

Interim Recommendations on Infection Control for Novel Coronavirus

(ver. 1, 25 Sep 2012)

1. Preamble

This interim recommendation on infection control of novel coronavirus is prepared in light of the recent case reports from Saudi Arabia and UK. It will be reviewed regularly and updated as required when more scientific evidence on the virus and associated infections is available.

2. Isolation Precautions for Suspected and Confirmed Cases

In view of the severity of illness of reported cases and uncertainty on the transmissibility of the novel coronavirus, standard, contact and airborne precautions should be implemented for all suspected and confirmed cases. The measures include the following during patient care under isolation:

- Hand hygiene
- Personal protective equipment (PPE): N95 respirators, eye goggles, gown and gloves
- Isolate patient in a negative pressure single room or cohort those of the same cluster or with the same etiological diagnosis
- Special attention should be drawn when performing high-risk aerosol-generating procedures. It is important to put on eye or face protection and to wear N95 respirator. The WHO has identified four procedures that belong to this category: endotracheal intubation, cardiopulmonary resuscitation, bronchoscopy and autopsy/surgery. Other procedures that may pose risk of transmission of virus due to aerosol generation include bronchoscopy, open suctioning of respiratory tract (including tracheostomy care), autopsy and non-invasive positive pressure ventilation (BiPAP & CPAP), high-frequency oscillatory ventilation, nebulizer therapy and sputum induction. Clinicians should carefully evaluate the indication and risk before applying these procedures.

3. Other Infection Control Measures

- Handling of suspected case at triage station
Exercise standard, contact and airborne precautions with appropriate PPE as stated in point 2.
- Specimens Collection
Exercise standard, contact and airborne precautions for patients under isolation.

- Transport of patients:
Patient should wear a surgical mask and attendants should practice standard, contact and airborne precautions.

- Environmental Decontamination:
Clean and disinfect the environment at least once daily and terminally disinfected at discharge. Use 1:49 hypochlorite solution, then rinse and dry. For blood spills, use 1:4 hypochlorite solution, leave for 10 minutes and then rinse with water. Use 70% alcohol for metallic items.

- Decontamination of Health Care Equipment
Dedicate individual equipment. Disinfect shared equipments before use on the next patient. Re-usable equipments are packed and then send to Central Sterile Supplies Department (CSSD) for decontamination. Use bedpan washer for disinfection of bedpans and urinals.

- Linen and Laundry
Pack on site and avoid shaking. Send to laundry as soon as possible.

- Waste Management
All wastes arising from the patient care should be considered as clinical waste using the red bags. Staff removing wastes should wear appropriate PPEs.

- Administration Support
Management should ensure adequate resources, issue formal instructions for visitors and patients, and post appropriate signage.

Prepared by
Infection Control Branch
Centre for Health Protection
25 September 2012