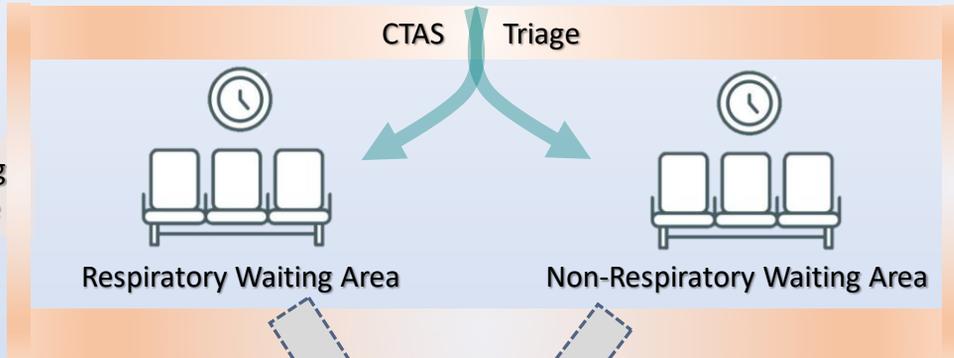




Separate waiting area - **if feasible**



Emergency Area

- Merge ER Areas to be **one area (no more Respiratory and non-respiratory areas)**, with maintaining standard infection control precautions as possible:
 - Hand hygiene
 - Mask & Maintain at least 1-meter distance with curtains between the beds.
- The screening questions of SARS-CoV-2 infection will be part of **routine history-taking** by health care workers. If a confirmed positive case is detected, the patient will be shifted to (droplet precaution) isolation room.

Admission Required

Respiratory Case

- Admit to designated **Respiratory ward**
- Cohort patients in **general rooms¹ with maintaining at least 1-meter distance between beds.**
- To maintain transmission-based precautions.
- Do **SARS-CoV-2 swab for all Respiratory admissions if not done within the previous 48 hours.**
- If Positive Swab → shift the patient to an isolation room and no need to quarantine other cases in the same room.

Non-Respiratory Case

- Including Surgical cases and their subspecialties, Trauma cases, non-respiratory medical, and so on
- Admit to a **usual ward (non-Respiratory)**
- **NO NEED** to do a swab on admission/before surgical intervention.
- **SARS-CoV-2 swab is NOT a prerequisite** for transfer, consultation, procedures, or interventions.
- Consider swab **only** if respiratory symptoms develop.

Discharge

- Discharge decision is based on **clinical improvement.**
- No Exit swab is required confirmed positive cases.
- COVID-19 positive cases are requested to **continue home isolation** as per public health recommendations.



¹ For **Ob-Gyn**: Admit symptomatic **respiratory** patients to **private rooms** in general wards until swab results.

Previous MOH Recommendations 	New MOH Recommendations 
1. Each specialty has its own MOH flow diagram.	1. This flow diagram is general and should be used by all departments
2. Maintain visual triage in ER (Pre-Triage) for screening COVID-19 questions.	2. No more visual triage in this update. Instead, screening questions will be part of history taking.
3. ER areas are divided into two parts (respiratory ER and non-Respiratory ER).	3. ER area is merged back as one area that can serve all patients. Only ER waiting area (if feasible) is separated into the Respiratory and non-Respiratory waiting areas.
4. To do COVID swab all admissions.	4. To do COVID swab ONLY for an admitted case with respiratory symptoms.
5. Admit to isolation rooms/private rooms until swab results. If negative → transfer cohort patients in general rooms.	5. Admit respiratory cases to general rooms in the respiratory ward (maintaining at least 1 meter between beds). If the patient's swab result is positive for SARS-CoV-2 → shift the patient to an isolation room with droplet precautions. Exception (Ob-Gyn): Admit respiratory cases to private rooms in general wards until swab results.
6. If a case in the general room becomes positive, quarantine all other cases, and frequent swabs might be required before ending the quarantine.	6. If a patient in a general room become positive, no quarantine is required for the other patients, and no swabs are required unless those patients developed respiratory symptoms.
Surgery and Anesthesia:	Surgery and Anesthesia:
7. PCR is required before any surgery/Anesthesia.	7. NO PCR is required before the surgery/Anesthesia unless the patient has respiratory symptoms or clinically indicated cases.
8. COVID-19 cases must be done in designated COVID OT.	8. NO Need for designated COVID OT and COVID-19 cases can be done in general OT with infection control precautions.
9. Pediatrics: Some centers might ask for a companion's PCR if the child is admitted or transferred.	9. Pediatrics: NO PCR is required from the child's companion as long as she/he is asymptomatic.