



Special Safety Guideline Release

Preventive Measures of COVID-19 at the Facility



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1.0 PURPOSE

The purpose of this document is to assist Entities to ensure the safety precaution measures are taken place in order to restrict the spread and impact of the COVID-19

It is not intended to supplant procedures Entities already have in place, whether standard or enhanced at this time of increased levels of concern. It should be seen as precaution measures to assist Entities in undertaking their control of infection responsibilities.

2.0 SCOPE

This document will draw on guidance from other documents in use worldwide to assist Entities in using the most current practices available and assist in reducing the spread of the pandemic across the Kingdom.

This document is generally applicable to all six facility types, but, with the closure of Schools and Universities across the Kingdom and with citizens and residents undertaking both social distancing and self-isolation measures, its applicability is greatest in the field of Healthcare.

The document will identify activities that will assist in the control of the spread of infection and reduce the risk of cross-infection.

It will also make recommendations that are specific to the way that cleaning operations are usually undertaken in KSA, that make some of the recommendations that might be implemented elsewhere in the world more complex to implement in the Kingdom.

3.0 DEFINITIONS

Term	Definition
COVID-19	Coronavirus Disease 19 – a virus causing respiratory and other symptoms that is spread through touch and droplet transmission
Touch Points	A location that is touched frequently is a “high touch “point , for example a light switch or an over bed table
Acronyms	
COSHH	Control of Substances Hazardous to Health Regulations (2002) COSHH
FM	Facilities Management
H+S	Health and Safety
HASAWA	Health and Safety at Work Act (1974)
HSE	Health, Safety, and Environment
KSA	Kingdom of Saudi Arabia
MEP	Mechanical, Electrical and Plumbing
MOH	Ministry of Health
OPD	Out Patient Departments
PPE	Personal Protective Equipment
RAMS	Risk Assessment & Method Statement
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)
SCDPC	Saudi Center for Disease Prevention & Control

Table 1 – Definitions



4.0 REFERENCES

- **Saudia Arabia**

This document, which will be updated by the Ministry of Health as circumstances change, provides the Saudi Government's foremost guidance on COVID-19 and is a combined information release by the Ministry of Health (MOH) and the Saudi Center for Disease Prevention & Control (SCDPC)

Coronavirus Disease 19 (COVID-19) Guidelines February 2020 V1.1 (updated 03/07/20) – Ministry of Health & Saudi Center for Disease Prevention & Control

Additional guidance may be found at the following web address. This contains information and guidance in simple language and pictograms. It is suggested that some of this information may be used with staff where English is not a first language.

Ministry of Health (MOH) guidelines – updated 03/18/2020

<https://www.moh.gov.sa/awarenessplatform/VariousTopics/Documents/PreventCOVID19-Eng.pdf>

- **British Standards (BS)**

Health and Safety Executive

For respiratory protective program (FFp3 mask)

<https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm>

- **UK Safety Legislation**

The following 6 items are UK safety legislation, and while adherence to these in the UK is obligatory, their inclusion here in the list of references and throughout this document is designed to offer the Entity the opportunity to adopt the highest standards of safety as part of their Plans and Procedures. They should not be considered as anything other than a recommendation to the Entity of what constitutes international best practice:

- ✓ Health and Safety at Work Act 1974 (HASAWA)
- ✓ The Personal Protective Equipment Regulations 1992 – as amended (PPE)
- ✓ The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 – as amended (RIDDOR)

- **UK Health Guidance**

This document remains the key standard for the delivery of the highest quality and lowest infection risk in a healthcare environment and has been demonstrated to provide increasingly improved infection control results across the UK since its original publication. An update is anticipated during 2020 but for now this document remains fully current.

The National Specifications for Cleanliness in the NHS (2007)

https://www.rdehospital.nhs.uk/docs/patients/services/housekeeping_services/2007%20National%20Spec%20for%20cleanliness%20in%20the%20NHS.pdf

5.0 RESPONSIBILITIES

Each Entity shall determine the basis on which they wish to operate their facility, based on the key components of their decision making and personnel structure.

