Supplement to *Department of Health* GUIDELINES ON INFECTION CONTROL PRACTICE IN THE CLINIC SETTING

Introduction

1. The Severe Acute Respiratory Syndrome* (SARS, aka "Atypical Pneumonia") is a new infective condition, the cause of which is a coronavirus which has not been previously isolated in human beings. The virus disseminates largely by droplet spread. It can be contracted through close contacts with or unprotected exposure to someone infected with the virus, such as in the health care setting or household.

2. While clinics of the Department of Health operate a diverse range of services for a large number of clients, the risk to SARS is generally lower than that in hospitals where (a) more serious patients are managed, and (b) the duration of contacts with suspect patients is much longer. Nevertheless it is important to uphold infection control standards to prevent SARS or other droplet infections in the health care setting. The "supplement" introduces additional precautions and serves to highlight existing practices demanding attention. This "supplement" should be read in conjunction with the *Guidelines on Infection Control Practice in Clinic Setting* (hereafter referred as the Guidelines) published in January 2003.

3. As a collection of interim measures, the "supplement" should be reviewed in the course of time when more becomes known about the epidemiology and clinical course of SARS.

Principles

4. The measures stipulated in this "supplement" are introduced to reduce the chance and extent of unprotected exposure to SARS in staff as well as patients or clients, based on the following principles:

(a) enhancement of standard precaution in clinic setting through the incorporation of practices for preventing droplet and contact infections

(b) introduction of patient triage and self-exclusion of staff

(c) standardisation of disinfection procedures following potential exposure

Incorporation of droplet and contact precaution in standard practice

5. Droplet precautions for health care workers should be strictly enforced in all clinics in the Department, which include the following measures (enhancement of Section I, III and IX of the Guidelines):

* Case definition of SARS (Department of Health 27 March 2003): (a) high fever (>38°C), and (b) one or more respiratory symptoms including cough, shortness of breath, difficulty in breathing, and (c) close contact with a person who has been diagnosed with SARS. The latest definition should be referred where appropriate.

(a) Exclusion from duties should be arranged for health care workers who are close contacts[†] of SARS patients, and be considered for those who have symptoms and histories suspected of SARS.

(b) Surgical mask must be worn in clinic areas. The following should be noted in the use of mask, that

(i) the mask should be discarded after procedures that might have resulted in potential droplet contamination;

(ii) new mask should be put on daily; (If non-surgical mask, for example, N95, is used, the manufacturer's recommendation should be followed)

(iii) the same mask should not be worn beyond designated clinic boundary

(c) Handwashing is mandated after each patient contact, change of gloves/masks, gown/uniform/white coat. (Section I and IIIA of Guidelines)

(d) Gloves should be worn when there is contact with blood, body fluids, secretions, excretions and contaminated items.

(e) Protective clothing, for example, white coat, uniform or gown should be worn in clinic areas within the designated clinic boundary. Protective clothing should not be worn outside clinic area including toilet, pantry.

6. Precaution focusing on patients/clients should be enforced by

(a) Requesting all patients/clients to wear mask in the clinic area, and specifically requiring those with respiratory signs/symptoms to wear surgical mask within the designated clinic boundary;

(b) Patient/client triage:

(i) A patient/client is asked to self-identify him/herself if he/she might have contracted SARS as a result of being a close contact of a SARS patient, or if he/she has symptoms suggesting of the syndrome.

(ii) A client at higher risk of infection [as identified in (i) above] should be required to wear a surgical mask and the consultation should be held in a designated room with additional precaution. (refer to paragraph 7b)

(iii) Mask, gloves, goggles and protective clothing should be worn in the care of patient at high risk.

7. Precautions for environment control (as stipulated in Section VIII of the Guidelines) should be followed, with the adoption of the following enhancements:

(a) Clinic areas should be clearly defined. Precautionary materials (protective clothing, mask, goggles, gloves) and stationery in clinic areas should not be brought into non-clinic areas and vice versa.

(b) A room should be designated for consultation of patients at higher risk of SARS. There should be good ventilation and preferably separate hand washing facility in the designated room.

(c) Aerosol-generating procedure should be avoided unless it's essential. If required, the procedure should be carried out in negative pressure room or the designated room above. Staff should put on goggles, masks,

[†] Close contacts refer to the situation of "having cared for, lived with, or had direct contact with respiratory secretions or body fluids of a suspect or probable case of SARS". (WHO, 1 April 2003)

gowns and gloves on entry to the room. Such materials should be properly disposed or disinfected after treating each patient.

(d) Wastes should be placed in waste bags, which are tied and put in covered containers for disposal in the normal channels (section VII of the Guidelines)

Infection control procedures following the detection of a suspected or known case of SARS

8. Following the care of a patient/client suspected with or known to have SARS:

(a) the area should be evacuated as soon as is practicable.

(b) the area and objects that have been used during the consultation should be disinfected with 1:49 household bleach (or 70% alcohol for metallic surfaces).

(c) the area should be closed during disinfection.

9. The care of a SARS patient in the clinic is normally not considered as close contact unless there is prolonged unprotected exposure during consultation or other treatment procedures. The staff who has been in close contact with the SARS (or suspected SARS) patient should then be alerted to the need for quarantine as required by the Department of Health.

10. If a diagnosis of SARS is made in retrospect on a client/patient or staff on the second day or thereafter,

(a) normal disinfection procedures (paragraph 8) should be followed without the need for repeat cleansing or closure if such procedure is already in place on a daily basis.

(b) disinfection and closure (during disinfection) may be organised if the area has not been disinfected since the infected person's last presence.

Assignment of infection control officer

11. In line with the practice recommended in the Guidelines (Section XII), an Infection Control Officer should be assigned to

(a) develop the practice protocols

(b) oversee the implementation of the recommended procedures

(c) promote understanding of staff in the infection control principles and practice

(d) support the development of a mechanism for recording incidents and tracking progress in implementation

DH-ICC
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