INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR PATIENTS WITH CONFIRMED 2019 NOVEL CORONA VIRUS (2019-nCoV) or PATIENTS UNDER INVESTIGATION FOR 2019-nCoV IN HEALTHCARE SETTINGS

I. MINIMIZE CHANCE OF EXPOSURE:
   A. BEFORE ARRIVAL
      • If prescheduled admission, clarify if having symptoms of respiratory infection (e.g. cough, runny nose, fever) and advise to wear a facemask upon entry to contain cough.
      • If via EMS, obtain specific information from paramedics
   B. UPON ARRIVAL AND DURING VISIT
      • Ensure adherence to respiratory hygiene, cough etiquette, hand hygiene
      • Visual alerts (e.g. posters, signs) on hand hygiene, respiratory hygiene and cough etiquette at the entrance and in strategic places (e.g. waiting area, elevators, cafeterias)
      • Segregate patients with suspected 2019 n-CoV from other patients seeking care in waiting areas.
      • Provide a simple mask to patients with presenting complaints of flu like symptoms while in waiting area.
      • Rapid triage
         o If pt is confirmed as PUI after triage, staff to wear appropriate PPE immediately prior to further contact.
         o Treatment rooms and triage areas to be cleaned following high touch surface cleaning in between patients.
      • Provide supply (e.g. sanitizer, tissues, no touch receptacles for disposal and facemasks) at entrances, waiting rooms, patient check-ins

II. ADHERENCE TO STANDARD, CONTACT, AND AIRBORNE PRECAUTIONS, INCLUDING USE OF EYE PROTECTION
   A. PATIENT PLACEMENT
      • Negative Pressure Room
      • If not available, transfer to facility where Airborne Infection Isolation Room (AIIR)
      • If patient does not require hospitalization, they can be discharged to home in consultation with state or local public health authorities if deemed medically and socially appropriate
      • If pending discharge, place a facemask on the patient and isolate in an exam room with door closed
      • Personnel entering the room should use PPE, including respiratory protection.
      • Only essential personnel should enter the room
      • Keep a log of all persons who care for or enter the room of the patient
         o Include name, time in, time out and activity performed.
      • Use dedicated or disposable noncritical patient-care equipment (e.g. BP cuff)
      • Personnel entering the room soon after patient leaves should use respiratory protection. Room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
      • Ensure hallways are free of supply/equipment and adjacent doors are closed while transporting patients who are PUI for 2019-nCoV from one pt care area to another.
   B. HAND HYGIENE
      • Hand hygiene using alcohol-based hand sanitizers or hand washing for at least 20 seconds.
• Adequate supply available in every care location

C. PERSONAL PROTECTIVE EQUIPMENT

• Gloves
• Gowns
• Eye Protection
• Respiratory Protection
  o N95
  o Disposable respirators should be removed and discarded after exiting patient’s room or care area. Perform hand hygiene.

D. CAUTION WHEN PERFORMING AEROSOL-GENERATING PROCEDURES AND SPECIMEN COLLECTION

• Procedures and specimen collection that are likely to induce cough should be performed cautiously and take place in an AIIR.
• Clean and disinfect room promptly

E. DURATION OF ISOLATION PRECAUTIONS FOR PUIs AND CONFIRMED PATIENTS

• Discontinuation of isolation precautions should be determined on a case-by-case basis in conjunction with local, state, and federal health authorities.
• Factors to consider:
  o Presence of Symptoms related to 2019-nCoV
  o Date symptoms resolved
  o Other conditions that would require specific precautions (e.g. TB, C diff)
  o Other lab information reflecting clinical status
  o Alternatives to inpatient isolation such as possibility of safe recovery at home

III. MANAGE VISITOR ACCESS AND MOVEMENT WITHIN FACILITY

• Procedures for monitoring, managing and training visitors
  o Maintain a log with contact numbers.
• Restrictive visitors from entering the room of known or suspected patients
• Alternative mechanisms of communication, e.g. video call
• Facilities can consider exceptions based on end-of-life situations or when a visitor is essential for patient’s emotional well-being and care
• Visitors to follow respiratory hygiene, cough etiquette precautions
• Visitors to patients with known or suspected 2019 nCoV should be scheduled and controlled to allow for:
  o Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility
  o Evaluate risk to health of visitor and ability to comply with precautions
  o Provide instructions before visitor enters room on hand hygiene, limit surface touch and use of PPE
  o Maintain a record e.g. log book of all visitors who enter room
  o Visitors not present during aerosol-generating procedures
  o Visitors to limit movement within the facility
  o Exposed visitors should be advised to report any signs and symptoms of acute illness to their healthcare provider for a period of at least 14 days after the last known exposure to the sick patient

IV. IMPLEMENT ENVIRONMENTAL INFECTION CONTROL

• Dedicated medical equipment for patient use
• All non-dedicated, non-disposable medical equipment should be cleaned and disinfect according to manufacturer’s instructions and policy
• Follow consistent environmental cleaning and disinfection

V. IMPLEMENT ENGINEERING CONTROL
• Physical barriers/partition to be placed to segregate suspected patients from others if needed.
• Appropriate air-handling systems installed properly and maintained

VI. MONITOR AND MANAGE ILL AND EXPOSED HEALTHCARE PERSONNEL
• Report to infection Prevention Dept and Department director immediately.
• Follow the same process as in the case of a patient suspected as PUI.

VII. TRAIN AND EDUCATE HEALTHCARE PERSONNEL
• Education and training on preventing transmission of infectious agents and use of PPE
• HealthCare Personnel must be medically cleared, trained and fit-tested for respiratory protection device
• All staff, including contract staff and per dim must be educated on a day by day basis on expected procedure.

VIII. PATIENT/VisITOR/COMMUNITY EDUCATION
• Make available public health education brochure.
• Provide 2019-nCoV public brochure as a discharge education document for all patients treated and discharge as suspected PUI or considered as exposure to a PUI.
• Communicate and collaborate with Public Health authorities