

# Development of Standards

Standards are formulated based on the following processes:

1. Professional consensus (Working Group/organized for sharing sessions)
2. Executive decision in consultation with experts
3. Reference to international standards

## Personal Protection Equipment as an example of standard development

11.2.2003

Fact sheet on severe influenza infection

Droplet precaution

- Surgical mask within 1 m close to patient
- Gloves & gowns for contact with patient's blood, body fluid etc
- Cohorting patients

21.2.2003

FAQ for severe CAP

7.3.2003

FAQ for severe CAP

- Droplet precaution extended to frontline staff attending to patients with respiratory symptoms

17.3.2003

Special notes to all HA staff via e-mail

- Response to CDC's 'air borne precautions': Re-affirm probable transmission of SARS was droplet and close contact

3.4.2003

Guideline

Personal practices emphasized

- Correct use of masks and N95
- More stringent contact precaution (caps to shoe covers)
- Precautions on entering and leaving SARS cohorting areas

**25.4.03**  
**Guideline**

- Suitable protective equipment according to risk
  - Caps
  - Gowns
  - Masks
  - Eye & face protection
  - Work uniform & boots
  
- Proper usage of sophisticated and reusable PPE

**25.4.03**  
**Guideline**

- Risk of exposure presented
- Minimal standards for high risk to other patient areas
  - Differentiation of mandatory & recommended provision with respect to
    - (i) No direct patient contact
    - (ii) Direct patient contact or risk of exposure to body fluid etc
    - (iii) Procedure of high risk of generating aerosols
  - Models of N95 for use within HA
  - Reasonable enhancement for protective equipment is allowed on staff's preference
  - Change shoe & clothing before leaving hospitals