COVID 19 Operational Plan
Lebanon- March 10, 2020

General introduction

Since the advent of the Co VID 19 outbreak in December 2019, and based on its evolution and epidemiologic progress, WHO has defined four transmission scenarios for COVID-19:

- Countries with no cases (No Cases);
- Countries with 1 or more cases, imported or locally detected (Sporadic Cases);
- Countries experiencing cases clusters in time, geographic location and/or common exposure (Clusters of cases);
- Countries experiencing larger outbreaks of local transmission (Community transmission).

As of March 10, Lebanon is in scenario 3, with cluster of cases mostly linked to an index case with history of travel. however, the country would be moving to the local transmission scenario, if the containment measures fails.

Preparedness and Response interventions

In the case of Scenario 3, the country will be in Containment phase. This means:

- POE screening will apply;
- travel restriction measures could be taken.
- All patients suspected will be tested; lab testing will be centralized in one reference lab
- Positive asymptomatic cases will be quarantined at home, and positive symptomatic cases will be admitted to RHUH. Contact tracing will remain vigilant;
- strict IPC measures apply; patients will be admitted in one designated referral hospital
- the role of non-health partners, both government and non-government institutions is critical to allow timely implementation of PH measures (POE monitoring, self -quarantine monitoring, media awareness, social mobilization, fund mobilization etc....)

In case of scenario 4, the country will be in Mitigation phase. This means:

- the screening at POE will not be necessary; travel restriction will not apply;
- all cases with Flu- like symptoms will be considered as coronavirus; mild cases will be managed at home, severe cases will be tested and admitted to hospital

- Strict IPC measures apply; all hospitals should be able to admit safely
- risk communication and social mobilization need to continue and be more targeted to specific behavior change
- role of non-health partners will expand especially for self- quarantine, support to home case management, awareness raising at grass root level, refugees care etc.…

Hospitals Capacities:

First line: RHUH

<div dir="rtl">

<u>**أولاً**</u>: مستشفى رفيق الحريري الجامعي

يعتمد هذا المستشفى كمستشفى مرجعي أولي خلال فاشية الكورونا المستجد وهو يتضمن:

11 غرف عناية فائقة

64 غرفة كل واحدة منها قادرة على استعاب الحالات الخفيفة إلى المتوسطة

56 غرفة قادرة على إستعاب الحالات الخفيفة

يمكن للغرف العادية إستعاب شخصين في بعض الحالات.

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Second line: Regional Public Hospitals

<div dir="rtl">

<u>**ثانياً**</u>: المستشفيات الحكومية الاخرى مفصلة حسب الجدول التالي:

الجهوزية	المستشفى الحكومي
استعمال قسم الطوارئ المستقل وانشاء غرفة فرز خارجية استقبال حالات لا تحتاج إلى العناية الفائقة في الطابق الاول (12 غرفة) تحال الحالات التي تحتاج إلى عناية فائقة إلى مستشفى رفيق الحريري الجامعي	البوار
مؤهل لاستقبال الحالات المشتبه بها مع وجود غرفة فرز خارجية ومجهزة يستقبل الحالات التي لا تحتاج الى العناية الفائقة (16 سرير)	طرابلس
إستعمال قسم الطوارئ المستقل واستقبال الحالات التي لا تحتاج إلى عناية فائقة	الياس الهراوي –زحلة
إستعمال قسم الطوارئ المستقل مع قسم العزل والعناية الفائقة (12 غرفة عادية مع 7 غرف عناية فائقة)	نبيه بري الجامعي
إستعمال قسم الطوارئ المستقل لإستقبال الحالات الطارئة مع قسم للعناية الفائقة	الهرمل
إستعمال قسم الطوارئ المستقل	بعلبك

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	استقبال حالات لا تحتاج إلى العناية الفائقة في الطابق الاول
صيدا	استقبال حالات لا تحتاج إلى العناية الفائقة
بنت جبيل	استقبال حالات لا تحتاج إلى العناية الفائقة (25 غرفة)
مشغرة	استقبال حالات لا تحتاج إلى العناية الفائقة عناية فائقة (4 أسرة)

Third line: Private Hospitals Classified T1:

<u>ثالثاً</u>: المستشفيات الخاصة من الفئة الاولى: بالإمكان الاستعانة بهذه المستشفيات عند تخطي قدرة المستشفيات الحكومية على الإستعاب وهي مستشفيات موزعة على كامل الاراضي اللبنانية.

