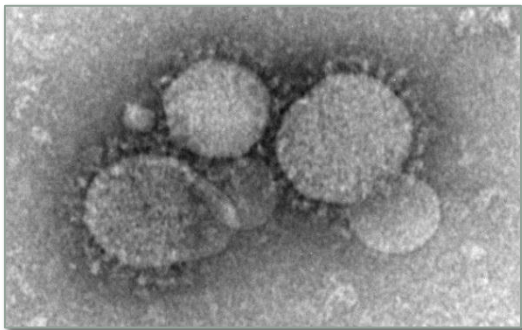


CLINICAL INFECTION & PUBLIC HEALTH FORUM: UPDATE ON MIDDLE EAST RESPIRATORY SYNDROME (MERS)

SUMMARY OF INFECTION CONTROL MEASURES

Mr. SONY NY SO, Nursing Officer, ICB, CHP

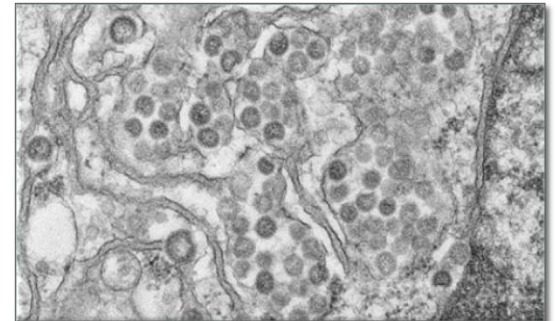
Public Health Image Library (PHIL) ; Cynthia Goldsmith/Maureen Metcalfe/Azaibi Tamin



中東呼吸綜合症 Middle East Respiratory Syndrome

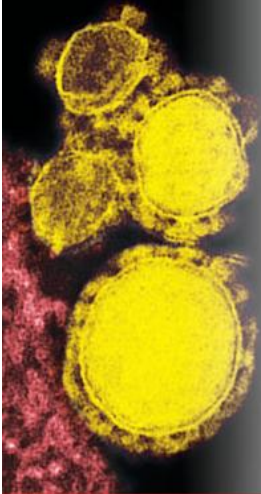
前稱「新型冠狀病毒致嚴重呼吸系統病」
formerly known as
'Severe Respiratory Disease associated with Novel Coronavirus'

Image source: Public Health Image Library (PHIL) Maureen Metcalfe/Azaibi Tamin



Ist case Sept 2012, As at 16 May 2014

■ The Middle East Respiratory Syndrome (Mers) is a viral respiratory illness. Mers is caused by a coronavirus called 'Middle East Respiratory Syndrome Coronavirus' (Mers-CoV).



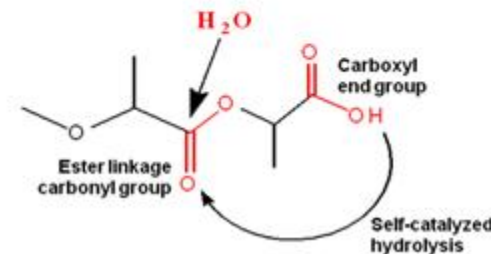
Countries in the Arabian Peninsula with Cases

Saudi Arabia	Jordan
United Arab Emirates (UAE)	Kuwait
Qatar	Yemen
Oman	Lebanon

Countries with Travel-associated Cases

United Kingdom (UK)	Italy
United States of America (USA)	Malaysia
Netherlands	Turkey
France	Greece
Tunisia	Egypt

4Ea + EM



$$4Ea + EM = H$$

Minimize Risk

Eliminate
Hazards

Early
Diagnosis

Early
Isolation

Early
Reporting

Early Identification



Ensure Robust Infection Control Management System is in Place; First & Foremost – Plan, Plan, Plan...



醫院管理局
HOSPITAL
AUTHORITY



衛生防護中心
Centre for Health Protection

http://ha.home/ho/ps/IC_Plan_SRDNCov.pdf



醫院管理局
HOSPITAL
AUTHORITY

Hospital Authority Preparedness Plan for Middle East Respiratory Syndrome (Formerly known as Severe Respiratory Disease associated with Novel Coronavirus)

Document No.	CCIDER-MERS-003
Author	Chief Infection Control Officer Office
Custodian	Infection, Emergency and Contingency Department, HAHO
Approved by	Central Committee on Infectious Disease and Emergency Responses
Effective Date	14 June 2013
Version	2



Based on CCIDER discussion on 18 March 2013 and adopted after HA Preparedness Plan for Influenza Pandemic.

http://ha.home/ho/ps/SRD_NC_Plan.pdf

	HA Central Committee on Infectious Disease and Emergency Responses (CCIDER)	Ref No.	CCIDER-MERS-004 (V2)
	HA Infection Control Plan (Middle East Respiratory Syndrome)	Issue Date	11 Apr 2013
		Review Date	14 June 2016
		Approved by	TFIC
		Page	Page 1 of 12

HA Infection Control Plan (Middle East Respiratory Syndrome)

Formerly known as...