5.1 The Entity

The Entity shall ensure that:



- The Entity is compliant with the legislative, regulatory and other decrees issued by the Kingdom of Saudi Arabia and its Ministries
- The Entity's Policy and Procedures for controlling and mitigating the spread of the COVID-19 are established, understood and strictly adhered to.
- Compliance with the Policy and Procedures is embedded and cascaded to all elements of their organization and other stakeholders
- There are systems in place to monitor compliance and report progress

5.2 The Entity Director

The Entity Director at Facility shall ensure that:

- The policies and procedures are executed in a structured and managed environment, with due attention paid to the impact on premises and the safety of its users, and visitors

5.3 Facilities Manager

The Facilities Manager (FM) at Facility shall ensure:

- Compliance with the requirements of statutory legislation and Entity policies
- Staff, whether directly employed or provided by subcontractors, are inducted and trained, including any site-specific training required by the Entity. This includes specific induction training and training in revised cleaning activity and methods as a result of the COVID-19 pandemic
- All training activity is recorded and any refresher training needed is carried out at the specified frequency
- Formal, written Risk Assessments and Method Statements (RAMS) are in place for all work activities. In a Healthcare environment this will include the activities of clinicians and nursing staff as well as the janitorial and support teams
- Staff comply with policies, procedures, and safe systems of work

5.4 Facilities Management Health Safety and Environment Representative

The Health Safety and Environment (HSE) representative at a Facility shall ensure:

- Compliance with the requirements of statutory legislation and Health Safety and Environment policies
- Appropriate RAMS are in place for all work activities being undertaken by operatives
- Staff and Contractors are operating in a safe manner and in accordance with specified operating procedures
- Regular reviews of work equipment are undertaken to ensure their safe performance
- Personal Protective Equipment (PPE) is issued to all operatives and is in serviceable and safe condition for use and is disposed of in the prescribed manner as determined in the RAMS relating to Covid19-based activities
- Daily Safety Talks are conducted to reinforce the importance of working safely and reducing the spread of the virus
- Create reporting instructions and communication channel to report suspected COVID-19 Cases.
- Identify and Coordinate with nearest hospitals and record the hospital contact numbers as follow

No.	Hospital Name / Location	Phone No.	Address
1			
2			

- Identify the names of Infection Prevention and Control (IPC) Team and inform them of their roles and responsibilities



5.5 Infection Prevention and Control (IPC) Team

- Identify working method by coordinate with HR Department and get the approval from upper management
- Assist HSE representative during Emergency and lead entity team to follow this plan
- Report any suspected cases to the HSE representative
- Coordinate with HSE representative to take appropriate action/solution during emergency
- Work to develop lessons learn and awareness massages for development and communication

5.6 Supervisors

Supervisors shall ensure that:

- Operatives comply with Safe Working Procedures and adhere to the specified activities outlined within the Procedure
- Any deficiencies in safety performance are reported, reviewed, and investigated, where, necessary
- Resources are available to meet the needs of work schedules and to plan coverage in the event of planned or unscheduled absences

5.7 Operatives

Operatives shall ensure that they:

- Cooperate with all reasonable instructions in relation to their work activity
- Precisely follow the steps in Risk Assessment and Method Statements (RAMS)
- Wear the appropriate PPE at all times for each work activity

6.0 PROCESS

6.1 Consistent Design & Measurement of Activity

In a situation where citizen and residents' health concerns are at a heightened level, it is too easy for process to be sacrificed and for activities to become less consistently applied. At a time of such reactive emergency planning the opposite should be true.

Even if the Entity does not currently operate to a model based on ISO 9001:2015, the principles that underline it are straightforward to implement.

These principles are Plan, Do, Check, Act. They provide a framework for identifying consistent activity, measuring its impact and reacting to evidence-based conclusions. The model is shown in pictogram format in Figure 1 below.

