Infection Control Recommendations of COVID-19 in DH Clinic Settings

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Infection Control Branch

Key Elements on Prevention and Control of Coronavirus disease (COVID-19) in Healthcare Settings (Interim)

This recommendation of Coronavirus disease (COVID-19) is developed based on current information and would be revised if new information becomes available. Staff are advised to take the following precautionary measures to minimise the risk of contracting and spreading of COVID-19.

During Serious Response Level

Staff and public members should wear a surgical mask in patient care areas

Registration counter

- (a) Post notice to remind symptomatic patients to alert healthcare workers.
- (b) Provide resources for performing hand hygiene and cough manner.
- (c) Post visual alerts such as posters and/or broadcast video in conspicuous positions to remind patients and their companions to practise cough manner and hand hygiene.
- (d) Staff should wear a surgical mask at the minimum. Eye protection (e.g. face shield) should also be considered if the physical environment does







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Infection Control Branch

Recommended Personal Protective Equipment (PPE) in hospitals/clinics under Serious/Emergency Response Level Coronavirus disease (COVID-19) (Interim)



Key Elements on Prevention and Control of Coronavirus disease (COVID-19) in Healthcare Settings

- Registration counter
- Case assessment at triage station
- Surveillance and case reporting
- Handling of suspected/confirmed case
- Staff sickness monitoring

During Serious Response Level & Emergency Response Level in Healthcare Settings



 Staff and public members should wear a surgical mask in patient care areas



• Staff and public members should wear a surgical mask in all areas

(PPE recommendation under Emergency Response Level are the same as in Serious Response Level as of 2 March 2020.)

At the registration counter

- Post notice to remind symptomatic patients to alert healthcare workers
- Provide resources for performing hand hygiene and cough manner
- Post visual alerts such as posters and/or broadcast video in conspicuous positions to remind patients and their companions to practice cough manner and hand hygiene
- Staff should wear a surgical mask at the minimum. Eye protection (e.g. face shield) should also be considered if the physical environment does not provide adequate barrier between staff and patient





Case assessment at the triage station

- Use epidemiology criteria Fever, Travel, Occupation, Contact, and Cluster (FTOCC) for risk assessment
- With appropriate personal protective equipment (PPE)
 - surgical mask, eye protection, gown, gloves and disposal cap (optional)
- When handling a suspected or confirmed case, exercise standard, contact, droplet, and airborne precautions with PPE including
 - surgical mask or N95 respirator*, eye protection, gown, gloves and cap (optional).

^{*}N95 respirator should be used for aerosol generating procedures

Case reporting

• All registered medical practitioners are required to notify the CHP if patient fulfilling the latest reporting criteria and patient should be isolated immediately Reporting criteria (as of 9 March 2020):

Symptoms		Eithe	ither one of the following conditions within 14 days BEFORE ONSET OF SYMPTOM:		
Fever		1	With travel history to a place with active community transmission of COVID-19		
OR	AND	1.	With traver history to a place with active community transmission of COVID-19		
Acute respiratory illness	AND		OR		
OR		2	Had class contact with a confirmed case of COVID 10		
Pneumonia		۷.	Had close contact with a confirmed case of COVID-19.		

Notified the Central Notification Office (CENO) via fax (2477 2770), phone (2477 2772) or CENO On-line

https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html

• For details, please refer to "Letters to Doctor" at CHP website https://www.chp.gov.hk/en/healthprofessionals/31/index.html

Handling of the suspected / confirmed case

- Isolation of patients
- Use of Personal Protective Equipment (PPE)
- Specimen collection & transportation
- Transport of patient
- Environmental cleaning and decontamination
- Decontamination of health care equipment
- Linen management
- Waste management
- Handling of dead body

Isolation of patients

- Isolate suspect/confirmed patient in a negative pressure airborne infection isolation room (AIIR)
- Cohort probable case(s) with strong epidemiological link, such as household contacts
- Arrange a single room for isolation if AIIR is not available in clinic setting. The items in room should be kept minimal
- If a single room for isolation is not available, place the case in a designated isolation area (separate from others >1 metre, e.g. corner of the clinic or areas with least traffic) while waiting for transportation
- Confirmed cases should not be nursed in the same area with suspected cases
- The suspected case in the clinic should be transferred by ambulance to the nearby hospital for further management as soon as possible

Use of Personal Protective Equipment (PPE)

