ Resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) with at least two consecutive respiratory specimens collected ≥24 hours apart

(total of two negative specimens).

➢ No need for 10 days home quarantine after discharge

C. Moderate, severe and critical symptomatic hospitalized COVID-19 +ve patients

Test-based strategy:

➢ Patient can be discharged once they have:

- Two consecutive respiratory specimens' negative tests for COVID 19 that are $\geq$ 24 hours apart and

- Patient is afebrile for more than 3 days without the use of fever reducing medications and Patient has improved/minimal respiratory symptoms and

- Pulmonary imaging (CXR/ HRCT) shows significant improvement.

➢ All patients after discharge should be self-isolated at home for 7 days from discharge date and to have a sick leave documented in medical record. Discharged patients to be followed in the clinic in the hospital after 2 weeks unless patient develops respiratory symptoms to attend earlier.

➢ If asymptomatic at 2 weeks, no more follow up.

■ Case 5 (Quarantine of Close Contacts)

A close contact is a person who is exposed to a confirmed COVID-19 case, in a close proximity of less than 2 meters for a period that is more than 15 minutes (working, studying, a family member, or while using public transportation, etc.), either in the period starting from 2 days before the onset of symptoms in the confirmed case, or from the date of a positive COVID-19 PCR test (for asymptomatic confirmed cases), and/or throughout the 10-day duration of illness.

System Title	Page 32 of 51	
OCCUPATIONAL HEALTH AND SAFETY GUIDELINES	Document No.	DHCA HSE – 31
Procedure Title	Effective Date	5th July 2020
DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE	Revision / Date	23rd January 2021

DUBAI HEALTHCARE CITY AUTHORITY

The close contact needs to directly quarantine in a separate room for 10 days and follow precautionary measures to ensure the safety of others. The quarantine period is 10 days and there is no need to undergo a PCR test if there are no symptoms.

However, if the contact develops any related symptoms during the 10 days quarantine, he/she should be tested for COVID-19. If the test result is positive, the contact person needs to follow the "Confirmed case" isolation procedures and If the test result is negative, the 10-day quarantine period should be completed.

According to **"Home Isolation and Quarantine Guidelines during Corona Virus (COVID 19) Pandemic –Third Issue (Annex 3)",** if the patient is assessed to be stable (asymptomatic or mild) and the home isolation criteria is fulfilled, he/she is given the option of home isolation, while ensuring the isolation criteria are met. Also, if a patient is assessed to be unstable (moderate, severe, or critical), the case is transferred to a hospital immediately. If the criteria for home isolation did not apply, the patient is referred to institutional isolation.

- In patient admitted to a hospital, PCR retesting for COVID- 19 will typically take place on days 5 and 6 from first positive PCR test, or from the onset of symptoms if that can be ascertained by the clinician.

- The patient can be discharged provided completion of 7 days in the hospital.

- absence of symptoms or fever (afebrile without antipyretics) (<37.5∘ C) for a minimum of 3 consecutive days immediately before intended discharge.

- and after obtaining two consecutive negative PCR test results, that are 24 hours apart at minimum, or as otherwise clinically indicated.

- Employers should maintain a tracker for any of the above cases and report to DHCA and DHA as per updated channels.

■ Report to DHCA authorities:

Emergency Contact No.	Emails
• DHCC Security: 043838900 • Securities Manager: 055 6081369	• Security@dhcc.ae • HSE@dhca.gov.ae

■ Cooperate with the Dubai Health Authority (DHA) and DHCA in case investigation and contact tracing as required. (e.g., provide details of co-workers and clients who have contact with the index patient, the workflow of the staff concerned, the floor plan of the workplace; arrange interviews with staff/clients; facilitate visits to the workplaces.)

■ Comply with DHA's instructions if any (e.g., closure of workplace; suspension of workflow; disinfection of workplace with chlorine-containing disinfectant; assisting in the follow up of health status of the workforce; advise and facilitate any staff who develop respiratory symptoms to consult doctors etc.)

