

**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
 - If pt is confirmed as PUI after triage, staff to wear appropriate PPE immediately prior to further contact.
 - 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
 - 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
 - N95
 - 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:
 - Presence of Symptoms related to 2019-nCoV
 - Date symptoms resolved
 - Other conditions that would require specific precautions (e.g. TB, C diff)
 - Other lab information reflecting clinical status
 - 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
 - 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 n CoV should be scheduled and controlled to allow for:
 - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility
 - Evaluate risk to health of visitor and ability to comply with precautions
 - Provide instructions before visitor enters room on hand hygiene, limit surface touch and use of PPE
 - Maintain a record e.g. log book of all visitors who enter room
 - Visitors not present during aerosol-generating procedures
 - Visitors to limit movement within the facility
 - 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