

嚴重新型傳染性病原體呼吸系統病感染預防及控制

撤離行動

17. 2. 2020

衞生防護中心感染控制處





内容

- 1. 背景資料
- 2. 嚴重新型傳染性病原體呼吸系統病的傳播途徑,和世界衛生組織的建議
- 3. 關於撤離行動的感染控制建議
- 4. 潔手和個人保護裝備的示範和實習



背景資料(包機)



- 兩班包機
- 以下人士會登上包機
 - 1. 鑽石公主號郵輪上,沒有感染症狀和對新型冠狀病毒測試呈陰性的人士
 - 確診個案將會在日本接受治療
 - 確診個案的密切接觸者(同一家庭或同一房間)將會在日本接受檢疫隔離
 - 2. 機組人員
 - 3. 義務參與是次行動的工作人員
 - 4. 醫療團隊
 - 衞生署醫療團隊: 有關公共衞生和感染控制事宜
 - •醫管局醫療團隊:照顧有關乘客的醫療需要



背景資料 (包機)



- 機上的活動
 - 盡量減少
 - 工作人員和撤離人士會分別坐於不同的區域
 - 如撤離人士登機後有不適症狀,將會被分派到 遠離其他人士的區域
- 指定洗手間給予
 - 工作人員
 - 撤離人士
 - 登機後有不適症狀的撤離人士



嚴重新型傳染性病原體呼吸 甲烷甲烷甲烷 系統病 - 傳播途徑



·傳播途徑

- >主要經呼吸道飛沫傳播,透過由患者咳嗽、打噴嚏時 產生的飛沫傳播
- > 亦可通過接觸傳播
 - 直接接觸:透過接觸感染者的分泌物或其他體液
 - 間接接觸:接觸受到患者體液污染的環境及物品



世界衞生組織防護裝備的建議 (嚴重新型傳染性病原體呼吸系統病)



Novel Coronavirus (COVID-19) v3

Operational Support & Logistics **Disease Commodity Packages**

Agent's Biosafety Level: (to be confirmed): BSL2, Virus culture BSL3

Related links: COVID-19 [LINK]

Epidemic Potential: Under investigation Last Update: 7 February 2020 Managing Epidemics Handbook (MERS) [LINK]

	Eddt Opdato. 11 obidary 2020			
SURVEILLANCE	Sample Collection	Diagnosis		
Laboratory confirmation of a COVID-19 case will trigger an	not a PCR al days or Upper and lower respiratory samples (nasophyrangeal and sputum samples)	Polymerase Chain Reaction (PCR)	Immunoassay	Culture
thorough investigation. Because there currently is not a PCR test commercially available, testing may take several days or longer. WHO's recommended strategy is to begin an investigation immediately, thus requiring immediate operational support and supplies.		no commercial rRT-PCR kits yet available; see interim COVID-19 laboratory guidance	Not yet available	Viral transport medium

Note: Many diagnostics supplies are also used for Case Management purposes, but have been included only in Surveillance.

Laboraroty Testing for a novel Coronvavirus is in development

PREVENTION & CONTROL	Travel & Trade	Vaccine	Infection Protection & Control (IPC)
Based on current information it is assumed that COVID-19 is a zoonotic dissease with human-to-human transmission through droplets or contact. This human-to-human transmission may occur due to breaches in IPC practices. Thus, a central focus of any prevention/control strategy is protecting healthcare workers with appropriate IPC supplies and ensuring basic health logistics at responding facilities.		Several vaccine candidates for MERS-CoV are in development.	Standard precautions with an emphasis on hand and respiratory hygiene, plus additional precautions specifically droplet and contact. Airborne precautions for aerosolyzed generating procedures only. Personal Protective Equipment (PPE) for screening and for at-risk HCWs at health facilities

Please see WHO COVID-19 guidance

[LINK]



為甚麼不使用N95口罩?

· 新加坡一項涉及212名醫護人員的研究顯示,連續使用N95口罩超過4小時或會引致頭痛

ACID PROPRI SCIEND 4000: 113: 179-204 DEVE: 10.1111/J.1009-0409-2002/00200-X

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ACTA NEUROLOGICA
SCANDINAVICA

Headaches and the N95 face-mask amongst healthcare providers

Lim ECH, Seet RCS, Lee K-H, Wilder-Smith EPV, Chuah BYS, Ong BKC. Headaches and the N95 face-mask amongst healthcare providers. Acta Neurol Scand 2006: 113: 199–202

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Background: During the 2003 severe acute respiratory distress

syndrome epidemic, healthcare workers mandatorily wore the protective N95 face-mask. Methods: We administered a survey to healthcare workers to determine risk factors associated with development of headaches (frequency, headache subtypes and duration of face-mask wear) and the impact of headaches (sick days, headache frequency and use of abortive/preventive headache medications). Results: In the survey, 212 (47 male, 165 female) healthcare workers of mean age 31 years (range, 21–58) participated. Of the 79 (37.3%) respondents who reported face-mask-associated headaches, 26 (32.9%) reported headache frequency exceeding six times per month. Six (7.6%) had taken sick leave from March 2003 to June 2004 (mean 2 days; range 1–4 days) and 47 (59.5%) required use of abortive analgesics

showed that pre-existing headaches [P = 0.041, OR = 1.57, OR = 1.58, OR = 1.85, OR = 1

because of headache. Four (2.1%) took preventive medications for headaches during this period. Multivariate logistic regression

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Keywords: headaches; N95; frequency; risk factors; severity

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為甚麼不使用N95口罩?