■ Report any suspected or confirmed case (based on case definition) immediately to DHA Preventive medicine section through (HOTLINE 24/7)- 800342.

Hotline 24/7	Emails
• Epidemiology on Call: 0562253800 • Doctor on Call: 056 2256769	• ashabdallah@dha.gov.ae • eaaamir@dha.gov.ae • saabbas@dha.gov.ae • aeahmed@dha.gov.ae

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

■ Ministry of Health & Prevention at 80011111

■ For more details, kindly refer the "**DHCA HSE Incident for COVID Case Management"** for handling suspected/ confirmed cases in DHCC.

Note: Check for updates in COVID -19 authority guidance as circumstances change.

9.0 PROMOTING VACCINATION IN THE WORKPLACE

9.1 Flu Prevention at workplace

Take initiatives to keep your workplace healthy this flu season. Consider offering free on-site flu vaccinations at your work locations if possible else encourage employees to seek flu vaccination in the community. Making annual flu vaccinations part of your workplace wellness program offers many benefits to you and your employees.

9.1.1.1 Benefits to Employers:

- Lower costs by decrease in work time missed.
- Reduced costs by less absences due to illness, hence improved productivity
- Improved morale

9.1.1.2 Benefits to Employees:

- Reduced absences due to sickness and doctor visits
- Improved health
- Convenience
- Improved morale

9.2 COVID 19- VACCINATION

The COVID-19 pandemic is changing rapidly and requires different strategies to maintain clinical preventive services, including immunization.

Vaccines are perhaps the best hope for ending the pandemic. A vaccine for COVID-19 will be a critical tool for helping bring the pandemic under control when combined with effective testing and existing prevention measures. Experts around the world are working hard to accelerate the development and manufacturing of a safe and effective vaccine. There are currently more than 200 vaccine candidates under development, with many in clinical trial.

9.2.1 Importance of a COVID-19 vaccine

COVID-19 has caused severe medical complications and has led to numerous deaths. Its' fast transmission has led to infections amongst direct contacts; colleagues, family, friends and others around us.

Getting a vaccine is currently the best safe and effective way to stimulate the body, strengthen and train the immune system to build resistance against infections. Vaccines are developed by mimicking infectious agents – viruses, bacteria or other microorganisms that cause a disease. Traditionally, vaccines are a weakened form of these infectious agents (antigens) that allow our immune system to build a memory of it. According to CDC, these inactivated vaccines - made with either inactivated (killed) viruses or with a protein from the virus - are well known and have been used against diseases such as influenza and measles.

The vaccine once injected inside a human is being recognized as a foreign body and the immune system thus begins to produce antibodies. A memory is formed of these antibodies to destroy the actual virus if it enters the body again. This way, our immune system can quickly recognize and fight it before it makes us ill. Other designs for potential vaccine candidates are the development of RNA and DNA vaccines. Instead of introducing antigens, the RNA and DNA vaccines provide the genetic code needed by our immune system to produce the antigen by itself.

Thus, a COVID-19 vaccine can help create an antibody response in our body without having to become sick with COVID-19 or keep us from becoming seriously ill or develop serious

	System Title	Page 36 of 51	
DUBAI HEALTHCARE CITY AUTHORITY	**OCCUPATIONAL HEALTH AND SAFETY GUIDELINES**	Document No.	DHCA HSE – 31
	Procedure Title	Effective Date	5th July 2020
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE	Revision / Date	23rd January 2021

complications. It might thus help control the COVID-19 pandemic, prevent the spread, protect people around us and society in general particularly people at high risk.

9.2.2 **Approved COVID-19 vaccines and how they work.**

Currently several COVID-19 vaccines are still in clinical trial phase; many in Phase III clinical trials (final step before approval by an authority). Due to extreme demands, global stakeholders have accelerated their timelines; competing for authorization. With this pace, we surely expect more vaccines to have completed clinical trials and be approved for use in 2021.