- When caring for a suspected or confirmed case, wear:
 - surgical mask or N95 respirator*,
 - eye protection,
 - gown,
 - gloves and
 - cap (optional)
- Perform donning and doffing of PPE properly
- For detailed PPE recommendation under Serious Response Level, please refer to the following:
 https://www.chp.gov.bk/files/pdf/recommended_ppe_for_pid_ope

https://www.chp.gov.hk/files/pdf/recommended_ppe_for_nid_eng.pdf

*N95 respirator should be used for aerosol generating procedures

Specimen collection & transportation

- Exercise standard, contact, droplet and airborne precautions during specimen collection
- Adherence to Triple Packaging System for specimen packaging to minimize the risk of spillage during transportation

Transport of patient

- The suspected case in the clinic should be transferred by ambulance to the nearby hospital for further management as soon as possible
- Patient should wear a surgical mask
- Staff should wear appropriate PPE
- Inform the receiving parties and relevant staff before patient transfer to facilitate appropriate arrangement.

Environmental cleaning and decontamination

- Clean and disinfect patient environment especially high-touch areas:
 - 1 in 49 (1000 ppm) diluted household bleach
 - at least twice daily or whenever visibly soiled
 - leave for 15-30 minutes, and then rinse with water and keep dry
- For handling suspected/confirmed case, if the place is contaminated with blood, secretions, vomitus and excretions:
 - disinfect with 1 in 4 diluted household bleach
 - leave for 10 minutes, and then rinse with water and keep dry
- For metallic surface, disinfect with 70% alcohol
- Perform terminal disinfection upon patient discharge

When a Suspected/Confirmed Case of COVID-19 is Encountered







應用 1 份含5.25%次氯酸鈉的家用漂白水與 4 9 份清水混合來進行消毒

污染物

(血液、分泌物、嘔吐物或排泄物)

的處理方法



高濃度漂白水

1:4

Maintain drainage pipes properly and add water to the U-traps regularly

 Maintain drainage pipes properly and regularly (about once a week) pour about half a liter of water into each drain outlet (U-traps), to ensure environmental hygiene



Decontamination of health care equipment

- Dedicate individual equipment for the patient
- Clean and disinfect shared equipment before reuse
- Use disposal items when those items cannot be cleaned or disinfected properly
- Use bedpan washer for disinfection of bedpans and urinals

Linen management

- Avoid sorting linens in patient areas
- Used linen should be classified as infected linen, and linen bags should be tagged with "infected linen" tag
- Send the infected linen to laundry as soon as possible

Waste management

- All wastes arising from the patient care of suspected / confirmed case in the clinic should be treated as clinical waste and disposed in red bags
- Staff handling clinical waste should wear appropriate PPE



Handling of dead body

Handling and disposal of dead body according to Cat 2 (Yellow label).
 For detail, please refer to the following guideline:

https://www.chp.gov.hk/files/pdf/grp-guideline-hp-ic-precautions_for_handling_and_disposal_of_dead_bodies_en.pdf

		Danger of Inf	fection 小	心傳染	Category 類別
6					處理屍體時需要採取標準預防措施。 ,下列附加的預防措施亦必須採納:
	Bagging 入屍袋	Viewing in funeral parlour 殯儀館內瞻仰遺容	Embalming 防腐處理		Hygienic preparation in funeral parlour 殯儀館內裝身及化妝
	Must 必須	Allowed 可以	Not allowed 不可以	plastic a	with disposable gloves, water resistant gown / pron over water repellent gown, surgical mask 但必須戴上用後即棄的手套、防水保護衣/ 抗水保護衣外加膠圍裙和外科口罩

Summary on the use of PPE in DH Clinics

Apply Standard Precautions +/- transmission based precautions for all patients

Areas	Activities	Recommended PPE for staff
Registration counter		Surgical mask+/- Eye protection
Triage station	Case assessment	 Surgical mask / N95 respirator* eye protection gown gloves cap(optional)
Caring for a suspected or confirmed case	 Specimen Collection; Transport of patient; Environmental disinfection; Waste Management 	 Surgical mask / N95 respirator* eye protection gown gloves cap(optional)
Non patient areas	No patient contact	 Surgical mask is required in all areas (Emergency Response Level)

Staff Sickness Monitoring

Staff sickness monitoring

- Monitoring staff sickness condition and alert to any unusual clustering among staff
- Staff should report to supervisor if develop respiratory symptoms or pneumonia, wear a surgical mask, refrain from work, seek medical advice promptly.

The End Thank you