中東呼吸綜合症－醫療環境的感染控制概要

version	Effective Date
1	11 Apr 2013
2	14 June 2013

Document Number	CCIDER-MERS-004 (V2)
Author	Chief Infection Control Officer Office
Custodian	Central Committee on Infectious Disease and Emergency Responses
Approved by	Task Force on Infection Control (TFIC)
Approval Date	11 Apr 2013
Next Review Date	14 June 2016

中東呼吸綜合症－醫療環境的感染控制概要

及早檢測和監測

- 鑑於中東呼吸綜合症冠狀病毒的出現及其嚴重性，如病人出現急性呼吸困難和發燒，應多加留意外遊紀錄及有相關流行病學聯繫。
- 如個案符合呈報準則，必須呈報衛生防護中心。
- 呈報準則：<http://www.chp.gov.hk/centralised/index.pdf>
- 呈報表格：<http://www.chp.gov.hk/centralised/Form/11131.html>

根本收集及運送

- 收集樣本時應施行標準、接觸和空氣傳播防護措施。
- 應依照基本的三重包裝方式妥善包裝臨床樣本，以防止於運送時洩漏。

病人運送

- 病人應佩戴外科口罩，員工亦應佩戴適當的個人防護裝備。

環境清潔，如患者出院，需

個人防護裝備

- 處理疑似或確診病人時應佩戴 N95 呼吸器、護目鏡、保護衣和手套。
- 醫護人員應注意個人防護裝備的穿著與卸除程序。
- 進行高風險感染性操作時，應注意安全，嚴守安全程序。請參閱：http://www.chp.gov.hk/files/pdf/chinese/ic_manual.pdf

分流站

- 員工應佩戴適當的個人防護裝置包括 N95 呼吸器/外科口罩、護目鏡、保護衣和手套。(於分流站工作的醫護人員可根據風險評估而佩戴外科口罩)

病人隔離

- 單獨隔離疑似或確診病人在空氣傳播地位

醫療儀器清潔

- 應提供患者專用儀器。
- 醫療儀器應進行清潔及消毒才可再次使用。
- 應使用洗滌液機消毒便盆和便池。

床單被服和洗衣房

- 應立即放入污衣袋並包紮妥善，亦應避免甩動。
- 用過的被服一律列為傳染性被服，污衣袋須繫上「傳染性被服」標籤。

廢物處理

- 護理病人所產生的所有廢物均為醫療廢物，應棄置在紅色醫療廢物膠袋。
- 處理醫療廢物時，員工應佩戴適當個人保護裝置。

中東呼吸綜合症的臨時感染控制建議 (第五版)

中東呼吸綜合症的臨時感染控制建議 (第五版)

Relevant In-house Guide, Professional Guidelines, Ordinance, and Regulation

- CAP 599 Prevention and Control of Disease Ordinance
《預防及控制疾病條例》
- CAP 599A Prevention and Control Of Disease Regulation
《預防及控制疾病規例》
- CAP 354 Waste Disposal Ordinance
《廢物處置條例》
- CAP 354O Waste Disposal (Clinical Waste) (General) Regulation
《廢物處置(醫療廢物)(一般)規例》

Statutory Notification & Updated Criteria of Middle East Respiratory Syndrome

本署編號 Our Ref. : (10) in DH SEB CD/8/93/1 Pt.2

11 June, 2013

Medical practitioners are reminded to notify the Department of Health any suspected cases who reside in or have history of travel to the Arabian Peninsula or neighboring countries within 14 days before onset of illness to the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (<http://ceno.chp.gov.hk/>). Please also call our Medical Control Officer at 7116 3300 a/c 9179 outside office hour for prompt investigation. Please kindly note that the updated reporting criteria are available on CENO On-line website (<http://ceno.chp.gov.hk/>).

case fatality rate of 56%. So far, no human cases of Middle East Respiratory Syndrome have been detected in Hong Kong. Nevertheless, WHO maintains that the disease represents a significant public health risk and recommends enhanced surveillance and precautions of suspected cases.

In addition, a recently published French study reported by WHO estimated that the incubation period of this disease was between nine and twelve days¹. We

¹ Guery B, et al. Clinical features and viral diagnosis of two cases of infection with Middle East Respiratory Syndrome coronavirus: a report of nosocomial transmission. *Lancet*. Published online 29 May 2013.



(Dr. SK CHUANG)
for Controller, Centre for Health Protection
Department of Health



Communicable Disease Surveillance Case Definitions



Central Notification Office (CENO)
<https://ceno.chp.gov.hk/index2.jsp>

Statutory Notification –Reporting Criteria

Clinical Criteria

A person with acute respiratory syndrome which may include fever ($\geq 38^{\circ}\text{C}$, 100.4°F) and cough

- requiring hospitalization

OR

- with suspicion of lower airway involvement (clinical or radiological evidence of consolidation) not explained by any other infection or any other aetiology

AND

Epidemiological Criteria

One or more of the followings within the last **14** days before onset of illness

- **close contact*** with a confirmed or probable case of Middle East Respiratory Syndrome while the case was ill

OR

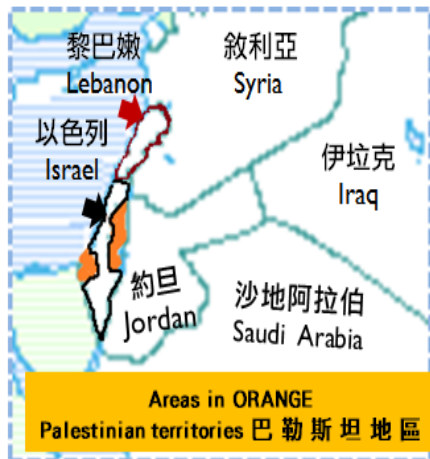
- residence in or history of travel to the **Arabian Peninsula or neighboring countries****

Close contact is defined as:

- anyone who provided care for the patient, including a healthcare worker or family member, or who had other similarly close physical contact;
- anyone who stayed at the same place (e.g. lived with, visited) as a probable or confirmed case while the case was ill.