The World Health Organization coordinates with several technical bodies globally before approving a vaccine for its safety and efficacy. Also, the regulatory bodies in each country oversee the safe administration of these vaccines. Earlier in August, Russia was the first country in the world to grant regulatory approval to a coronavirus vaccine, after less than two months of human testing.

UNICEF makes the safety of children and their families its highest priority – that includes the delivery of a vaccine that is safe.

For Example, The U.S. Food and Drug Administration-FDA reviews the results of clinical trials before approving these vaccines for use which involves several stages of testing that might take months sometimes years till the data proves that these vaccines are totally safe to use. The next step is the recommendation provided by the Advisory Committee on Immunization Practices (ACIP). ACIP is a U.S. federal advisory group made up of medical and public health experts who recommend the first phase of the COVID-19 vaccination program (Phase 1a). Based on less data than is normally required, the vaccines approved for Phase 1a are first issued for Emergency Use Authorization (EUA) only i.e., they should be offered to 1) healthcare workers and 2) residents of long-term care facilities only.

	System Title		Page 37 of 51	
	OCCUPATIONAL HEALTH AND SAFETY GUIDELINES		Document No.	DHCA HSE – 31
	Procedure Title		Effective Date	**5th July 2020**
	DHCA HSE RETURN TO WORKPLACE COVID-19 PREVENTION AND RESPONSE PLAN- REVIEW & STATUS UPDATE		Revision / Date	**23rd January 2021**

سلطــة مدينـة دبـي الطبيــة
DUBAI HEALTHCARE CITY AUTHORITY

- **Moderna vaccine**

Currently Moderna' is in the application phase for FDA's emergency use authorization of its COVID-19 vaccine. Results show 94.1% efficacy rate for this vaccine that would require two injections to be given in 28 days interval.

- **Pfizer/BioNTech vaccine**

Pfizer/BioNTech has been approved by FDA for emergency use authorization. It requires two injections with 21 days gap given into the muscle of the upper hand. Results depict 95% efficacy rate; proven to work its effect in about a week after taking the second dose and providing with the necessary immunity. Thus, almost 95% cases can be protected from becoming seriously ill with this virus.

On basis of these accurate scientific data and compliance of all safety and security requirements, UAE regulatory bodies have approved use of Pfizer/BioNTech for its residents after administering Chinese developed **"Sinopharm"** earlier in July.

UAE has now announced the availability of Pfizer/BioNTech to all its residents through its free Covid-19 vaccine campaign from 23rd December 2020. **Dubai's Supreme Committee of Crisis and Disaster Management issued a statement saying "An extensive vaccination campaign against Covid-19 will kick off in the emirate on Wednesday "mRNA vaccine" developed by US pharmaceutical company Pfizer and the German company BioNTech will be given free for residents. This is the second voluntary vaccine rollout in the country. Residents are being given the Pfizer-BioNTech vaccine, which was recently approved for use by the US Food and Drug Administration and registered by the UAE Ministry of Health and Prevention."**

Accordingly, Dubai Health Authority has confirmed the emergency use authorization of Pfizer/BioNTech prioritizing the initial phase rollout's for:

- Senior Emiratis and residents over the age of 60,

- Individuals diagnosed with chronic diseases like High blood pressure, diabetes, chronic kidney or liver disease, chronic heart diseases or chronic respiratory disease like asthma, obesity (Body mass 35 and over).

- People of determination

- The first line of defense/ Frontline workers — public and private sector

The groups excluded from the COVID-19 vaccination campaign are:

- children under 18 years of age

- HIV-infected

- Pregnant lactating women

- People allergic to any vaccine, or Food, medicine, or substance or you carry Adrenaline injection.

- Women who are planning to become pregnant During the immediate period 3 months after taking the vaccine.

