Norms for Prevention and Control Practice in Grass-roots Medical and Health Institutions

Chinese Center for Disease Control and Prevention
01. Key points of protection standards for medical personnel
02. Key points of disinfection & prevention and control of infection in hospitals
03. Isolation and management process of suspected cases
04. Home follow-up, concentration of close contacts or home isolation and management process of discharged patients
05. The treatment process of onset of the family cluster case
06. Transfer process of suspected cases
07. Basic standards for the management of domestic waste
Key points of protection standards for medical personnel

1. Training of protection knowledge for medical staff
2. Protection principles for medical personnel
3. Assessment of risk classification and correct selection of protective equipment
4. Suggestions on protective equipment for grass-roots medical staff
5. Hand hygiene
6. Consultation area management
01 Training of protection knowledge for medical staff

What is standard prevention? How to evaluate the risk of infection exposure according to the diagnosis and treatment practice of this position?

How to choose protective equipment for different risks?

How to wear and take off protective equipment in the correct order and method?
02 Protection principles for medical personnel

Medical personnel:
Take the protective measures of droplet isolation, contact isolation and air isolation, make different protection methods according to different situations, correctly and standardly use protective equipment, and strictly implement the preventive measures against sharp injuries.

Diagnosis and treatment environment:
The diagnosis and treatment environment of medical staffs should be well ventilated and sterilized.

Medical equipments:
The protective equipments used by medical personnel should meet the relevant national standards.
### Evaluation of risk classification and correct selection of protective equipment

<table>
<thead>
<tr>
<th>low-risk practice</th>
<th>middle-risk practice</th>
<th>high-risk practice</th>
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<tbody>
<tr>
<td>Indirect contact with patients, such as consultation, prescription, etc.</td>
<td>Direct contact with patients, such as physical examination, injection, punctuation, etc.</td>
<td>An operation in which blood, body fluids, secretions, etc. are spattered or may produce aerosols.</td>
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<tr>
<td>Work clothes or wearing added isolation clothes, medical surgical masks, work caps, hand hygiene products</td>
<td>Work clothes and wearing added isolation clothes, medical surgical masks / medical protective masks, work caps, goggles / face screens, gloves, hand hygiene products.</td>
<td>Protective clothing, isolation clothing, medical protective mask, work cap, goggles / face screen, double gloves, hand hygiene products.</td>
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04 Suggestions on protective equipments for grass-roots medical personnel

- Pre-examination triage personnel
- Clinical first-line medical staff
- Family isolation door-to-door service
**Hand hygiene**

### Scientific Hand Hygiene

- **Only wash hands**
  - Visible contamination of the hands, such as blood or other body fluids

- **Only use quick-drying hand disinfectant**
  - No visible contamination on the hands

- **Wash hands first, then clean hands and disinfect them.**
  - After contact with the blood, body fluids and secretions of patients with infectious diseases and articles contaminated by infectious disease-causing microorganisms;
  - After direct examination, treatment, care or treatment of patients with infectious diseases.
Consultation area management

Disinfection management of office articles

Management of cleaning and disinfection of diagnosis and treatment environment

Ventilation management

Disinfection management of medical equipments

Personnel management
01 Key points of protection standards for medical personnel

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Key points of disinfection & prevention and control of infection in hospitals

01 disinfection

02 key points of prevention and control of infection in hospitals
Disinfection

Define the scope of disinfection

- Preventive disinfection
- Cleaning disinfection
- Terminal disinfection

Define the target of disinfection

- High-risk area
- Middle-risk area
- Low-risk area

Choose correct disinfection methods

- In-door air disinfection
- Disinfection of medical environment and articles
- Disinfection of medical staff skin and mucosa of medical staff

disinfect scientifically
02 Key points of prevention and control of infection in hospitals

Sufficient Protection

Sufficient Management

Sufficient Supervision
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Isolation and management process of suspected cases

01 Key points of centralized isolation management

02 Management process
01 Key points of centralized isolation management

01 Setting up isolation points

02 Staffing and material support for isolation points

03 Standardized management during isolation
02 Management procedure

Suspected cases of novel coronavirus

- Centralized isolation at isolation treatment points designated by government departments
  - Disease aggravate or diagnosed: Isolation treatment in designated hospitals
  - Two consecutive nucleic acid tests were negative:
    - Stay at home and observe for 14 days
    - No fever, respiratory symptoms, etc., released from isolation

- Develop fever, respiratory symptoms, etc.
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Home isolation environment requirements

See doctor in time if there is an abnormal situation.

If meet the standard, release medical observation

Home isolation personnel requirements

Visits by grassroots doctors

Home isolation caregivers requirements

Observation contents during isolation
close contacts of patients infected by novel coronavirus

Centralized isolation medical observation for 14 days

Each person is isolated in a separate room to avoid contact.