** These refer to areas/countries bounded by Iran, Turkey and Egypt (including Iran, but not Turkey and Egypt)

Countries Considered in the Arabian Peninsula and Neighboring



- Bahrain 巴林
- Iraq 伊拉克,
- Iran 伊朗
- Israel 以色列
- Jordan 約旦
- Kuwait 科威特
- Lebanon 黎巴嫩
- Oman 阿曼
- Palestinian territories 巴勒斯坦地區,
- Qatar 卡塔爾
- Saudi Arabia 沙地阿拉伯
- Syria 敘利亞
- United Arab Emirates (UAE) 阿聯酋
- Yemen 也門

Reporting channel

An individual fulfilling both the ***Clinical Criteria*** **AND** ***Epidemiological Criteria*** should be reported to the Central Notification Office (CENO) of CHP via

fax (2477 2770) using the reporting form

phone (2477 2772) or

CENO On-line

(<http://ceno.chp.gov.hk/>).

Call Medical Control Officer (MCO) at 71163300 a/c 9179 outside office hour)


表格 2
預防及控制疾病條例
(第 599 章)
非屬結核病的傳染病通知書
受感染人士的詳情

英文姓名：	中文姓名：	年齡/ 性別：	身份證/ 護照號碼：
住址：			電話號碼 (住宅)：
工作地點/ 就讀學校之名稱及地址：			(手提)：
職位/ 就讀班級：			(辦公室/ 學校/ 其他)：
被送往的醫院/ 診療所 (如有的話)：			醫院/ 急症室編號：

懷疑/ 證實於 ____ / ____ / ____ (日期：日/月/年) 患上以下疾病【✓】

<input type="checkbox"/> 急性骨髓炎(小兒麻痺)	<input type="checkbox"/> 乙型流感嗜血桿菌感染(侵入性)	<input type="checkbox"/> 猩紅熱
<input type="checkbox"/> 阿米巴病	<input type="checkbox"/> 漢坦病毒感染	<input type="checkbox"/> 嚴重急性呼吸系統綜合症
<input type="checkbox"/> 炭疽	<input type="checkbox"/> 日本腦炎	<input type="checkbox"/> 產志賀毒素大腸桿菌感染
<input type="checkbox"/> 桿菌痢疾	<input type="checkbox"/> 退伍軍人病	<input type="checkbox"/> 天花
<input type="checkbox"/> 肉毒中毒	<input type="checkbox"/> 麻疹	<input type="checkbox"/> 豬鏈球菌感染
<input type="checkbox"/> 水痘	<input type="checkbox"/> 鉤端螺旋體病	<input type="checkbox"/> 破傷風
<input type="checkbox"/> 基孔肯熱	<input type="checkbox"/> 李斯特菌病	<input type="checkbox"/> 傷寒
<input type="checkbox"/> 霍亂	<input type="checkbox"/> 瘧疾	<input type="checkbox"/> 斑疹傷寒及其他立克次體病
<input type="checkbox"/> 社區型耐甲氧西林金黃葡萄球菌感染	<input type="checkbox"/> 麻疹	<input type="checkbox"/> 病毒性出血熱
<input type="checkbox"/> 克雅二氏症	<input type="checkbox"/> 新加坡雙連病毒(猴痘)	<input type="checkbox"/> 病毒性肝炎
<input type="checkbox"/> 登革熱	<input type="checkbox"/> 中東呼吸綜合症	<input type="checkbox"/> 西尼羅河病毒
<input type="checkbox"/> 白喉	<input type="checkbox"/> 流行性腮腺炎	<input type="checkbox"/> 傷寒
<input type="checkbox"/> 腸病毒 71 型感染	<input type="checkbox"/> 新型甲型流行性感冒	<input type="checkbox"/> 黃熱病
<input type="checkbox"/> 食物中毒	<input type="checkbox"/> 副傷寒	
現時已知受感染人數： _____	<input type="checkbox"/> 鼠疫	

中東呼吸綜合症

章：	599A		標題：	《預防及控制疾病規例》	憲報編號：	E.R. 1 of 2012
條：	22		條文標題：	傳染病接觸者的檢疫	版本日期：	09/02/2012

人的檢疫及隔離

(1) 如衛生主任有理由相信，某人是傳染病接觸者，該衛生主任可藉書面命令，對該人作檢疫，直至—

- (a) 衛生主任認為該人不再具傳染性為止；或
- (b) 衛生主任認為該項檢疫可由醫學監察代替為止。

(2) 在不局限第(1)款的原則下，任何以下情況視為衛生主任相信某旅客是傳染病接觸者的理由—

- (a) 該旅客沒有按衛生主任根據第19(1)條作出的要求，而出示疫苗接種或預防措施證書以供查閱；
- (b) (不論疫苗接種或預防措施證書是否已根據第19(1)條被出示以供查閱)衛生主任有理由相信，該旅客未就某指定疾病接種疫苗或接受預防措施；
- (c) (不論疫苗接種或預防措施證書是否已根據第19(1)條被出示以供查閱)衛生主任有理由相信，該旅客所接種的疫苗或接受的預防措施屬無效。

Quarantine and Isolation Order

監測及流行病學處

HP 衛生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

本署檔號 Our Ref. :
來函檔號 Your Ref. :
電 話 Tel. :
傳 真 Fax No. :

Quarantine / Isolation* Order

Section 22 / Section 23* of the
Prevention and Control of Disease Regulation (Cap. 599A)


I, a health officer, have reason to believe that you, _____
(Name & HKID or Passport number/other identifier), are a
contact of/ are infected with* _____
(a specified infectious disease under the Prevention and Control of Disease
Ordinance). Pursuant to section 22 / 23* of the Prevention and Control of Disease
Regulation, I hereby order that you are required, with immediate effect, to be
quarantined / isolated* at: _____ (name and/or
address of the place) until _____ (Date).

