

NOVEL CORONAVIRUS (2019-nCoV): Interim IPAC Measures

GENERAL INFORMATION	
Screening	<p>Screen individuals with influenza-like illness with one or more of the following exposure criteria (note this may expand as situation evolves)</p> <ul style="list-style-type: none"> • Travel to an affected area in the 14 days before onset of symptoms (currently includes the province of Hubei, China) • OR close contact (individuals who provided care for, is a family member of , or who had similar physical contact)with a confirmed or probable case of 2019-nCoV • OR close contact with a person who has acute respiratory illness who has been to an affected area within 14 day before their onset of illness • Refer to www.saskatchewan.ca/coronavirus for the most up to day criteria Keep current with ongoing updates from Public Health Canada or WHO for information on affected areas
Signs & Symptoms	Cough, fever, shortness of breath or other respiratory symptoms
Infection Prevention and Control Recommendations (interim)	
Individuals with signs & symptoms (Source Control)	<ul style="list-style-type: none"> • Post signs in public areas reminding symptomatic patients to alert staff • Identify separate waiting areas for a person with a potential infection, if unable to isolate immediately • Apply procedure or surgical masks on individuals and accompanying caregiver(s) immediately • Encourage patients and caregivers to perform hand hygiene and respiratory etiquette
Patient Placement	<ul style="list-style-type: none"> • Patients who are not considered critically ill: single room (private toilet preferred) <ul style="list-style-type: none"> ○ If an aerosol generating medical procedure (AGMP) is required, move to an Airborne Infection Isolation Room (AIIR) if possible or follow facility AIIR protocol • Critically ill patients with suspected or confirmed 2019-nCoV: an AIIR is recommended due to the high likelihood of requiring AGMPs on a regular basis <p>*Consider maintaining a record of all persons entering patient’s room, including all staff and visitors</p>
Hand Hygiene	<ul style="list-style-type: none"> • Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water, as described in your Routine Practices and when removing soiled PPE • Educate patients and visitors about how and when to use hand hygiene products
Additional Precautions & Personal Protective Equipment	<ul style="list-style-type: none"> • Ensure appropriate signage is visible on entry to room • Droplet & Contact Precautions require gloves, gown, procedure or surgical mask, and facial/eye protection before entry into patient room <ul style="list-style-type: none"> ○ Prescription glasses do not meet OH&S regulations for eye protection ○ Proper wearing of masks requires a snug fit over the nose and under the chin. Change mask when it becomes moist.

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See additional PPE resources on back	<ul style="list-style-type: none"> • Airborne & Contact Precautions (during AGMP in a non-critical patient OR for the critically ill patient requiring ongoing AGMPs). All staff require gloves, gowns, facial/eye protection and a fit-tested N95 respirator <ul style="list-style-type: none"> ○ Ensure an airtight seal on the face over the top of the nose and under the chin
Patient Transport	<ul style="list-style-type: none"> • Avoid moving or transporting patient out of isolation room unless medically necessary • Notify EMS or receiving department about additional precautions prior to transport
Patient Care Items and Equipment	<ul style="list-style-type: none"> • Use disposable equipment when possible or dedicate reusable equipment for patient use until discharge • If reusable equipment cannot be dedicated for single patient use, clean and disinfect between patients • Used meal trays and dishes do not require special handling • Special handling of linen and waste is not required • Environmental cleaning as per existing protocols
Visitor management	<ul style="list-style-type: none"> • Minimize visitors to those who are essential (e.g., immediate family member or parent, guardian, or primary caregiver) • Limit visitor movement within site to visiting patient and then exiting facility directly after visit • Instruct visitors to speak with staff before entering patient's room to assess risk to visitor's health and ability to adhere to Droplet & Contact Precautions • Provide visitors with instruction on and supervision with appropriate use of required PPE
Discontinuation of Precautions	<ul style="list-style-type: none"> • Determined on a case-by-case basis in consultation with IPAC and most responsible physician

Additional Resources:

Alberta Health Services: [PPE Donning poster](#) [PPE Doffing poster](#) Guide to PPE ([narrated slide show](#))

References

World Health Organization: Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Interim guidance 25 January 2020. [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

Infection Prevention and Control for Novel Coronavirus (2019-nCoV): Interim Guidance for Acute Healthcare Settings Feb 3, 2020 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html>

Winnipeg Regional Health Authority: 2019 nCoV (novel Coronavirus 2019) (personal communication)



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Alberta Health Services: Novel Coronavirus (2019-nCoV) Interim IPC Recommendations.

<https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-emerging-issues-ncov.pdf>

Ministry of Health-Kingdom Saudi Arabia: Middle East Respiratory Syndrome us; Guidelines for Healthcare Professionals. Version 5.1, May 21, 2018.

<https://www.moh.gov.sa/CCC/healthp/regulations/Documents/MERS-CoV%20Guidelines%20for%20Healthcare%20Professionals%20-%20May%202018%20-%20v5.1%20%281%29.pdf>