
医疗机构中医务人员新型冠状病毒（2019-nCoV）感染的潜在危险因素评估方案

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### Study population

Health care workers in a health care setting in which a confirmed 2019-nCoV case has received care

### Potential output and analysis

Transmissibility in healthcare settings, through estimates of:
- Secondary Infection rate (SIR) among healthcare workers
- Range of clinical presentation, risk factors for infection
- Serologic response following symptomatic 2019-nCoV infection
- Identification of possible routes of transmission

### Study design

Prospective study of health care workers involved in care of any confirmed 2019-nCoV case, irrespective of symptoms

### Minimum information and specimens to be obtained from participants

Data collection: Epidemiological data including: clinical symptoms, exposures in health care facility, including contact with confirmed case(s) and use of personal protective equipment.

Specimens: Serum to inform seroepidemiological inferences, optional - respiratory (and other) to diagnose current 2019-nCoV infection

Specimens: Serum to inform seroepidemiological inferences, optional - respiratory (and other) to diagnose current 2019-nCoV infection
1 背景

The detection and spread of an emerging respiratory pathogen are accompanied by uncertainty over the key epidemiological, clinical and virological characteristics of the novel pathogen and particularly its ability to spread in the human population and its virulence (case-severity). This is the case for the novel coronavirus (2019-nCoV), first detected in Wuhan city, China in December 2019 (1).

Other coronaviruses such as Severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) have been characterized by inefficient transmission in general community settings, but also by amplification events in health care settings occasionally resulting in large nosocomial outbreaks. Overcrowding in emergency rooms, non-adherence to infection prevention and control precautions, as well as possible environmental contamination are thought to be implicated in such amplification in MERS-CoV outbreaks (2-6).

Health care workers play a critical role, not only in the clinical management of patients, but also in ensuring adequate infection prevention and control measures are implemented in healthcare facilities. Initial surveillance focuses primarily on patients with severe disease, and as such, the full spectrum of diseases, including the extent and fraction of mild or asymptomatic infection that do not require medical attention and the role they may play in secondary transmission are not clear.

Understanding 2019-nCoV infection among healthcare workers and the risk factors for adverse outcomes is important not only for characterising virus transmission patterns and risk factors for infection, but...
also for preventing future infection of healthcare workers and other patients, for informing and updating infection prevention and control measures at healthcare facility and national level and for reducing secondary 2019-nCoV transmission within healthcare settings.

At this stage, the extent of 2019-nCoV infection in health care settings is not clear, nor whether there are certain risk factors associated with infection in health care workers. The following protocol has been designed to investigate the extent of infection and risk factors for infection among health care workers. Follow-up and testing of respiratory specimens and serum of health care workers within a facility in which a confirmed case of 2019-nCoV infection is receiving care can provide useful information on transmissibility and routes of transmission, and are important for limiting amplification events in health care facilities.

Each country may need to tailor some aspects of this protocol to align with public health, laboratory and clinical systems, according to capacity, availability of resources and cultural appropriateness. However, using a standardized protocol such as the protocol described below, epidemiological exposure data and biological samples can be systematically collected and shared rapidly in a format that can be easily aggregated, tabulated and analyzed across many different settings globally for timely estimates of 2019-nCoV infection severity and attack rates, as well as to inform public health responses and policy decisions. This is particularly important in the context of a novel respiratory pathogen, such as 2019-nCoV.

Comments for the user’s consideration are provided in purple text throughout the document as the user may need to modify methods slightly because of the local context in which this study will be carried out.
1.1 目标

There are three primary objectives of this investigation among health care workers in a health care setting where a 2019-nCoV infected patient is being cared for:

1. To better understand the extent of human-to-human transmission among health care workers, by estimating the secondary infection rate for health care worker contacts at an individual level.
2. To characterize the range of clinical presentation of infection and the risk factors for infection among health care workers.
3. To evaluate effectiveness of infection prevention and control measures among health care workers.
4. To evaluate effectiveness of infection prevention and control programmes at health facility and national level.

This investigation among health care workers can permit evaluation of secondary objectives such as, but not limited to:

1. To determine the serologic response for health care workers with symptomatic and possibly asymptomatic 2019-nCoV infection.
2. To characterize duration and severity of 2019-nCoV-associated disease among health care workers.
3. Others (context specific/ optional).

COMMENT: Antibody kinetics of 2019-nCoV infection are currently not known, and the serologic response of mild or asymptomatic 2019-nCoV infections may be limited. The study investigators may wish to consider using molecular testing of health care worker contacts.
to capture acute infection (regardless of symptoms), if
the study is started shortly after the identification of a
patient with 2019-nCoV infection within the health care
facility.

