



**Procedure of Covid-19 Vaccination and Swab
Collection Services in a Private Health
Establishment**

Doc. No: MoH/DGPHE/SOP/020/Vers.01
Effective Date: March 2022
Review Date: March 2025

Institution Name: Directorate General of Private Health Establishments

Document Title: Procedure of Covid-19 Vaccination and Swab Collection Services in a Private Health Establishment

Approval Process

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Acronyms:

ACLS	Advanced Cardiovascular Life Support
BLS	Basic Life Support
DG	Director General
DGPHE	Directorate General of Private Health Establishments
GP	General Practitioner
HoD	Head of department
HoS	Head of section
MoH	Ministry of Health, Oman
PHE	Private Health Establishments
SOP	Procedure



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1. Definitions

Coronavirus: is an infectious disease caused by the SARS-CoV-2 virus.

Tarassud: is the official Covid-19 application of Sultanate of Oman for citizens/residents/travelers to Oman and the jurisdiction of app is limited within the country until the pandemic is officially over.

Vaccine: A preparation that is used to stimulate the body's immune response against diseases. Vaccines are usually administered through needle injections, but some can be administered by mouth or sprayed into the nose.

Vaccination: The act of introducing a vaccine into the body to produce protection from a specific disease.



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2. Purpose

- 2.1 To provide a clear pathway for coronavirus disease (Covid-19) vaccination and swab collection services in a Private Health Establishment (PHE)
- 2.2 To ensure that all in PHE follow a recognized procedure framework and process.

3. Scope

This document is applicable to all licensed PHE.

4. Procedures

To ensure the highest quality of service in regards to **Covid-19 swab collection**, below are the requirements for providing this service:

- 4.1 A letter from the PHE to the Department of Quality Control & Patient Safety, requesting to start collection of Covid-19 specimen.
- 4.2 Copy of contract between the PHE and a licensed PCR testing laboratory
- 4.3 Statement letter confirming the availability of a qualified health staff in Covid-19 specimen collection
- 4.4 Specimen transportation policy
- 4.5 Facility auditing report by the Department of PHE in respected regions
- 4.6 Registration in Tarassud Application

In addition the followings are the requirements for **Covid-19 vaccination services**:

- 4.7 To be one of the PHEs granted an approval to provide vaccination services (Appendix 1)
- 4.8 Availability of a General Practitioner (GP) in the facility with a valid Advanced Cardiovascular Life Support (ACLS) certificate



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- 4.9 Availability of a vaccination trained nursing staff in in the facility, with a valid Basic Life Support (BLS) certificate certificate
- 4.10 Well-equipped crash trolley
- 4.11 Availability of an equipped ambulance whenever needed
- 4.12 Proposal of a pathway for the patient coming in for the vaccines to prevent crowding in aligns with Covid-19 precautions
- 4.13 Ensuring that full details of the patients are updated in Tarassud application to ensure accurate statistical information for follow-up and analysis on a national level.



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6. Responsibilities

- A. Dr Munira Al Hashmi – HoD of Quality Control and Patients Safety
- B. Auditing Teams (central and regional)
- C. The PHE staff.

7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release		March 2022
02			
Written by		Reviewed by	Approved by
		Rawan Al Amri	Dr Muhanna Al Muslahi

8. Related Documents:

NIL



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10. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
No references			



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Appendix 1: Checklist of Infection Prevention & Control in Managing Suspected or Confirmed COVID-19 in (Health Centres/Clinics/ Polyclinic)

Facility Name:

Region/ Place:

Date:

COVID-19 Coordinated focal points:

Isolation Bed Capacity:

1. Doctor's Name:

2. Staff Nurse Name:

S. No	Assessment Tool	Yes	No	NA	Remarks
1.	Administrative Interventions				
1.1	The management and in-charges of healthcare facility are aware about national COVID-19 guidelines and following the instructions.				
1.2	The facility management is aware about the updated COVID-19 algorithms and communicated to the HealthCare Workers (HCWs).				
1.3	(HCWs) are trained and educated regarding COVID-19 according to IPC and forwarded to HCWs				
1.4	IPC training and education are provided to HCWs regarding updated guidelines of COVID-19: <ul style="list-style-type: none"> • Case definition • Isolation precautions • Contact tracing • Cleaning and disinfection • Hand hygiene • Personal protective equipment (PPE) • Use and selection of N95 seal test and Powered Air Purifying Respirators (PAPR) 				
1.5	The house keeping staff are trained and competent in routine and terminal cleaning, proper selection and use of PPE				
1.6	There is a process of auditing adherence to hand hygiene and PPE use				
2.	Main Entrance				
2.1	Banner or health education materials to alert the patients about COVID-19 are available				



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2.2	Signs are posted in the entrance to instruct the individuals with Acute Respiratory Infection (ARI) symptoms to immediately put on mask and practice cough etiquette				
3.	COVID-19 Screening Desk				
3.1	The allocated staff is qualified and aware about the triage system according to the updated COVID-19 case definition				
3.2	The staff is adhere to infection control precautions (wearing mask, gloves and disposable apron)				
3.3	Protective personal equipment (PPE) are available				
3.4	HCWs in screening desk are trained on proper procedure (e.g. questions to ask and action to take) to rapidly identify suspected cases and direct them with surgical mask to isolation accompanied by HCW				
3.5	Distance between each patient during screening process is maintained				
3.6	Availability of Thermo-scan to screen the patients				
3.7	Formulated questionnaires are available to filter the individuals (either verbally or written)				
3.8	Health education materials or signs about COVID-19 and hand hygiene are available				
3.9	Maintain log record for suspected cases				
3.10	Alcohol based hand sanitizer 60-70% for hand hygiene is available				
3.11	Foot operated dust bin with yellow biohazard bag				
4.	Reception				
4.1	The receptionist/ allocated staff are aware about the alert symptoms of COVID-19				
4.2	The staff are adhere to infection control precautions through wearing surgical mask				
4.3	Alcohol based hand sanitizer 60-70% for hand hygiene is available				
4.4	Proper cleaning and disinfection of the reception surfaces is maintained				
5.	Patient Placement/ Isolation precautions				
5.1	Isolation room/ Area: <ul style="list-style-type: none"> • Dedicated isolation room/ area is available to isolate COVID-19 suspected cases. No wooden cabinet, no fabric curtains. If fabric curtain fix proper decontamination should be done. • If two beds are available in same room disposable curtain to fix • Isolation signage is posted in entrance door of 				



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	<p>isolation room</p> <ul style="list-style-type: none"> • PPE are available at entrance of isolation room (to consider minimal stock) • Minimal equipment in the room • Dedicated toilet is available • The room should be with negative pressure (applicable for the hospital) • Alcohol based hand sanitizer 60-70% for hand hygiene is available • Foot operated dust bin with yellow biohazard bag • The room should be disinfectant with: <ul style="list-style-type: none"> ○ HAZTAB- 1 tab to 1.5 litter or ○ Sodium hypochlorite (bleach) 0.1-0.5% or ○ Benzalkonium chloride 0.05% or ○ Ethanol 70% 				
5.2	Minimal number of HCW who enter the isolation room				
5.3	Maintain log record for HCWs entering the rooms				
5.4	Maintain log record for visitors entering the rooms (visiting should be restricted)				
5.5	There is a process for de-isolation of patients suspected/ confirmed COVID-19 according to Infection Prevention Control (IPC) guidelines				
6.	Patient Transport				
6.1	Patient should wear surgical mask to contain secretions				
6.2	HCWs should wear appropriate PPE				
6.3	Use an ambulance with close door/ window between driver and patient compartment				
6.4	Notify the receiving area of the patient's diagnosis and necessary precautions as soon as possible before the patient's arrival				
6.5	The patient should be accompanied by staff or medical assistance. IPC precautions should be considered				
7.	Personal Protective Equipment for HCW				
7.1	Sufficient supply of PPE and hand sanitizer				
7.2	Alcohol based hand sanitizer is readily accessible in patient's clinical areas and areas where HCW remove PPE				
7.3	HCWs adhere to rational use of PPE according risk exposure				
7.4	HCWs using N95 mask and Shield for aerosol generating procedure				
7.5	HCWs should use PAPR or N95				
8.	Environmental Cleaning and Disinfection				