The following is a summary of measures in place for the current scenario3, and the measures for the scenario 4

Area/ pillar	Measures scenario 3	Measures scenario 4
Coordination	An inter-ministerial Emergency Corona response committee was established, headed by the prime minister. A National Emergency Task Force has been established upon the request of the Lebanese Prime Minister, headed by representative of the PM office. The Task Force is following up on preventive measures and country preparedness activities, its secretariat is assumed by the Disaster Risk Management team at the PM office. The Task force meets weekly and on adhoc basis as needed.	**Highest priority** • Enhance whole-of-society coordination mechanisms to support preparedness and response, including the health, transport, travel, trade, finance, security and other sectors. Involve public health Emergency Operations Centres and other emergency response systems early. • Sensitize the public to their active role in the response. • Engage with key partners to develop national and sub-national preparedness and response plans. Build on existing plans such as influenza pandemic preparedness plan. • Enhance hospital and community preparedness plans; ensure that space, staffing, and supplies are adequate for a surge in patient care needs. **Secondary priority** • Establish metrics and monitoring evaluation systems to assess effectiveness of measures. Document lessons learned to inform on-going and future preparedness and response activities. • Prepare for regulatory approval, market authorization and post-market surveillance of COVID-19 products (e.g. laboratory diagnostics, therapeutics, vaccines), when available

Government Partners roles	Ministry of Public Health, the Ministry of Agriculture, the Ministry of Foreign Affairs, the Ministry of Social Affairs, the Ministry of Education and Higher Education, the Ministry of Public Works and Transport, the Ministry of Defense, the Ministry of Interior and Municipalities, the Ministry of Information, and the Disaster Risk Management Unit at the Prime Minister's Office.	
Non-government partners roles:	WHO: participate in the task force for technical support; support development of contextualized national multisector response plan; support development of key performance indicators, support documentation of best practices.	
Risk communication and community engagement	A Risk communication and social mobilization strategy is developed with UNICEF support. A series of awareness videos were prepared and already disseminated on social and audio visual media. Frequent press conferences are organized by the MOPH. Daily sitrep is produced by WHO and widely disseminated. All relevant data, guidelines, SOPs and awareness material are available on MOPH website. Training material for a TOT for MEHE school health focal points was produced and training was completed and rolled out n 1250 public schools in Lebanon. Private schools were provided with training material as needed. MEHE, the Lebanese Red Cross and the Lebanese Medical Students Committee (LeMSIC), as well as WHO UNICEF and UNHCR are coordinating awareness raising activities in nurseries, schools, and universities. A dedicated communication staff is recruited for the MOPH	**Highest priority:** • Implement national risk communication and community engagement plans for COVID-19 using existing pandemic influenza or other public health communication procedures. • Use a consistent mechanism to communicate about prevention and control measures and engage with media, public health and community-based networks, local governments and NGOs, and other sectors (e.g. healthcare, education sector, business, travel, environment, animal and food/agriculture) • Promote culturally appropriate and empathetic community engagement to detect and rapidly respond to public perceptions and counter misinformation. **Secondary priority** • Conduct analysis of risk perceptions, high risk groups, barriers and enablers for effective public communication
Government Partners roles	Ministry of education, Ministry of information, Ministry of Interior	
Non-government partners roles:	WHO provided initial IEC material for POE and self-isolation; disseminates all guidance material regularly UNICEF: communication strategy, community and NGOs mobilization, production of awareness material; risk analysis perception assessment NGOs: community awareness interventions, grass route activities	
Public health measures	• Hand hygiene, • Respiratory etiquette, • Masks for symptomatic individuals, • Isolation and treatment of ill individuals, • Monitoring symptoms of healthy contacts • Traveler health advice, • Environmental cleaning	Depending on social and epidemiologic context: • Avoid crowding (i.e. mass gatherings), • School closures and other measures, • Public transportation closures, and/or • Workplace closures and other measures • Public health quarantine (asymptomatic contacts) and/or isolation (ill individuals)
Government Partners roles	Ministry of education, ministry of information, ministry of public works, MOPH, Ministry of Interior, ministry of health	
Non government	WHO: technical support; UNICEF: technical and field support; UNHCR, UNRWA: access to refugees awareness and sensitization	