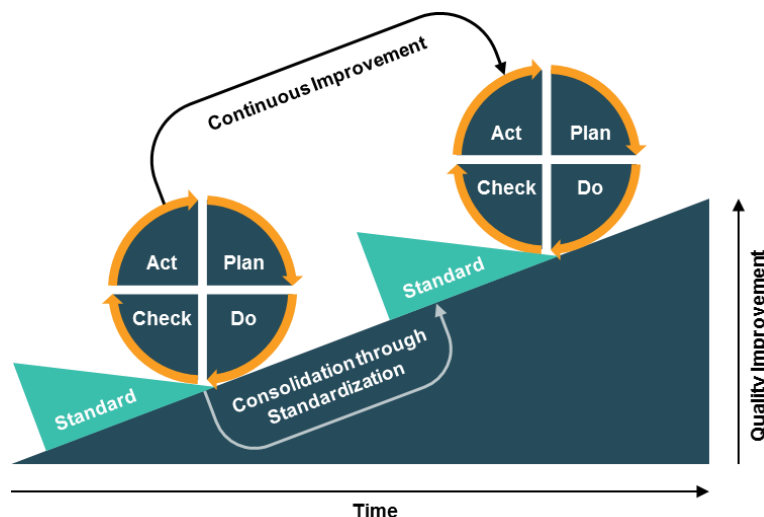


Figure 1: Plan, Do, Check, Act Process of Continuous Improvement and Audit



In compliance with Royal Decrees, Local Standards, and Regulations, and to ensure consistency of approach in the Entity’s decision-making process associated with the control and mitigation of COVID-19, the following color-coded guidance shall be incorporated into documented procedures to ensure that all Entity staff and stakeholders understand clearly that when an instruction is given as ‘shall’ that this will be obeyed without deviation or questioning.

Other language is defined in the four color-coded bullets below, where phrasing is less proscriptive:



Shall. This is a mandated instruction which must be followed or adhered to (e.g., a Royal Decree, in country standards such as the Saudi Building Code)



Should. This is an instruction or piece of information which is important and, while it may not be mandated to follow the advice, it is advisable to follow (e.g., international standards which are considered legislation in other countries)



Consider. This refers to advice or an instruction which is considered to be important, is worth following, and fits well for the purpose intended



Advise. This generally refers to good practice and entails practical advice intended to raise standards and enhance quality

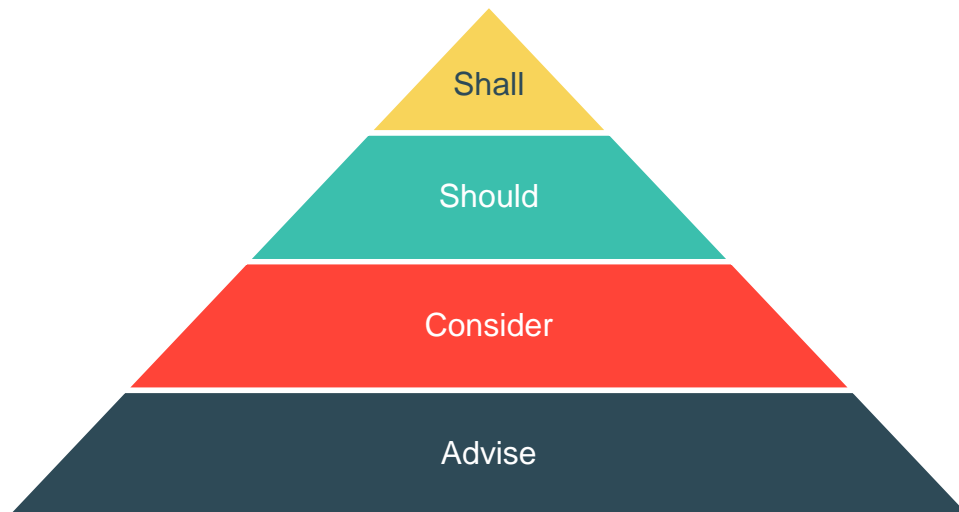


Figure 3: The 4 Tiers of Linguistic Classification

6.2 Housekeeping Activity to limit COVID-19 Impact

6.2.1 General Housekeeping Guidance

Housekeeping and janitorial staff provide an essential service in minimizing the impact of COVID-19 and the following activities are recommended to provide additional protection to clinical staff, other staff members and especially vulnerable patients.

The following are a number of heightened cleaning activities or recommendations for Housekeeping effort that should take place to limit the opportunity for the COVID-19 virus to spread:

- ✓ All cloths and mops should be used once and then laundered, unless the cloths used are disposable, in which case they are single use and then immediately disposed of using the appropriate waste stream
- ✓ ‘Touch points’ shall be cleaned with increased frequency, for example, doors handles, elevator buttons, visitor and waiting chairs, hand rails, washroom taps, public washrooms, sanitizer gel dispensers etc.
- ✓ Hospital staff transport vehicles shall be disinfected after every trip. Spray disinfectant shall be sprayed directly on door handles, seats, seat belts and other obvious touch points