9.2.3 Possible side effects of a COVID-19 vaccine

During the first week after receiving the vaccine, it is normal to have mild side effects and display common symptoms including:

■ Rise in temperature

■ Muscle pain, joint pain

■ Swelling, or redness

■ Shivering, chill, vomiting, diarrhea

■ Feeling of tiredness

These reactions normally last no more than three days and in case they do, the doctor should be contacted immediately. A fever developed does not require a COVID-19 test or quarantine. It just needs time to rest and recover.

Also, immediate care is required in case of signs of an allergic reaction include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness and weakness or difficulty sleeping or eating due to these reactions.

9.2.4 Precautionary measures for vaccinations

Vaccine is one of the effective ways to combat the Covid-19 pandemic, not the only method for that. It is important to:

• Make sure an appointment with a doctor is reserved prior to your vaccination and stick to the schedule for the second dose as per prescribed time for effective vaccination.

• Pay attention to any side effects that may occur and strictly adhere to doctor's instructions.

- Adhere to all precaution, such as maintaining social distance of not less than two meters, wearing facial masks, frequent hand wash and disinfection even after vaccination till more information about its' effectiveness and longevity of immunity is obtained to change the recommendations accordingly.

- Also, it is recommended that people already affected by COVID 19 can still be vaccinated as the chances of reinfection are still prevalent even if COVID 19 might offer some natural immunity.

### 9.2.5 Steps for Vaccine Application in UAE

1. Dubai Health Authority application

2. Call the unified call center at 800342

3. Select (Covid-19 Vaccine) from the main menu.

4. Then press number 3.

5. For emergency cases, go to the nearest health center or hospital.

6. Take a fever reducer (paracetamol) when you experience mild symptoms.

7. Use cold compresses to relieve pain at the injection site.

8. Inform your doctor, in case you feel severe symptoms or persistent mild symptoms despite the use of (paracetamol)

Notice: You must inform the doctor of your allergies and all medications you are currently taking

9.2.6 **Vaccine Centers in Dubai**

- Zabeel Primary Health Care Centre

- Al Mizhar Primary Health Care Centre,

- Nad Al Hamar Primary Health Care Centre,

- Barsha Primary Health Care Centre,

- Uptown Mirdiff Medical Fitness Centre

- Hatta Hospital.
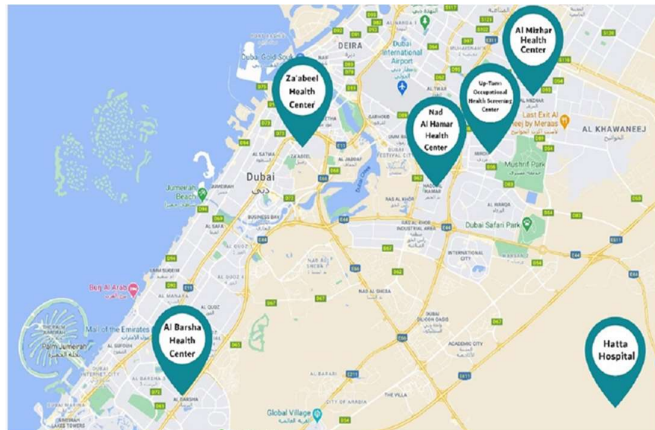
Note: For updated nearest locations and vaccine centers in the other Emirates kindly reconfirm with the relevant authorities.

10.0   REFERENCE

■ CDC-Center for Disease Control and Prevention

■ COVID-19 Close Contacts: Quarantine and Precautionary Guidelines January 2021

■ COVID 19 Patient Pathway Covid -19 - Command and Control Center

■ DHA-COVID Vaccine Awareness Guide

■ DHA- "National Guidelines for Clinical Management of COVID 19"

■ DHCA "HSE Infection Control and Preparedness Plan"

■ DHCA "HSE Incident Protocol for COVID Management"

■ DHCA "HSE Risk Assessment for Disease Outbreak"