partners roles:		
surveillance	• A series of trainings have been completed focusing on strengthening the respiratory disease surveillance system including indicator-based surveillance, community event-based surveillance, and sentinel surveillance (e.g., Severe Acute Respiratory Infection and Influenza-like illness) targeting qada physicians, heads of services and surveillance officers on COVID-19. • Active case finding at points of entry, health facilities, and in communities is established • All SOPs for surveillance have been updated and disseminated • A collaborative call center between the epidemiological surveillance unit and Rafik Hariri University Hospital (RHUH) was established • A call center (Annex 5) was developed, along with a caller reporting form (Annex 6) and the respondents were trained accordingly for documentation and consistency in patient flow. A call center database was developed using Epi data for the purpose of line listing and monitoring of all contacts. SOPs for patient and data flow is developed. A new database using DHIS2 is being developed to link epidemiological and laboratory data, and an epidemiologist from ESU will be repurposed full time at RHUH for data management. • Contact tracing is done by ESU team • All health professionals received by email the recommended WHO protocols for suspecting, confirming and treating cases; this is in line with the necessity to engage the private sector in case identification and surveillance where appropriate	**Highest priority:** • Disseminate national case definitions for surveillance to the public and private health sectors and communicate changes when needed. • Implement surveillance strategies to monitor and report disease trends, disease severity and impacts on health and other systems. **Secondary priority:** • Continue conducting risk assessments as appropriate. Use global, regional and/or national and local risk assessments to guide actions or changes to the response strategy. • Establish mechanisms to use surveillance analysis and risk assessments to review national preparedness and response plans.
Government Partners roles	Ministry of health: surveillance and contact tracing and reporting to IHR MO interior: support for contact tracing;	
Non-government partners roles:	WHO: technical and normative support Scientific health societies; professional health orders and syndicated: training, reporting	
Points of Entry	• Preparedness measures at the Rafic Hariri Beirut International Airport include: temperature monitoring system, isolation room for suspected patients, PPEs for the Nursing and medical staff, dedicated arrival space for travelers from countries with local transmission, awareness material including list of self-isolation instructions, patient tracking forms, training of security forces on safety and self-protection. • Repurposed Nurses in the 5 main land crossing for travelers screening,	No screening is required

	training of security forces, provision of PPES, travelers tracking forms, awareness material, dedicated space for isolation (tents)	
Government Partners roles	Ministry of interior, ministry of Public works, directorate of ports	
Non government partners roles:	WHO: training, PPEs, SOPS for travelers screening and tracing	
Laboratory	- The national reference lab at RHUH is provided with kits and reagents - SoPs for all procedures related to collecting, transporting, receiving and testing are developed - Lab staff provided with PPEs - Triple packaging is available in case need to reconfirm cases	**Highest priority:** - Prepare for an increase in the number of specimens to be tested in the laboratory. - Ensure access to reagents, supplies and laboratory protocols. - Maintain access to a WHO-recognized international COVID-19 referral laboratory. **Secondary priority:** - Participate in routine surveillance systems to monitor disease trends, impacts, and virus evolution; periodically share isolates with referral laboratories following WHO guidance.
Government Partners roles	*Ministry of public health: testing, SOPs, capacity assessment, designation of referral labs, quality assurance, data base management*	
Non government partners roles:	*WHO: technical support; provision of reagents and supplies; provision of PPES, normative guidance*	
Case management	- Any suspected case will be granted access to medical care in RHUH, arrangements undertaken for isolation, treatment, and other support services that may be required, including sample collection and transport for laboratory testing are made available. RHUH isolation ward has 4 negative pressure rooms that can receive COVID-19 cases. Additional supplies and PPEs have been procured by WHO and delivered to the mentioned ward. The third floor of the RHUH is now fully dedicated to receiving suspected cases for quarantine and follow up. Current capacity at RHUH is around 64 if one patient is admitted per room, and 128 if two. ICU capacity is 7 beds. Triage, isolation, and patient flow SOPs and protocols were developed by RHUH team and disseminated to concerned staff. 5600 N95 masks, and other personal protection equipment were procured	**Highest priority:** - Set up surge triage, screening areas, treatment and critical care units (including staffing, space and supplies, including oxygen) at health facilities. - Disseminate guidance to health providers for COVID-19 and severe acute respiratory infections using international and WHO standards, including for community care. - Make guidance available for home care of patients with mild COVID-19 symptoms and recommend when referral to healthcare facilities is advised if symptoms worsen. - Support comprehensive medical, nutritional, and psycho-social care for people with COVID-19. - Maintain routine and emergency health service provision for