- ✓ Elective procedures should be minimized to ensure that otherwise healthy patients do not attend Out Patient Departments (OPD)
- ✓ Where OPDs remain open their attendances should be significantly reduced, regardless of the impact on hospital revenue. Areas that are fully closed should be fully disinfected regularly
- ✓ Areas that are closed shall have access restricted
- ✓ Shifts should be adjusted so that staff are able to be absent from work for extended periods to enable self-isolation/social distancing for a period of up to 14 days. Additional trained staff should be recruited to cover absences
- ✓ Housekeeping staff should be diverted from cleaning areas that are lower risk – administration offices and the like to concentrate on higher risk areas
- ✓ Staff should be co-located in order to reduce cleaning effort in offices and administration areas
- ✓ Staff shall not be 'shared' across multiple clinical areas to avoid the risk of cross infection
- ✓ Staff should have their rest breaks scheduled to discourage people congregating in groups
- ✓ Retail outlets in hospitals should be considered for closure and/or retail café seating areas reduced in capacity or closed completely to reinforce social distancing
- ✓ All PPE with the exception of FFP3 masks should be considered as disposable after each separate cleaning.

6.2.2 Barrier Cleaning to an Infected Patient Room

The clean is a daily clean and is to be used in a room or area where a patient has been isolated with an infection (COVID-19). All sanitary surfaces and floors must be fully cleaned. All other elements must be touch point cleaned to ensure the room is free of dust and dirt which may harbor microorganisms. The process may be subject to change the following input from Infection Prevention and Control (IPC). Each individual bay and rooms must have fresh PPE used.

Equipment and materials required for each new barrier clean:

- ✓ Correct PPE as per IPC guidelines – as a minimum, new gloves, mask/respirator, apron, face protection, eye protection
- ✓ Disposable mops – (yellow)
- ✓ Color-coded disposable microfiber cloth (Yellow)
- ✓ Hypochlorite solution
- ✓ Barrier clean sign off sheet
- ✓ Hazardous waste bags
- ✓ Sanitizing hand gel available

Safety & Hygiene Guidance

- ✓ Safety check all equipment
- ✓ Always use appropriate PPE
- ✓ Never mix cleaning agents
- ✓ Follow the cleaning agent dilution rate as per the manufacturer's SDS or COSHH guidance
- ✓ Ensure warning signs are displayed but not an obstruction
- ✓ Report faults e.g. broken or cracked items & blocked drainage

Method

- ✓ On arrival check that area has to be cleaned is ready i.e. nursing staff have given permission for the room / area to be cleaned
- ✓ Proceed to Dirty Utility
- ✓ Prepare floor and hand buckets, mops and cloths (All barrier equipment should be yellow)
- ✓ Prepare mop and hand buckets with hypochlorite solution as per quantity required using the correct dilution yield for the product being used 1,000ppm per liter cold water.
- ✓ Do not stand over buckets whilst tablets dissolve (if water soluble bleach tablets are used) because this is when chlorine gas is released
- ✓ Every effort should be made to keep the room well ventilated during this process.



- ✓ Proceed to location to be cleaned and, before entering ensure correct PPE is worn

Do not enter the area until you are protected

- ✓ Empty waste bins and dispose of into the hazardous waste bag
- ✓ Start cleaning (a hand bucket will be required first) throughout the clean
- ✓ In all cases the process of cleaning should start at the highest level and move towards ground level. In addition, and at the same time the cleaning process should commence with cleaner areas and move towards dirtier areas, thereby not contaminating cleaner areas
- ✓ Elements to be cleaned (touch point where applicable):
 - Beds and trolleys; Frames, cot sides, tops and sides.
 - Bedside lockers (external and internal areas).
 - Bidets
 - Chairs (including legs and feet)
 - Curtain rails
 - Dispensers; Towel, hand wash, hand cream (including inside and undersides)
 - Consumables to be replaced / refilled where required)
 - Doors (including frames)
 - Door handles
 - Electrical conduits
 - Handrails
 - Over-bed lights
 - Bedhead units
 - Patient nurse call pads
 - Shelving
 - Miscellaneous dispensers
 - Sinks (including underside)
 - Toilets
 - Walls (Hand height)
 - Waste and sanitary bins
 - Windowsills
 - Medical equipment not attached/connected to the patient.
- ✓ Clean waste bin (tops, inside and sides), remove waste bag
- ✓ Once all applicable items in area have been cleaned proceed to clean floor with mop and bucket
- ✓ Ensure that floor is free from debris, mop floor from back area always cleaning towards the exit
- ✓ Remove PPE and place in a hazardous waste bag before leaving the room
- ✓ Wash hands; place that bag inside another hazardous waste bag into Dirty Utility awaiting collection
- ✓ Wipe down mop handle using disposable cloth. Dispose of any dirty mops into trolley mop bag
- ✓ Repeat above steps for each room
- ✓ Obtain sign-off for barrier clean by nurse in charge of ward by completing the sign off sheet