■ Dubai Municipality "Technical Guidelines for Cleaning and Disinfection"

■ Dubai Municipality "List of Approved Professional Use for Business-to-Business -B2B Biocides"

■ FDA COVID-19 Vaccines Authorized for Emergency Use

■ Home Isolation and Quarantine Guidelines during Corona Virus (COVID 19) Pandemic – Third Issue

■ Interim Guidance for Discharge/Deisolation of COVID-19 Patients and Quarantine of Close Contacts Version 2.0 (24 December 2020)

■ Interim Guidelines for Disinfection and Environmental Cleaning in Outpatient Clinics

■ MOHAP Ministry of Health and Prevention UAE

■ NCEMA –National Emergency Crisis and Disaster Management

■ OSHAS –Occupational Safety and Health Administration
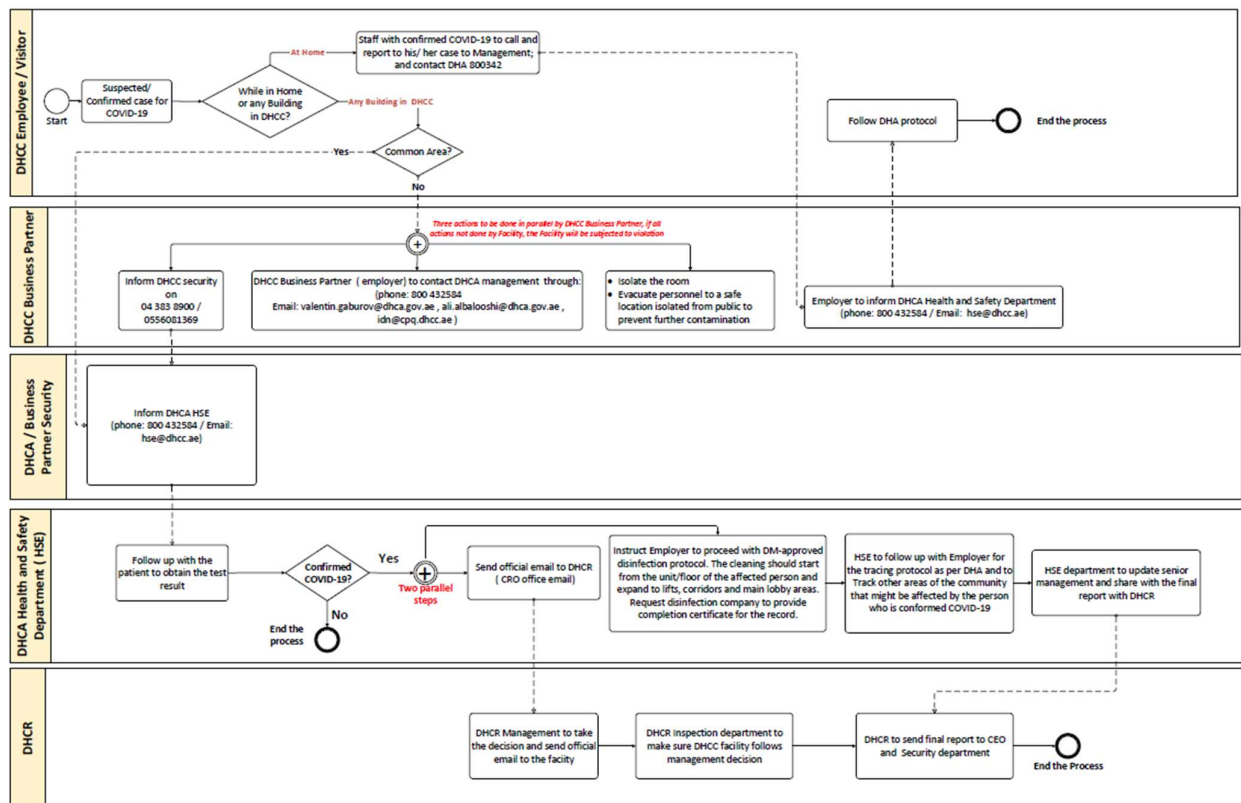
■ WHO – World Health Organization