According to section 29(1) of the Prevention and Control of Disease Regulation, you
shall not leave the above said place of quarantine / isolation*. Failure to comply
with the said section 29(1) is an offence under section 29(3).

(Dr.)
Health Officer

Date: _____

* Delete as appropriate


衛生防護中心, 專業辦事
處下劃式明細印
於控制傳染病處
The Centre for Health
Protection is a
professional arm of the
Department of Health for
disease prevention and
control

香港九龍亞答街147C號3樓
3/F, 147C Argyle Street, Kowloon, Hong Kong

監測及流行病學處

HP 衛生防護中心
Centre for Health Protection
保障市民健康
Protecting Hong Kong's health

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(Name & HKID or Passport number/other identifier), are a
contact of/ are infected with* _____
(a specified infectious disease under the Prevention and Control of Disease
Ordinance). Pursuant to section 22 / 23* of the Prevention and Control of Disease

Provide Most Updated MERS Information

Press Releases

新聞公報

簡體版 | English | 寄給朋友 | 政府新聞網

衛生署密切監察美國一宗中東呼吸綜合症懷疑個案

* * * * *

衛生署今日 (五月十八日) 正密切監察美國一宗中東呼吸綜合症懷疑個案，並呼籲市民保持警覺，外遊時保持良好個人、食物及環境衛生。

根據美國疾病控制及預防中心，該宗懷疑個案涉及一名居於伊利諾州的男子，他最近沒有外遊。他曾與美國在五月二日確診的首宗中東呼吸綜合症輸入個案的印第安那州病人有兩次接觸，當時首宗個案的病人並未確診。當地衛生部門在進行跟進調查時，聯絡該名伊利諾州男子並進行測試，五月十六日的實驗室測試結果發現他有中東呼吸綜合症冠狀病毒的抗體。

Letters to Doctors

監測及流行病學處



保障市民健康
Protecting Hong Kong's health

Surveillance
And
Epidemiology
Branch

本署檔號 Our Ref. : (29) in DH SEB CD/8/93/1 Pt.2

16 May 2014

Dear Doctors,

Updated Global Situation of Middle East Respiratory Syndrome

In view of the marked upsurge in the number of Middle East Respiratory Syndrome (MERS) cases reported to the World Health Organization (WHO), I would like to update you on the latest global situation of MERS.


The number of laboratory-confirmed MERS cases reported to WHO has sharply increased since mid-March 2014, essentially in the Kingdom of Saudi Arabia (KSA) and the United Arab Emirates (UAE), where healthcare-associated outbreaks have been occurring. The number of cases who acquired the infection presumably from non-human sources (i.e., patients who had not reported contacts with other laboratory-confirmed cases) has also increased since mid-March. Some of these primary cases have reported contacts with animals, including camels.

Since April 2012, 572 laboratory-confirmed cases of human infection with Middle East Respiratory Syndrome Coronavirus (MERS-CoV) have been reported to WHO, including 173 deaths. Among the 572 cases, 554 cases (96.9%) were confirmed in the Middle East. For the remaining 18 cases reported by countries outside the Middle East, all had a link to the Middle East, either through recent travel to the region or exposure to a patient who acquired infection in the region.

HAHO CICO Website

ha.home

Thursday, 22 May 2014 中文 Sitemap [Print](#) [People Search \(ESD\)](#)



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A-Z Search

Last modified date : 24.03.2014
No. of Visits : **304999**

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A

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- [Anthrax](#)
- [Antibiotic Resistance](#)
- [Antimicrobial Resistance](#)
- [Avian Influenza \(Avian Flu\)](#)

B

- [Biological Attack/Bioterrorism](#)
- [Botulism](#)



香港特別行政區政府
衛生署 衛生防護中心

GovHK 香港政府一站通

簡體版 ENGLISH

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風險傳達顧問小組

健康資訊

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中東呼吸綜合症

Middle East Respiratory Syndrome

前稱「新型冠狀病毒致嚴重呼吸系統病」
formerly known as
'Severe Respiratory Disease associated with Novel Coronavirus'

- [健康資訊](#)
- [新聞稿](#)
- [給醫生的信](#)
- [給中醫師的信](#)
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[新發現及動物傳染病科學委員會 - 討論文件 / 建議](#)

培訓 / 簡介

- [感染控制培訓課程 - 中東呼吸綜合症感染控制的基本原則及運用](#) (二零一三年六月)
- [健康教育資源](#)
- [旅遊情報](#)

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- [Hong Kong Training Portal on Infection Control and Infectious Disease](#) (只備英文版)
- [世界衛生組織](#)
- [英格蘭公共衛生局](#) (只備英文版)