6.2.3 Enhanced Cleaning to an Infected Room or Area

The clean is only to be used during an outbreak and focuses on touchpoints only. Although the process below is rigorous and thorough it is **only** to be used in collaboration with and following instruction from the **Infection Prevention and Control (IPC) Team** regarding the specific outbreak incident.

The process may be subject to change dependent on circumstances as determined by the IPC Team and may be performed either 2-hourly, 4-hourly or 6-hourly, dependent on outbreak and IPC advice

Equipment and materials required:

- ✓ Appropriate PPE agreed with IPC (This may include the use of FFP3 Masks)



- ✓ Color coded bucket – (Yellow)
- ✓ Color-coded disposable cloth (Yellow)
- ✓ Hypochlorite solution

Safety & Hygiene

- ✓ Safety check all equipment.
- ✓ Always use appropriate PPE
- ✓ Never mix cleaning agents.
- ✓ Follow the cleaning agent dilution rate as per the manufacturer's SDS or COSHH guidance.
- ✓ Ensure warning signs are displayed but not an obstruction
- ✓ Report faults e.g. broken or cracked items & blocked drainage

Method

- ✓ Wash hands and put on correct PPE
- ✓ Prepare the cleaning solution in the bucket, in strict accordance with the manufacturer's instructions

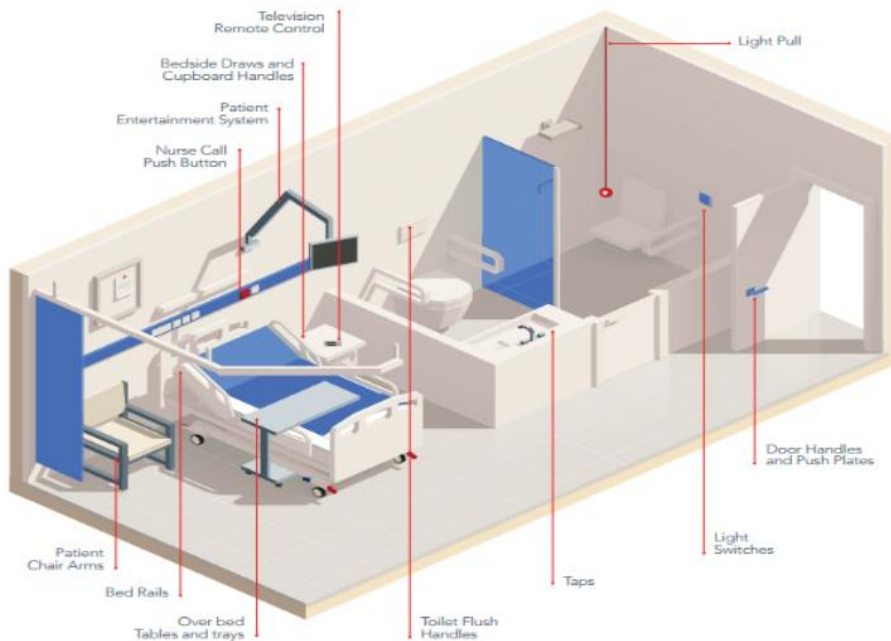


Figure 1: Examples of 'Touch Points'

- ✓ Assemble items to be used on a cleaning trolley: place disposable cloths in the appropriate container. Impregnate cloths with the correct amount of water/cleaning solution, following the manufacturer's instruction
- ✓ Identify all touch points:
 - Door handles
 - Door push plates
 - Entry and Exits buttons inside and outside wards
 - Taps – follow correct process
 - Toilet Flush handles
 - Toilet tissue dispensers
 - Patient hand grabs in toilets
 - Raised toilet seats
 - Hand gel bottles and dispensers
 - Soap bottles and dispensers
 - Hand Towel dispensers
 - Glove and Apron holders
 - Desks
 - Over Bed Tables
 - Patient locker