■ https://www.cdc.gov/vaccines/index.html

■ https://covid19.ncema.gov.ae/en

- https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines

- https://mediaoffice.ae/en/Covid-19

- https://www.mohap.gov.ae/en/AwarenessCenter/Pages/COVID19-EAMA.aspx

- https://www.osha.gov/laws-regs/oshact/section5-duties

- https://www.who.int/health-topics/coronavirus

- https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected

11.0   APPENDIX

11.1 Annexure 1: DHCA Incident Protocol –COVID 19

11.2 Annexure 2: DHCA HSE Risk Assessment of Disease Outbreak.

GOVERNMENT OF DUBAI

DUBAI HEALTHCARE CITY AUTHORITY

DHCA Risk Assessment for Disease Outbreak

As part of Preventive Measures for spread of Corona Virus, DHCA has updated its risk register and included a through Risk Assessment for any disease outbreak in DHCC. It takes into account both the disease severity as well as the likelihood to spread and thus predict the impact on the community accordingly. It includes:

- The current disease situation
- How transmissible the disease is?
- How likely it is to arrive
- What impact it may have on the community

The 'Disease Outbreak Risk Assessment, is a color-coded framework or **RAG** (Red/Amber/Green) status indicators that demonstrate what needs to be done to prevent and reduce the impact of infections

Color	Nature of Disease	Impact	Controls
Green	Disease is mild OR Disease is severe but does not spread easily from person to person (e.g. MERS, H7N9)	Minimal disruption e.g. border screening, travel advice	Be socially responsible: • Stay home if you are sick • Maintain good personal hygiene • Look out for health advisories
Yellow	Disease is severe and is easily spread from person to person but has not occurred in the country OR Disease is spreading in the country but is a) typically, mild i.e. only slightly more severe than seasonal influenza. Could be severe in vulnerable groups (e.g. H1N1 pandemic) OR (b)being contained	Minimal disruption e.g. additional measures at border and/or healthcare settings expected, higher work and school absenteeism likely	Be socially responsible: • Stay home if you are sick • Maintain good personal hygiene • Look out for health advisories
Orange	Disease is severe AND spreads easily from person to person, but disease has not spread widely in the country and is being contained (e.g. SARS)	Moderate disruption e.g. quarantine, temperature screening, visitor restrictions at hospitals	Be socially responsible: • Stay home if you are sick • Maintain good personal hygiene • Look out for health advisories • Comply with control measures
Red	Disease is severe AND is spreading widely	Major disruption e.g. school closures, work from home orders, significant number of deaths	Be socially responsible: • Stay home if you are sick • Maintain good personal hygiene • Look out for health advisories • Comply with control measures • Practice social distancing; avoid crowded areas

DHCA is providing recommendations for the following controls to be taken at various RAG levels (given in the table below). Organizations should keep themselves updated with the latest advisories issued by MOHAP, DHA, DHCA and other government agencies to guide them in their business continuity planning.