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8.1	There is a document to ensure proper cleaning and disinfection of environmental surfaces and equipment in the patient room				
8.2	There is a process to ensure shared equipment is cleaned and disinfected after use according to manufacturer's recommendations				
9.	Ambulance				
9.1	Extra items are removed before escorting the patient				
9.2	Minimal items to keep in the ambulance				
9.3	The staff is adhere to infection control precautions and wearing mask, gloves, eye goggles and apron during escorting				
9.4	Proper decontamination of clinical waste				
9.5	The house keeping staffs are aware and trained how to clean the ambulance after escorting				
9.6	The ambulance is disinfectant with (HAZTAB- 1 tab to 1.5 liter or sodium hypochlorite (bleach) 0.1-0.5% or Benzalkonium chloride 0.05% or Ethanol 70%				
9.7	Cleaning records are maintained				
10.	Utility Room				
10.1	<ul style="list-style-type: none"> • The housekeeping staff should adhere to infection control precautions • Dedicated utility room is available for disposing used water while dealing with COVID-19 cases • Separate bucket, mop and brush are available • Disinfectant supplies are available and should be done with: <ul style="list-style-type: none"> ○ HAZTAB- 1 tab to 1.5 litter ○ Sodium hypochlorite (bleach) 0.1-0.5% or ○ Benzalkonium chloride 0.05% or ○ Ethanol 70% • Foot operated dust bin with yellow biohazard bag to dispose used PPE and items • Suitable PPE are available • Minimal items in the room 				
11.	Collection and handling of laboratory specimens				
11.1	HCWs who collect or transport clinical specimens should adhere rigorously to Standard Precautions				
11.2	HCWs who collect specimens use appropriate PPE (eye protection, medical mask, long-sleeved gown, gloves) - full gear PPE.				
11.3	The respiratory specimen should be collected under aerosol				



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	generating procedure; personnel should wear a fit-tested N95 respirator and shield.				
11.4	Maintain safe handling of specimen (Triple wrapping should be maintained)				
11.5	The specimen should be labelled by Biohazard Sticker				
12.	Medical Waste				
12.1	Contain and dispose of medical waste in red or yellow biohazard bag and follow the national guidelines of medical waste management				
12.2	Wear disposable gloves when handling waste and wash hands				
13.	Textiles (Linen and Laundry)				
13.1	Place soiled linen directly into a red soluble bag and into red laundry bag				
13.2	Wear gloves and gown when directly handling soiled linens				
13.3	Do not shake soiled linen in a manner that might aerosolize infectious particles and perform hand hygiene				
13.4	Disposable bed sheet can be used				
14.	Managing visitor within the HealthCare Facility (HCF)				
14.1	There is a system in place for visitors restriction within the facility				
14.2	Maintain log record for all visitors who enter and exit the patient isolation rooms				
15.	Monitoring and managing HCW				
15.1	Healthcare facility administration adhere to policies for monitoring and managing HCW with potential for exposure to COVID-19				
15.2	There is a process to track exposures and conduct active-and/or self-monitoring				
15.3	There is a process to conduct symptom and temperature checks prior to the start of any shift of asymptomatic, exposed HCW that are not work restricted.				
16.	Discharge Planning				
16.1	There are clear instructions for patient after discharge regarding home care include need for isolation/ or quarantine and advise to contact the hotline based on regional level in case of any problem				
16.2	There is coordination between the facility discharge team or infection control focal point with Centers for Disease Control and Prevention (CDC) to follow up the suspected/ confirmed patient				



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Note:

- The dedicated isolation room can be used for isolation, triaging the patient and swab/ blood collection for COVID-19 cases.
- A dedicated toilet should be kept and can be used as well to keep separate cleaning materials for isolation room (separate mop, brush and ordinary bucket). The dirty water post cleaning the room should be discarded in drainage hole in the toilet not on the toilet seat. The cleanliness of the toilet should be maintained.

Comments:

Visiting team names:

1. -----
2. -----
3. -----