- Over bed lights
 - Entertainment system
 - Bed side rails
 - Patient chairs (arms)
 - Light switches
 - Trucking behind beds
 - Bins
- ✓ Turn and refold the cloths each time a different surface is being cleaned. As a guide, a standard sized microfiber cloth can be turned and folded to give eight effective cleaning surfaces. (Use separate cloths for bathroom cleaning).
 - ✓ Work systematically from furthest to nearest, clean to dirty.
 - ✓ Dispose of all cloths in correct waste stream.
 - ✓ On completion, clean and dry all equipment and store safely and tidily in a secure storage area, segregated according to color-coding where appropriate
 - ✓ Remove PPE and wash hands

6.3 Occupational Health & Safety Requirements

6.3.1 General Safety Obligations

The following sub-sections are not intended to provide detailed Health & Safety Guidance to Entities. They provide a brief distillation of the requirements of the various legislation cited. They should also review this guidance alongside their own Infection Control Policies and Procedures.

6.3.2 The Health and Safety at Work Act (HASAWA)1974

HASAWA places obligations on an employer or building owner to ensure that it is a safe workplace for employees and visitors, and that it provides information, instruction and training to its employees and visitors to ensure their safety (with which they are required to co-operate). It also requires an employer to provide safe ingress and egress.

The requirement for a 'safe workplace' entails that the Entity demonstrate that appropriate safety measures are being observed and implemented. This is best achieved by having a clear Health & Safety Policy in place, along with Risk Assessments to assess any risks associated with the activities that take place in the premises.

6.3.3 PPE

PPE must be worn by all Operatives where the RAMS determine it is a requirement. If not provided, the Operative should not undertake the task until it is available.

The Facilities Contract Manager/HSE Manager are responsible for ensuring a suitable and sufficient Risk Assessment is in place and that resources are available to provide appropriate PPE for all operatives, as follows:

- Disposable Aprons
- Goggles – Operatives must wear goggles to prevent the hazard of sight damage
- Gloves – Gloves must be worn to protect the hand and wrist, both to reduce the hazard of skin irritation and also to minimize the risk of cuts and abrasions
- Respiratory Protection – These should be worn by Operatives carrying out a range of activities, including any activity likely to produce airborne pathogens

6.3.4 Incident Management & Reporting



The Entity shall ensure that the following steps associated with incident management and reporting are in place:

- Procedures and associated documentation (i.e. incident registers, reports, follow-up audits, and work instructions) for near misses, incidents or accidents, including incident analysis and trend reporting
- Emergency response including desktop and live simulations to test the operation of the emergency response to a catastrophic incident, e.g. pandemic infection.

6.4 Human Resources

The Entity should determine to employ their own direct labor or use those of a specialist third party contractor.

Unless the Entity to invest in the associated costs of employing a direct labor force, it would always be considered more prudent to offset the risks of providing competent manpower to a specialist contractor.

However, in times of a pandemic using a specialist contractor, where the Entity is not in control of the staff once they are off site is not without its risks.

Resource requirements form a critical element in the fight against the spread of the virus. In KSA the way in which the cohort of staff working in hospitals is procured can add additional risk to the mix of factors in a way that is not the case in many other countries.

In KSA, many of the staff that work in hospitals are co-located domestically. This is especially the case for Housekeeping, janitorial and some general MEP staff, many of whom will not be employed directly by the hospital, but will be sourced either via a Facility management (FM) company or, directly from a manpower provider by the hospital itself.

In order to keep manpower costs low, manpower providers will often co-locate significant numbers of staff in a single apartment and it is not unusual to have 6-10 persons in the same living space.

This provides a possibility either of social distancing, which is required to flatten the curve of increasing numbers of infected patients, nor offers the opportunity for such accommodation to be regularly cleaned and disinfected because it is often occupied 24/7, due the variety of shifts worked.

It is recommended that the Entity arranges and pays the manpower contractor to demonstrably disinfect the accommodation to minimize the opportunity for cross-contamination. It is also recommended that should one of these operatives be demonstrated to have been infected by Covid-19, they should be isolated from their colleagues at separate accommodation.

It may be possible for local hotels, starved of paying guests, to make arrangements with an Entity to accommodate these infected staff in isolation.

6.4.1 Training Requirements

Resources used to deliver training and promote awareness depend on many factors not least of which is the target audience. Due to the variety of nationalities and the mix of language understanding all training and messaging should be simple and clear, preferably using pictures and photos to convey information and not relying on large volumes of text.