Ventilation and disinfection of rooms and public areas

Disinfection of daily necessities and disposal of contaminated paper towels and masks

Personal protection of staff and family members

Record the body temperature and health status in the morning and evening every day.

No discomfort during medical observation

Release medical observation

Development of symptoms such as fever, cough, chest tightness, fatigue, anorexia, or aggravation of the original respiratory symptoms

Diagnosis and treatment in designated medical institutions

Report to the person in charge
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Active discovery: community doctors visit the families with persons who have returned to their hometown from the epidemic area every day.

Passive discovery: grass-roots medical institutions receive cases with fever, dry cough, diarrhea and other symptoms.

Two and more family members have developed fever, respiratory symptoms, diarrhea and other symptoms within 14 days.

Active discovery: community doctors visit family intimate contacts with confirmed or suspected cases every day.

Diagnosed as onset of family cluster case

Inquire about the contact history of people in epidemic areas, epidemic areas and confirmed cases.

It is necessary to consider the possibility of infection of novel coronavirus, and it is recommended to seek medical attention at a fever clinic.

1. The results of blood routine examination shows that the white blood cell count is normal or decreased, or the lymphocyte decreases.
2. The chest CT shows the manifestation of COVID-19.

At least one of the two conditions is met.

COVID-19 suspected case, report through the infectious disease card within 2 hours

Confirmed cases should be transferred to designated hospitals

COVID-19 cannot be ruled out if the symptoms are not relieved or worsened.

If the results of 2 nucleic acid tests were negative, relieve the suspected cases, and the patients should be treated at home.

The community doctor visits every day to observe the changes of body temperature and symptoms.

The symptoms improved after home treatment, and release observation after 14 days.

Disconsider suspected cases, other diagnoses

Home treatment

Hospitalization treatment

Confirmed cases should be transferred to designated hospitals

The community doctor visits every day to observe the changes of body temperature and symptoms.

COVID-19 cannot be ruled out if the symptoms are not relieved or worsened.

If the results of 2 nucleic acid tests were negative, relieve the suspected cases, and the patients should be treated at home.

The community doctor visits every day to observe the changes of body temperature and symptoms.

The symptoms improved after home treatment, and release observation after 14 days.
What else do grass-roots medical and health institutions need to do when the onset of family cluster case happens?

1. Isolate close contacts of the family
2. Assist the department of disease control and prevention in epidemiological investigation
3. Relieve mental pressure and burden
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Transfer process of suspected cases

1. Medical institutions without fever clinics:
   - Pre-examination and triage
   - Stay-at-home and centralized medical observation points
   - Stations, docks, airports, road bayonets

2. Medical institutions with fever clinics:
   - Find suspected patients

3. If discover fever or epidemic history, do on-site isolation, and assessment by grass-roots doctors.

4. Remote guidance and confirmation by district disease prevention and control experts.

5. Report to the designated contact department of the health care system in the jurisdiction (special telephone number).

6. Contact designated hospital bed coordination center and emergency center (120) for transfer.

7. Isolation in isolation rooms and consultation in hospitals.

8. Discovery and report process.
The municipal CDC obtains the negative case discharge list of designated hospitals.

District Health Bureau check and sort out the list, and dispatch special vehicle to transfer (dispatching center)

If the underlying disease has not been cured, the patients need to be continually treated in a specialist hospital.

Contact the specialized hospital for isolation and transfer by chauffeured cars

Before the end of the isolation period, continue to be isolated until the expiration of the period

Delivered the isolated personnel to their home or the centralized isolation point by chauffeured cars, contact the staff and make the handover

When the isolation period ends, there is no need to continue the isolation.

Go home by themselves

Follow-up of community health service center

Community doctors follow-up

Provide the telephone number of the staff in the receiving community or centralized isolation point, and continue the medical observation until the expiration of the period.

Issue the notice of release of isolated observation and inform the community

Transport process after nucleic acid test is negative.
Matters needing attention during transfer?

- **Safe transfer environment**
- **Safety protection of drivers and medical personnel**
- **Thorough disinfection after the completion of the transfer**
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During the period of epidemic prevention and control, domestic waste is temporarily divided into general domestic waste and epidemic-related domestic waste.

**General domestic waste** is the garbage produced in the daily life of healthy people and asymptomatic close contact cases.

**Epidemic-related domestic waste** is the domestic waste produced before centralized treatment of close contact cases of confirmed patients, people with fever or respiratory symptoms, suspected cases and confirmed cases.
Epidemic-related domestic waste can not be mixed with general domestic waste

- The isolated personnel bag the rubbish by themselves.
- Put it in double-layer medical garbage bag, sterilize the bag with spray and seal the bag.
- Put it in a disposable cardboard box and seal it with the label "epidemic-related garbage".
- Put in a prominent position outside the door.
- The garbage is collected by special staffs.
- Transfer to temporary storage site.
Thank you!