衛生署

衛生防護中心乃衛生署
轄下執行疾病預防
及控制的專業架構



Hong Kong Training Portal on Infection Control and Infectious Disease

香港感染控制及傳染病培訓網上通



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Middle East Respiratory Syndrome

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Middle East Respiratory Syndrome

[IEC webpage on the Middle East Respiratory Syndrome](#)

[CHP webpage on the Middle East Respiratory Syndrome](#)

[Publications and Information from International Agencies](#)

May 2014

- [Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care: WHO guidelines. Geneva: World Health Organization; April 2014](#)
- [WHO statement on the Fifth Meeting of the IHR Emergency Committee concerning MERS-CoV. WHO Statement. 14 May 2014](#)
- [Middle East respiratory syndrome coronavirus \(MERS-CoV\) summary and literature update - as of 9 May 2014. Geneva: World Health Organization; 9 May 2014](#)
- [Frequently Asked Questions on Middle East respiratory syndrome coronavirus \(MERS-CoV\). Geneva: World Health Organization; 9 May 2014](#)
- [WHO concludes MERS-CoV mission in Saudi Arabia. Cairo: WHO Regional Office for the Eastern Mediterranean; 7 May 2014](#)
- [WHO experts probe Middle-Eastern respiratory syndrome coronavirus \(MERS-CoV\) in Jeddah, Saudi Arabia. Geneva: World Health Organization; 2 May 2014](#)

April 2014

- [WHO risk assessment: Middle East respiratory syndrome coronavirus \(MERS-CoV\). Geneva: World Health Organization; 24 April 2014](#)
- [Cotten M, Watson SJ, Zumla AI, Makhdoom HQ, Palser AL, Ong SH, et al. Spread, circulation, and evolution of the Middle East respiratory syndrome coronavirus. MBio. 2014;5\(1\).](#)

March 2014

- [Middle East respiratory syndrome coronavirus \(MERS-CoV\) summary and literature update - as of 27 March 2014. Geneva: World Health Organization; 27 March 2014](#)

February 2014

- [Chu DKW, Poon LLM, Gomaa MM, Shehata MM, Perera RAPM, Zeid DA, et. al. MERS coronaviruses in dromedary camels, Egypt. Emerg Infect Dis; 2014 Jun;20\(6\) \[Epub ahead of print\].](#)

<http://icidportal.home/sites/en/default.aspx>

Regular Updated Training PowerPoint

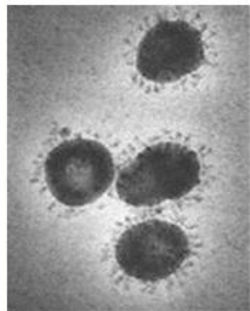


醫院管理局
HOSPITAL
AUTHORITY

Infectious Disease Control
Training Centre
傳染病控制培訓中心

中東呼吸綜合症 (MERS)

二零一四年五月二十二日



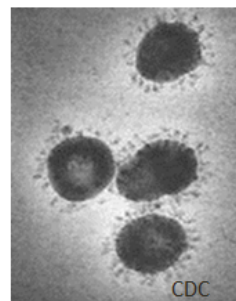
衛生署
衛生防護中心 感染控制處



衛生防護中心
Centre for Health Protection

Middle East Respiratory Syndrome (MERS)

As of 22 May 2014



CDC

Prepared by

Infection Control Branch, Centre for Health Protection,
Department of Health



衛生防護中心
Centre for Health Protection

Staff Early Sickness Alert System (SESAS)

職員初期病徵預警系統

- **Systemic symptoms** include **fever** (temperature equal or higher than 38°C / 100.4°F), **chills** (physical shivering of the body at room temperature), **myalgia** (muscle soreness and pain), and **rash** (e.g., maculopapular rash, vesicular rash).
- **Respiratory symptoms** include **sore throat** (burning sensation of throat), **running nose** (watery secretion from nasal cavity), **dry cough**, **productive cough**, and **pneumonia**.
- **Gastrointestinal symptoms** (in association with gastroenteritis) include **diarrhoea** (passed loose to watery stool two times or more per day), **vomiting** (vomit two times or more per day) and **nausea**.



醫管局員工病徵速報
HA Staff Sickness Reporting

如出現以下病徵，請通知你的上司以紀錄在職員初期病徵預警系統。
If you have the following symptoms, please inform your supervisor to record in Staff Early Sickness Alert System (SESAS).

發熱 Fever
發冷 Chills
肌肉疼痛 Myalgia
咽喉疼痛 Sore Throat
肺炎 Pneumonia
流涕 Running Nose
咳嗽 Cough
腹瀉 Diarrhoea
嘔吐 Vomiting

詳情請參閱內聯網
Please visit intranet for details: <http://sesas.home/>

如有疑問，請盡快聯絡醫院感染控制小組或總感染控制主任辦公室。
For any enquiries, please contact Hospital Infection Control Team or CICO office.

醫院管理局
HOSPITAL AUTHORITY

Promotion, Development and Maintenance of Infection Control Awareness



Enhancing Hand Hygiene Compliance - Visitors



1. mini- speaker with USB memory stick are locked inside the container
2. The container is stuck strongly onto table.