		the population.
	• All private and public hospitals received the case definition and case management guidelines for diagnosis, prevention and care related to the CoVID-19. • The MOPH issued a circular requesting all hospitals to update their Contingency plans • A dedicated national expert is recruited to roll out readiness assessments at hospitals that will be selected by MOPH as designated referral hospital in each mohafaza.	**Secondary priority** • Update training of and refresh medical/ambulatory teams. • Participate in clinical expert networks to aid in clinical characterization of COVID-19, address challenges in clinical care, foster global collaboration.
Government Partners roles	Ministry of public health: admissions, normative guidance, Care SOPs, medications and medical supplies to reference hospitals	
Non government partners roles:	WHO: technical guidance; gap filling in terms of critical equipment and PPES for designated referral hospitals Syndicate of hospitals: capacity building, contingency plans, quality and safety SOPs, procuring PPEs; case reporting; case management; coaching and twinning with public hospitals	
Infection control and prevention	• IPC guidelines were largely disseminated by the MOPH to all public and private health facilities and are available on the MOPH website. A set of training on IPC was conducted to all hospitals in the country in partnership with the Order of Nurses. A set of training on Basic IPC targeting PHCs and dispensaries is also on going. WHO and UNICEF are supporting procurement of required advanced hospital PPEs and basic PPEs, respectively	**Highest priority:** • Identify and mobilize trained staff with the authority and technical expertise to implement IPC activities at vulnerable health facilities. • Implement triage, early detection, administrative, environmental and engineering controls, personal protective equipment. Provide visual alerts (educational materials in appropriate languages) for patients and families for triage of respiratory symptoms and to practice respiratory etiquette. • Define patient referral pathways and a national plan for ensuring personal protective equipment (PPE) supply management and human resource surge capacity (numbers and competence). • Implement a plan for monitoring health personnel exposed to confirmed COVID-19 cases for respiratory illness and for reporting healthcare-associated infections. **Secondary priority** • Monitor IPC and WASH implementation in selected health facilities and public spaces using the IPC Assessment Framework, the Hand Hygiene Self-Assessment Framework, hand hygiene compliance observation tools, and the WASH Facilities Improvement Tool.
Government Partners roles	MOPH: guidance. SOPs, procurement of PPES, quality and safety monitoring	

Non-government partners roles:	WHO: technical support, normative guidance, procurement of critical gap in PPEs UNICEF: procurement of basic PPEs	
Logistics and supply	Rapid needs assessment in terms of PPEs and critical lab reagents and supplies and medical equipment is completed. Procurement on going	**Recommended actions** • Implement supply chain control, security, transport, management system for storage and distribution of COVID-19 Disease Commodity Package (DCP), patient kit reserves, and other essential supplies in-country. • Conduct regular review of supplies based on DCP and COVID-19 patient kit; develop a central stock reserve for case management of COVID-19.
Government Partners roles	MO finance, MoPH, Higher Council of Disaster	
Non-government partners roles:	WHO: rapid needs assessment for health facilities; fund raising UNCT: fund raising	
Maintain services	Rapid assessment of Public hospitals capacity on going Access to communication mechanisms (internet, mobile phones…)	**Recommended actions** • Adapt and implement national cross-sectoral emergency preparedness business continuity plans, where existing, to COVID-19. • Work with UN agencies and other partners to identify and support continuation of critical functions (i.e. water and sanitation; fuel and energy; food; telecommunications/internet; finance; law and order; education; and transportation), necessary resources, essential workforce.
Government Partners roles	Ministry of tele-communication, Ministry of health, Ministry of finance	
Non-government partners roles:	WHO: rapid needs assessment for health facilities	
Research	contact tracing was initiated according to the "First Few COVID-19 X cases and contacts transmission investigation" protocol (FFX).	join international R&D blueprint efforts and WHO protocols for special studies (compassionate use, Monitored Emergency Use of Unregistered and Investigational Interventions).
Government Partners roles	MOPH	

Non-government partners roles:	WHO: normative guidance, fund raising UNICEF/ UNCT: fund raising,