3. N95/N100口罩

梁宗存表示,N95口罩中的「95」,是指能隔除95%空氣中的懸浮粒子,因N95口罩的口和鼻位都有橡筋緊箍著, 形成密封的狀態,故N95口罩可隔除大部分及較細的污染物。

3許樹昌認為,N100較N95更能阻擋懸浮粒子,但由於PM2.5的體積渦於微小、難以完全隔除。由於N95與N100 口罩過於密封,長期帶若半小時後,便容易出現頭痛的問題,不適宜在社區長期使用。

專家指長戴N95或頭痛 外科口罩已可 阻隔飛沫

on.cc 東網 | on.cc 東網 發布時間 2020年1月23日18:12 更新時間 2020年1月23日18:12









口胃五花八門,市民選購時應注意當中的分別。(何天成攝)





手部衛生

最簡單、最有效防止傳染病傳播的方法

• 規液和清水

當手部沾有明顯污垢時或 如廁後,以規液和清水洗 手



• 酒精搓手液

如手部沒有明顯污垢時, 宜用70-80%酒精搓手液潔 手 搓手最少20 秒





如何潔手



潔手技巧 搓手20秒

Rub hands for 20 seconds Hand Hygiene Technique



衞生防護中心網站

Centre for Health Protection Website www.chp.gov.hk

指隙 Between fingers

指背 Back of fingers

拇指 Thumbs

Department of Health

政府物流服務署印

基本個人防護裝備

- 為減低受感染或散播病原體的風險
- 適當的使用個人防護裝備可保障自己及別人的安全













選擇個人防護裝備的原則

- 根據疾病傳播的途徑
- 風險評估
 - >工作性質
 - ▶工作環境









霧化程序





基本個人防護裝備指引 衞生防護中心感染控制處

將正在日本橫濱停泊的鑽石公主號郵輪上的 香港居民,由飛機運送回港時的基本個人防 護裝備指引 (as at 17.2.2020)





員工基本個人防護裝備分類

Action行動	Respiratory Protection 呼吸防護			Eye Protection	
	Surgical Mask 外科口罩	N95 Respirator N95呼吸器	Gloves 手套	眼部防護 (Goggles / Face shield) (眼罩/面罩)	Gown 保護袍
No direct contact with evacuee 沒有直接接觸撤離人士	✓				
While staying less than 1 meter with evacuees 與撤離人士的距離少於1米時	✓			✓	
Direct physical contact with evacuee 與撤離人士有直接接觸	✓		✓	✓	✓
Perform procedures with risk of splashing or aerosol generating procedures ◆ 進行有增加血液及體液飛濺風險的程序或產生霧化程序◆		✓	✓	✓	✓

[◆] When performing procedures with reasonably anticipated risk of splashing or aerosol generating procedure, wearing of cap is required. 如工序有合理及可預料血液或體液飛濺風險或產生霧化程序,醫護人員需要佩戴保護帽。



佩戴個人防護裝備示範片段







卸除個人防護裝備示範片段





ー 衛生防護中心 Centre for Health Protection

Department of Health

總結

使用個人防護裝備的注意點

- · 參與行動前應穿著制服/工作服及工作鞋
- 在執行有關行動時必須根據風險評估,選擇合適的個人防 護裝備
- · 必須於指定房間內/地點佩戴和卸除個人防護裝備
- ·如個人防護裝備在施行程序中被明顯/大量污染,應當儘快更換
- 卸除防護裝備時必須額外小心以避免受污染
- 保護不足或使用過多的保護裝備均對工作員工造成危險
- 手部衛生是最有效防止感染傳播的方法



總結

減低日常生活中受感染的機會

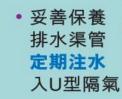
- √加強個人衞生 (時刻保持警覺)
 - 避免前往人多擠逼的地方
 - 外出時應佩戴外科口罩
 - 人與人之間保持有適當距離
 - 進餐時盡量單向
 - 避免觸摸眼睛、口和鼻
 - 經常保持雙手清潔



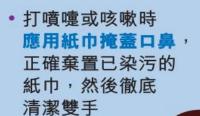
- 經常保持雙手清潔
- 洗手時應以梘液 和清水清潔雙手, **搓手最少20秒**
- 當雙手沒有明顯 污垢時,可用含 70至80%酒精 搓手液潔手

- 如廁後先蓋廁板再沖廁
- 徹底清潔雙手
- 吐痰應用紙巾 包好再丟

視液



• 每星期 把半公升水 倒入所有 排水口



• 如沒有紙巾, 可用上衣或 上袖掩蓋 • 當出現發燒或 呼吸道感染病徵, 應戴上 外科口罩及 盡早向 醫生求診



- 有顏色/摺紋向下的 一面向外, 有金屬條的一邊向上
- 橡筋繞在耳朵上
- 拉開口罩, 完全覆蓋口、 鼻和下巴
- 把金屬條沿 鼻樑兩側 按緊, 緊貼面部





謝謝





穿除個人防護裝備練習