Respiratory Hygiene and Cough Etiquette

Patients, family members, and visitors can be partners in preventing transmission of infections



遮掩口鼻有禮

打噴嚏或咳嗽時要掩著口和鼻
Cover nose and mouth while sneezing or coughing



佩戴口罩有禮

如有呼吸道感染，應佩戴口罩
Put on a surgical mask while having a respiratory infection



正確處理用過紙

用過的紙巾或紙面巾，應放入指定之垃圾桶內
Used tissues should be placed in the designated rubbish bin



潔淨雙手有禮

打噴嚏或咳嗽後應徹底洗手
Wash hands thoroughly after sneezing or coughing

Source Control

防止病毒傳播 Stop the Spread of Germs

咳嗽禮儀 Cough Etiquette

1 當你咳嗽或打噴嚏時
用紙巾遮掩口鼻
Cover your mouth and nose
with a tissue when you cough or sneeze

2 戴上口罩
Wear a surgical mask

3 用酒精搓手液潔手或
用肥皂及水洗手
Clean hands with
alcohol-based
hand rub or
wash hands with
soap and water

醫院管理局
HOSPITAL
AUTHORITY

Prompt Triage of high risk patients

Segregate in separate waiting areas/ consultation rooms as far as feasible, with following control measures:

- Physical separation
- Optimize air exchange by engineering control or local exhaust fan
- Surgical mask for all segregated patients
- Allow minimum number of accompanying person
- Minimize unnecessary patient movement



Early Identification



HA Extending Case Finding for MERS-CoV

Period:

with effective from 14 June 2013

Inclusion criteria:

Any patients **with chronic underlying conditions** who develop **diarrhoea** and who have been in the **Arabian Peninsula or neighbouring countries in the preceding 14 days**

Actions Required:

1. Patients fulfilling the above inclusion criteria would be admitted for **Airborne Isolation**.
2. **notify CHP via NDORS immediately** and phone MCO of CHP at 7116 3300 call 9179 and HODO at 7116 3328 call 999.
3. Appropriate specimen(s), including the **stool sample** should be taken and sent to PHLC of CHP for testing of MERS-CoV.
4. For any case-related enquiries, please consult on call microbiologist in your hospital.

Extended Laboratory Surveillance for Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Period:

11 November 2012 – 28 May 2014 (subsequently with review)

Inclusion criteria:

Any pneumonia cases:

- with unknown causes (not responding to treatment in 3 days); or
- requiring ICU care; or
- occurring in clusters; or
- in health care workers

irrespective of their travel history

Actions Required:

1. Specimen to PHLC for RT-PCR for MERS-CoV.
2. Specify “**Testing for MERS-CoV**” on the laboratory request form.
3. Cases with positive results of MERS-CoV should be **isolated in AIIR** AND the case **reported to NDORS immediately**.
4. For any related enquiries, please consult the local microbiologist in your hospital.

Heating, Ventilation, and Air-Conditioning (HVAC) Maintenance



i) Demarcate the degowning zone in the Decontamination Room away from the entrance door where there was air turbulence. For example, [redacted]

To: The employer/occupational supervisor
收: 僱主/佔有人/僱主經理
LD Ref: (編號) 822/06/WH/PL2 (P.1/2)
23 Waterloo Road, Kowloon 九龍彌敦道23號
Date (日期) 14 APR 2008
Tel No: (電話) 2417 6207

Reference Number 備用字號	Issue Code No. 發行人字號	Issue Description 問題描述	Action* 行動/行動
1. GS490 (C)		<p>i) Demarcate the degowning zone in the Decontamination Room away from the entrance door where there was air turbulence. For example, [redacted]</p> <p>ii) Provide appropriate respiratory protective equipment against OV for handling the developers that contained acetic acid and glutaldehyde. For example, Department of Radiology.</p> <p>iii) Ensure serviceable materials to be provided for spill handling such as biohazard spill kit. For example, Cytology Laboratory.</p>	X

*Action Code (註釋)
☒ X Matters are attended to, you are now warned.
 此事經已處理，特此警告。閣下。
☒ XX Matters are attended to. "Provisional" arrangements have been made. "Provisional" arrangements are being considered.
 此事經已處理，本處正考慮作出"臨時"安排。臨時安排正考慮中。
☐ A legal notice in respect of these matters is being considered.
 有關此事，將會發出正式通告。

Received by: [Signature]
 (Signature)
 職名:
 姓名:
 Occupational Hygiene
 職業衛生主任



HVAC Test Records

設施管理部

生效日期 : 13/07/2010

修正版本編號 : 2

檔案編號 : WI-AC-03\F02-

頁數 : 1

抽風系統檢查記錄 WI-AC-03\F02

Location: EG fever room Temp: 22°C R.H.: 57% Date: 4/6/2012

Time: 15:00

A) Physical Check

	Items	Unit	Design data	Result
1	Checked differential pressure	Pa	✓	✓
2	Checked pressure lamp(s)		✓	✓
3	Smoke test			tissue test o.k
4	Checked stabilizer(s)		✓	✓
5	Checked laminar flow	m/s	0.2 - 0.25	✓
6	Air change rate per hour	ACH	12	> 12
7	Total flow rate	m ³ /s	0.4	0.35

Handling Suspected / Confirmed Cases

- **Placement:** Airborne Infection Isolation Rooms (AIIRs) i.e. with negative pressure and at least 12 ACH, en-suite with toilet facility.
- **IC Precautions:** Standard, Contact, Droplet and Airborne precautions.
- **Prompt Diagnosis:** collect respiratory tract specimens (lower tract specimen preferred) for molecular testing.



