

Recommended Personal Protective Equipment (PPE) in hospitals/clinics for suspected or confirmed cases with Middle East Respiratory Syndrome (MERS) under different response levels

Apply standard precautions (SP) +/- transmission-based precautions for all patients.			
Areas	Activities	Recommended PPE At Alert/ Serious S1 Response level	Recommended PPE Serious S2/ Emergency Response Level
High -risk patient areas <ul style="list-style-type: none"> • Triage stations of out-patient Clinics and AEDs; • Designated clinics and • Isolation rooms (including isolation rooms in ICU and AEDs) 	Routine patient care and aerosol-generating procedures^(a, b)	<ul style="list-style-type: none"> • N95 respirator • eye protection^(e) • gown • gloves • cap (optional) <p><i>Surgical mask could be an alternative for triage station base on nature of encounter upon risk assessment</i></p>	
	No patient contact (e.g. outside patient room)	<ul style="list-style-type: none"> • surgical mask 	
Other patient areas	Routine patient care	<ul style="list-style-type: none"> • Standard Precautions +/- transmission based precautions 	<ul style="list-style-type: none"> • Surgical mask, Standard Precautions +/- transmission based precautions
	aerosol-generating procedures^(a, c, f)	<ul style="list-style-type: none"> • Surgical mask/ N95 respirator^(d) • eye protection^(e); • gown • gloves 	<ul style="list-style-type: none"> • N95 respirator • eye protection^(e); • gown • gloves • cap (optional)
	No patient contact	<ul style="list-style-type: none"> • surgical mask for signs and symptoms of respiratory infection 	<ul style="list-style-type: none"> • Serious S2 Level: surgical mask is required in patient areas • Emergency Level: Surgical mask is required in ALL areas
Non-patient areas	No patient contact	<ul style="list-style-type: none"> • surgical mask for signs and symptoms of respiratory infection 	<ul style="list-style-type: none"> • Serious S2 Level: surgical mask is required in patient areas • Emergency Level: Surgical mask is required in ALL areas

Remarks:

- a. Aerosol-generating procedures with documented increased in risk of respiratory infection transmission are endotracheal intubation, cardiopulmonary resuscitation, bronchoscopy, open suctioning of respiratory tract (including tracheostomy care), autopsy and non-invasive positive pressure ventilation (BiPAP & CPAP). Aerosol-generating procedures with controversial/ limited studies evaluating the risk of respiratory infection transmission are high-frequency oscillatory ventilation, nebulizer therapy and sputum induction. Nasopharyngeal aspiration (NPA) and high flow oxygen are theoretically at risk of dispersal of infectious respiratory droplets, therefore they should be performed in conditions as required for aerosol-generating procedures in high-risk patient areas. Other procedures should be assessed on discretion of hospital Infection Control Officers.
- b. In high risk patient areas, place patient in a negative pressure airborne infection isolation room (AIIR) before performing aerosol generating procedures.
- c. In other patient areas, place patient in a well-ventilated area (e.g .at least minimum overall 6 air changes per hour (ACH) or use portable HEPA filter e.g. IQ Air if indicated) before performing aerosol generating procedures.
- d. Based on transmission-based precautions and risk assessment
- e. Eye protection refers to full face shield or goggles or eye-visors.
- f. Taking into consideration of patient's factors under OT setting, where the patient has undergone pre-operative screening and under sedation, staff is advised to follow Standard Precautions or transmission based precautions (if indicated) when performing intubation for elective surgery.

Centre for Health Protection

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