DHCA RISK ASSESMENT- DISEASE OUTBREAK

	Green	Yellow	Orange	Red
Occupational Health & Safety / Human Resource Management	**Overseas Travel**			
	Review employee management policies on overseas travel (e.g. avoid non-critical travel to affected high risk countries or areas and leave of absence after returning from affected countries or areas)	Defer travel to affected countries or areas and recall of employees from affected countries or areas (if travel advisory is issued by DHA/MOHAP) Adhere to advisories issued by MOHAP, DHA and other government agencies on affected employees after they return from affected countries and areas (e.g. quarantine, leave of absence and housing)	Defer travel to affected countries and areas Adhere to advisories issued	Defer travel to affected countries and areas Adhere to advisories issued
	Working arrangement of employees			
	Update details of employees Conduct briefing/training/ exercise to familiarize employees on the company's response plan Plan to group essential employees into two or more teams to minimize disruption to business operations Identify high-risk employees (e.g. elderly employee and pregnant women)	Update employees regularly on health advisories issued by the DHA/MOHAP and other agencies Conduct exercise (e.g. On-site simulation) Adhere to health advisories issued by DHA, MOHAP and other government agencies Update the grouping of essential employees and list of high-risk employees	Update employees regularly on health advisories Adhere to health Advisories Deploy essential employees into two or more teams Deploy high-risk employees to work from home	Update employees regularly on health advisories Adhere to health advisories Maintain deployment of essential employees into two or more teams Deploy all non-essential employees (including high-risk employees) to work from home and focus resources on critical areas
Process and business functions	**Personal Protection Equipment (PPE)**			
	Plan and prepare adequate quantity of PPE (e.g. surgical masks and gloves) and undertake training to familiarize employees with their usage	Issue appropriate PPE, as advised by MOHAP and other agencies	Put on appropriate PPE	Put on appropriate PPE
	Cleaning and disinfection			
	Prepare/update cleaning and disinfection guidelines for work places	Clean and disinfect common areas within the workplace (including cleaning of the air-conditioning system, if required) Clean and disinfect areas used by suspected or confirmed cases of infection	Increase frequency of cleaning and disinfecting common areas within the workplace Clean and disinfect areas used by suspected or confirmed cases of infection	Increase frequency of cleaning and disinfecting common areas within the workplace Clean and disinfect areas used by suspected or confirmed cases of infection

GOVERNMENT OF DUBAI — DUBAI HEALTHCARE CITY AUTHORITY

Screening for employees and visitors

Green	Yellow	Orange	Red
Prepare screening procedures (e.g. temperature and travel history) for employees and Visitors. If required prepare isolation room(s) and routes from workplace/reception area to the isolation room(s) if required.	Activate screening procedures if required and ensure adequate screening equipment. Activate isolation rooms(s) if available	Activate screening procedures and isolation room(s). Prevent visitors with flu like symptoms from entering workplaces. Assist DHA/MOHAP with contact tracing if required	Maintain screening procedures and isolation room(s). Visitors are not encouraged. Maintain assistance to DHA /MOHAP with contact tracing if required

Remote working

Green	Yellow	Orange	Red
Plan and prepare remote communications access among employees working from home/off-site/affected areas. Plan for alternate site(s) if required	Activate remote communications access among employees working from home/off-site/affected areas. Plan to support remote communications access for employees to interact with suppliers and key customers. Prepare and set up alternate site(s) if available	Maintain remote communications access among employees. Activate remote communications access for employees to interact with suppliers and key customers. Activate alternate site(s) if available	Maintain remote communications access among employees and their interactions with suppliers and key customers. Maintain alternate site(s) if available

Supplier and customer management

Supply and delivery

Green	Yellow	Orange	Red
Prepare/update contact information of suppliers and key customers. Identify single source suppliers and plan for alternative suppliers and deliveries (e.g. pre-qualify alternative suppliers if required). Identify and plan alternative delivery means to key customers (e.g. border closures)	Prepare for alternative suppliers and deliveries (e.g. if no alternative supplier is available increase inventory levels). Prepare for alternative delivery means to key customers. Monitor inventory level	Activate alternative suppliers and alternative deliveries for suppliers and key customers. Manage inventory level	Maintain alternative suppliers and alternative deliveries for suppliers and key customers. Manage inventory Level

Communications

Internal stakeholders

Green	Yellow	Orange	Red
Develop a communication plan for internal stakeholders. Create general awareness of the company's response plan for virus outbreak (e.g. remote working). Monitor government advisories	Activate communication plan (e.g. update employees and other internal stakeholders on the company's response plan at various RAG level). Monitor and disseminate government advisories. Plan counselling for employees if required	Update employees regularly. Initiate counselling if required	Update employees regularly. Maintain counselling if required