Standard Precautions Elements

- Hand Hygiene
- Patient Placement & Transportation
- Percutaneous (Sharps) Injury & Mucosal Exposure
- Decontamination - Patient Care Equipment/Devices
- Housekeeping & Environment
- Personal Protective Equipment (PPE)
- Linen Management
- Respiratory Hygiene and Cough Etiquette
- Clinical Waste



Personal Protective Equipment (PPE)

Handling of suspected case at triage station:

- N95 respirator, eyes protection, gown and gloves
- Surgical mask could be an alternative for triage stations based on nature of encounter upon risk assessment

Care suspected / confirmed case:

- N95 respirator, eyes protection, gown and gloves
- Enhance alertness when performing high-risk aerosol-generating, e.g. endotracheal intubation, CPR, open suction etc.
- http://www.chp.gov.hk/files/pdf/ic_matrix.pdf




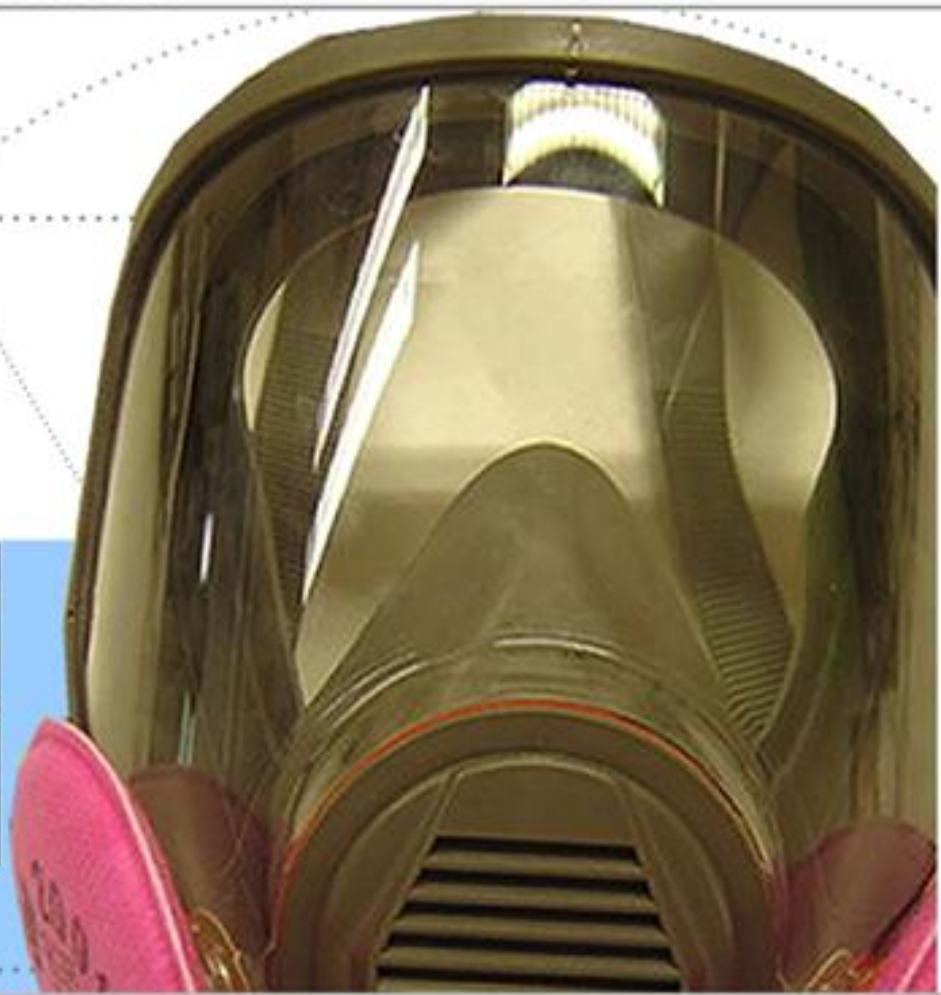
Respiratory Protection Program

呼吸防護資訊網

請點選播放教育短片

1860 N95教育短片 ▾

首頁
相關指引
有問有答
呼吸器資訊
相關訓練
我的呼吸器
所有同事的呼吸器
連結



They are N95 Respirators

Used Linen & Clinical Waste Management

• Linen Handling

- Pack on site and avoid shaking. Label as infected linen.
- Send to laundry for reprocessing



• Waste Management

- All waste from suspected or confirmed novel coronavirus patients are classified as **clinical waste (red bag)**
- Staff removing wastes should wear appropriate PPE.



Code of Practice for the Management of Clinical Waste

**- Major Clinical Waste Producers
and Waste Collectors**

(Published under Section 35 of the Waste Disposal Ordinance)

Group 4 - Infectious Materials

Infectious materials from patients with the following pathogens - Crimean/Congo haemorrhagic fever, Ebola, Guanarito, Hendra, Junin, Kyasanur forest disease, Lassa fever, Machupo, Marburg, Nipah, Omsk, Russian spring-summer encephalitis, Sabia, Variola viruses; Herpesvirus simiae (B virus); and Severe Acute Respiratory Syndrome Coronavirus. Any materials contaminated by the above infectious materials are also classified as Group 4 waste.

Note: The Director may, by notice published in the Gazette, amend the list of pathogens under this group.

