

MERS-CoV Case: Rapid Response Team Report

1. Visit Information:

Visit date:	<input type="text" value="___/___/20__"/> <small>(dd mm yyyy)</small>		Regional directorate:	
Healthcare facility:			Email:	
Person in charge of IPC in the facility:	Name:		Tel No:	
	Mobile No:			

2. Patient Information:

Patient name:		ID/Iqama No:		HESN No:	
Age:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Job:	
Nationality:		Residence:		Tel No:	

3. Clinical Information:

MERS-CoV Information:

Date of onset:	Date of presentation in the facility:	Date of notification:
<input type="text" value="___/___/20__"/> <small>(dd mm yyyy)</small>	<input type="text" value="___/___/20__"/> <small>(dd mm yyyy)</small>	<input type="text" value="___/___/20__"/> <small>(dd mm yyyy)</small>

Other Medical Conditions: *(Please check the box and use space to specify if needed)*

Renal disease	<input type="checkbox"/>		Cancer	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>		Hepatitis	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>		Asthma/ COPD	<input type="checkbox"/>	
Cardiovascular <small>(excluding hypertension)</small>	<input type="checkbox"/>		Allergies	<input type="checkbox"/>	
Other:	<input type="checkbox"/>				

- Did the patient have contact with:

a) Confirmed MERS-CoV (Yes No) b) Camels (direct or indirect) (Yes No)

- Genes values:

UP-E Gene: _____ ORF1a Gene: _____

- History of present MERS-CoV illness:

4. Patient Pathway:

When did the patient present to the facility? Date <input type="text" value="___/___/20__"/> Time : <input type="text" value="___:___"/> <small>(dd / mm / yyyy) (hh : mm)</small>
How did the patient come to the facility? <input type="checkbox"/> Alone <input type="checkbox"/> Brought by ambulance <input type="checkbox"/> Brought by a family member or friend
If brought by ambulance, were the ambulance personnel traced? <input type="checkbox"/> Yes <input type="checkbox"/> No
What was the first place in the facility that the patient visited? <input type="checkbox"/> ER <input type="checkbox"/> OPD _____ <input type="checkbox"/> Patient was admitted _____ <input type="checkbox"/> Other: _____ <small>(please specify the location) (please specify the location) (please specify the location)</small>
Was the patient evaluated at triage station? <i>(If yes, please specify the score)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes Score: _____
Was the patient isolated from the first initial checkpoint? <input type="checkbox"/> Yes <input type="checkbox"/> No
How was the chest x-ray done? <input type="checkbox"/> Portable machine <input type="checkbox"/> Radiology department <input type="checkbox"/> No x-ray was done
What did the x-ray (or other radiological exam) reveal?

Where was the swab for MERS-CoV taken?				
<input type="checkbox"/> Ward _____ <small>(please specify the location)</small>	<input type="checkbox"/> ER	<input type="checkbox"/> OPD _____ <small>(please specify the location)</small>	<input type="checkbox"/> Other _____ <small>(please specify the location)</small>	
When was the swab for MERS-CoV taken?				
Date <u> </u> / <u> </u> / <u> </u> /20 <u> </u> <small>(dd mm yyyy)</small>		Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>		
Please mention other areas in the facility that the patient visited, stayed in or admitted to before MERS-CoV diagnosis was confirmed?				
1.	Date <u> </u> / <u> </u> / <u> </u> /20 <u> </u> <small>(dd mm yyyy)</small>	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>	To	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>
2.	Date <u> </u> / <u> </u> / <u> </u> /20 <u> </u> <small>(dd mm yyyy)</small>	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>	To	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>
3.	Date <u> </u> / <u> </u> / <u> </u> /20 <u> </u> <small>(dd mm yyyy)</small>	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>	To	Time : <u> </u> : <u> </u> : <u> </u> <small>(hh :mm)</small>
Did the patient visit other healthcare facilities in the last two weeks?				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<i>(If yes, please specify the healthcare facilities and visits dates):</i>				

5. Management:

Have appropriate steps been taken (or are planned to be taken) for:

Contacts tracing in the healthcare facility	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Daily monitoring of all contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Terminal cleaning	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Logbook	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Others	

6. Contacts (HCWs):

Names are not required to be listed in this form. However, the facility must have the list available in its records.

- Total number of exposed staff: _____
- Number of staff who had protected exposure (contact with the case while wearing all personal protective equipment): _____
- Number of staff who had low-risk unprotected exposure (contact with the case more than 1.5 meters and/or for <10 minutes): _____
- Number of staff who had high-risk unprotected exposure (contact with the case within 1.5 meters for > 10 minutes): _____
- Number of exposed staff who have become symptomatic: _____
- Number of staff whose exposure indicates swabbing for MERS-CoV (as per guidelines): _____
- Number of staff tested for MERS-CoV (swabbed or to be swabbed): _____

7. Contacts (Patients):

Names are not required to be listed in this form. However, the facility must have the list available in its records.

- Number of exposed patients (patients admitted in the same room with the case for at least 30 minutes): _____
- Number of exposed patients who have become symptomatic: _____
- Number of exposed patients still admitted in the facility: _____
- Number of exposed patients discharged from the facility: _____
- Number of exposed patients tested for MERS-CoV: _____

8. Infection Control Measures Assessment (Units):

Observations and Actions Taken/Need to be Taken:
Emergency Room:
Visual Triage:
Waiting Areas:
Staff's Knowledge of MERS-CoV Case Definition:
Other:
Ward:
ICU:
Hemodialysis:
Other Areas:

9. Infection Control Measures Assessment (Practice):

Observations and Actions Taken/Need to be Taken:
Personal Protective Equipment:
Environmental Cleaning:
Hand Hygiene:
Other:

Visit conducted by:	Mobile No	Email:	Date:
1.			<small>dd mm yyyy</small> _/_/20_
2.			<small>dd mm yyyy</small> _/_/20_

➔ Please submit completed form to the following emails: mers@gdipc.org mersreport@gmail.com