External stakeholders

Green	Yellow	Orange	Red
Develop a communication plan for external stakeholders (e.g. suppliers and customers)	Activate communication plan (e.g. inform suppliers and customers on how the company should receive its supplies and deliver its products and services). Prepare for cancellation of planned mass gathering events	Inform suppliers on alternative procedures for pickup/deliveries. Update customers on service levels and/or alternative procedures for pickup/deliveries for business continuity, if required. Inform suppliers and customers on restricting visits to company's premises to essential visits. Cancel mass gathering events, if advised by DHA/MOHAP	Update external stakeholders regularly. Cancel mass gathering events

11.3 Annexure 3:

DHCC Screening procedures of visitors and employees

11.3.1 Annexure 3a:

DHCC Health Screening Form for Visitors

Dear Sir / Madam

To prevent the spread of COVID-19 in our community and reduce the risk of exposure to our staff and visitors, we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you and everyone in this building. Thank you for your time.

Visitor's name:	Personal contact number (Mobile number/Home):
EID / Passport no*.:	Nationality:
Organization of visitor (If applicable):	
Meeting venue / level / department to visit:	Name of host:
Temperature reading of visitor:	Recorded by staff (name):

	Self-declaration by visitor
1	☐ **No symptom** If you have the following symptom(s), please tick the relevant box(es) Fever ☐ Dry cough ☐ Body aches ☐ Headaches ☐ Sore throat ☐ Runny nose ☐ Tiredness ☐ Shortness of breath ☐ Others _____
2	Have you been in contact with a confirmed COVID-19 patient in the past 14 days? Yes ☐ No ☐
3	Have you been to Mainland China or any high/risk affected countries or area(s) in the past 14 days? Yes ☐ No ☐ If yes, please indicate the affected country(s) or area(s) : _____

Signature (visitor): _____   Date: _____

*Note: Information captured is used for contact tracing if require

11.3.2 Annexure 3b:

DHCC Employee Travel Declaration Form

Dear Employees,

In order to ensure the continuous wellbeing of our staff, the workplace and everybody else in the community and as per the current prevention and control policy of COVID-19 (New Corona Virus), Dubai Health Care City Authority requires you to provide information regarding your history of travel in the last 28 days.

Please complete the below form **ONLY** if you or your close relatives/contacts have travelled abroad in the past 28 days. Please make sure to return the form to the management as soon as you or your close relatives/contacts return back to the UAE

Employee Name			
Organization			
Employee history of travel in the last 28 days	Yes ☐	No ☐	
Close relative history of travel	Yes ☐	No ☐	
Country Visited			
Date of travel		Date of return	
Duration of stay			
Any history of contact with confirmed COVID 19 case	Yes ☐	No ☐	
Fever or Flu symptom during or after return from travel	Yes ☐	No ☐	
Contact Number			
Other Notes			

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake responsibility to inform you of any changes therein, immediately.

Date of Declaration: Signature:

11.3.3 Annex 3c:

DHCC Notification Form for Employees

Suspected infection case at work

Details of affected employee

Employee Name	Organization	Department
Job title:	Nationality:	EID/ Passport no*.:
Employee history of travel in the last 28 days		
Address:		

Contact number:

_____(W)   _____(H)   _____(M)

Symptoms:

☐ Fever ☐ Body aches

☐ Shortness of breath ☐ Runny nose

☐ Sore throat ☐ Tiredness

☐ Dry cough ☐ Headache

Other Details: _____

Date & time of fever onset:	
Date & time of isolation:	
Travel history over the last 14 days	
Countries Visited	
Flights Taken	

Details of recording employee

Employee Name	Organization	Department
Job title:	Nationality:	EID/ Passport no*.:
Address:		

Contact number:

_____(W)   _____(H)   _____(M)

Date & time of recording:	

*Note: Information captured is used for contact tracing if required