Standard Precautions

Transmission Based Precautions – Contact Precautions

- PPE - Gown and gloves
 - Don upon entry to room, or within 3 feet to patient
 - Remove and discard before leaving the room
 - Perform hand hygiene after removal
- Patient care equipment
 - Use dedicated equipment e.g., stethoscopes,
 - Disinfect before use on other patients



Environmental Cleaning

- Decontaminate environment diluted bleach 1,000ppm, particular high-touch areas, at least twice daily or when visibly soiled.
- Terminal disinfection.
- Further enhancement of cleaning frequency should be advised by ICT.



Emergency Preparedness – Specimen Spillage

- Triple Packaging System
 - primary container
 - carrying pocket of the zip-lock plastic bag
 - outer container or packaging/box
- Transport Boxes with Warning Label



External
Transportation



Emergency spill
control equipment



Internal Transportation

When patient discharge, AIR should remain vacant for the appropriate time depending on the Air changes per hour (ACH) in the room

TABLE 1. Air changes/hour (ACH) and time required for airborne-contaminant removal efficiencies of 99% and 99.9%

ACH	Time (min) required for removal efficiency of 99%	Time (min) required for removal efficiency of 99.9%
2 ^{*†}	138	207
4	69	104
6	46	69
8	35	52
10	28	41
12	23	35
15	18	28
20	14	21
50	6	8

Sources: CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care facilities. MMWR 1994;43(No. RR-13).

Dead Body Handling



Small size: 150 µm thick X 40" W X 44" L



Large size: 0.15 X 40" W X 88" L



處理及處置屍體時所需的預防措施

所有屍體均可能傳染疾病，故每次處理屍體時，工作人員都應注意遵守「標準預防措施」，以預防經接觸遺體的血液、體液和組織感染傳染病。

預防接觸

避免直接接觸到屍體的血液或體液，確保所有傷口均以防水膠布或敷料包裹。應穿上用後即棄的個人防護裝備，包括：

- 圍裙/袍
- 手套
- 外科口罩

如可能有飛沫物，須戴上護目鏡或面罩以保護眼睛。處理屍體後，脫下個人防護裝備，然後立即用稅液和清水洗手。

處理及處置屍體時應採取以下的預防措施：

手部衛生

保持手部衛生是預防傳染病的首要條件，應用稅液及清水徹底洗手，如雙手沒有明顯污垢，可用70-80%酒精搓手液消毒雙手。

被血液污染的表面

應以1比49稀釋家用漂白水(以1份5.25%漂白水加入49份清水混和)抹拭消毒，待15-30分鐘後，用清水清洗。

被體液污染的表面

應以1比49稀釋家用漂白水(以1份5.25%漂白水加入49份清水混和)抹拭消毒，待10分鐘後，用清水清洗。

金屬表面

可以用70%火酒抹拭消毒。

醫療廢物的處理

人體組織、用後利器、含有血液的敷料等，皆為醫療廢物，應妥善處理，以防傳染病散播。詳情請瀏覽環境保護署的網頁：
<http://www.epd.gov.hk/epd/clinicalwaste/>

預防接觸

乙型肝炎病毒可透過血液和體液而傳染，受感染人士有機會患上肝硬化及肝癌，接種乙型肝炎疫苗是有效的預防感染方法，詳情可向醫生查詢。

屍體分類及應採取的預防措施					
根據疾病的傳染途徑和感染的風險來分類，建議在處理及處置屍體時，採取下述的預防措施：					
風險的分類	屍體分類標籤	接觸	接觸後	防護處理	處理處置方法
第一類： 不屬於下述第2、3類所列的傳染病		不一定需要	可以	可以，但必須穿上防護裝備	土葬或火葬
第二類： 1) 登革病病毒感染 2) 丙型肝炎 3) 克雅二氏症(未經剖開屍體) 4) 嚴重急性呼吸系統綜合症(沙士) 5) 禽流感 6) 其他*		必須	可以	可以，但必須穿上防護裝備	建議採用火葬，但非強制性
第三類： 1) 炭疽病 2) 鼠疫 3) 狂犬病 4) 病毒性出血熱 5) 克雅二氏症(屍體已經剖開) 6) 其他**		必須	不可以	不可以	建議盡量採用火葬

* 個人防護裝備包括用後即棄的手套、圍裙及外科口罩。
** 包括主診醫生、感染控制主任或微生物學家建議的其他傳染病。

Case Referral from Private Hospitals to HA Hospitals

- Cluster coordinator would arrange case admission to isolation ward.
List of HA's cluster coordinators:

Cluster	Contact persons	Details
HKEC	Ms Lily Chow	2291 1366 or 7328 7084
	Ms Ida Yip	6460 0567
HKWC	A&E nursing staff in-charge /Dr. Vincent Cheng (back up)	2255 3709
KEC	UCH A&E nurse in-charge	3513 4125
	Dr Kitty Fung (back up)	7323 9228
KWC	HAIDC S12 - Adult case master ward	2990 3024
	HAIDC S8 – Paed Case master ward	2990 2950
KCC	Dr. Johnny Chan / Dr. TC Wu	QEH operator 2958 8887
NTEC	PWH AED Nurse in charge	2632 6100
NTWC	Mr. C H Kan	7116 3228 # 2377
	Dr TL Que (back up)	7116 3228 # 6686

$$4Ea + EM = H$$

Minimize Risk

Eliminate
Hazards

Early
Diagnosis

Early
Isolation

Early
Reporting

Early Identification