In this context the secondary infection rate (SIR) is a measure
of the frequency of new cases of 2019-nCoV infection among the
health care worker contacts of a primary confirmed case within the
same health care facility in a defined period of time, as determined
by a confirmed 2019-nCoV positive lab result. In simple terms: the
proportion of health care worker contacts of a primary case who
subsequently become infected with 2019-nCoV

2 研究过程

2.1 研究设计

This is a case-ascertained prospective investigation of all identified health care contacts working in a health care facility in which a laboratory confirmed 2019-nCoV infected patient (see 2.2 Study population) receives care. Note that this study can be done in health care facilities at all 3 levels of a health system – not just in hospitals. It is intended to provide epidemiological and serological information which will inform the identification of risk factors 2019-nCoV infection among health care workers.

The timing of this study is critical. Ideally, this study should be conducted as soon after a patient with 2019-nCoV is identified at a health care facility. It needs to be possible to define a discrete period of possible exposure for each are of the health care facility that the patient has visited and an exhaustive list of all health care workers who have been present in the same area as the patient. It should also ideally be conducted within the early phases of an epidemic, before
widespread transmission or nosocomial outbreaks occur.

### 2.2 研究人群

The study population is derived from the identification of all health care personnel who have worked in a health care facility where there is a laboratory confirmed 2019-nCoV infected patient receiving care. Every effort should be made to include all identified health care workers who have worked at any point during the time that the laboratory confirmed 2019-nCoV infected patient has been in the health care facility.

**COMMENT:** It is likely that a patient will have moved around several areas of a health care facility – e.g. admission at Emergency Room, transported to radiology, moved to a ward. Every effort should be made to include all health care workers (see below) who have been in the same area as the patient as he/she moved through the health care facility.

For the purpose of this investigation, health care worker should not be too restrictive so that a large number of potentially exposed health care workers are included in the study. For this reason, health care worker should be defined as all staff in the health care facility involved in the provision of care for a 2019-nCoV infected patient, including those who have been present in the same area as the patient, as well as those who may not have provided direct care to the patient but who have had contact with the patient’s body fluids, potentially contaminated items or environmental surfaces. This includes health care professionals, allied health workers, auxiliary health workers (e.g. cleaning and laundry personnel, x-ray physicians and technicians, clerks, phlebotomists, etc.).
respiratory therapist, nutritionists, social workers, physical therapists, lab personnel, cleaners, admission/reception clerks, patient transporters, catering staff etc.

Once a case of 2019-nCoV infection has been identified in a health care facility, a list of all health care workers with any exposure to 2019-nCoV patient will need to be drawn up (see Considerations for identifying health care workers in Appendix 1). This should be done in consultation with supervisors and colleagues, duty rosters and possibly the medical file of the patient to understand all the areas of the health care facility the patient has visited and to ensure all health care workers can be identified and recruited into the study.

COMMENT: This protocol is designed to assess risk factors for infection among health care workers with potential exposure to 2019-nCoV. It does not include visitors to the health care facility who may have had contact with a 2019-nCoV infected patient or the patient’s material.

COMMENT: For the purposes of comparability between investigations, it is important that health care worker encounters are defined clearly in terms of type and duration of potential exposure in any reporting on the investigation.

### 2.3 纳入标准

**Inclusion criteria:** All health care workers with any potential exposure to a 2019-nCoV infected patient within a health care facility, including exposure to the patient’s blood and body fluids, and to contaminated materials or devices and equipment linked to the patient.

**Exclusion criteria:** Health care workers who work in another health care facility, particularly those that work

一旦在医疗机构中发现2019-nCoV感染病例，则需要列出暴露接触过该患者的所有医务工作者名单（见附录1.确定医务工作者的注意事项）。这项工作应参考和咨询上级主管、同事、值班人员和可能的患者个人医疗档案，以便了解该患者访问过的所有医疗区域，并确保所有与之有接触的医务工作者都能被识别并纳入到研究中。

备注：该方案旨在评估可能接触2019-nCoV的医务工作者感染的危险因素，因此那些可能接触过2019-nCoV感染患者或其物品的其他患者或家属不纳入研究。

备注：为了使研究之间具有可比性，在任何研究报告中，明确界定医务人员的接触类型和潜在暴露的持续时间是非常重要的。

备注：在医疗机构内，所有与2019-nCoV感染患者有潜在接触的医务工作者，包括暴露于患者的血液和体液者，以及接触与患者有关的受污染材料或设备的人员。

排除标准：同时在另一家医疗卫生机构工作的医务工作者，特别是其工作的机
in a health care facility which has recently experienced widespread nosocomial transmission; health care workers who have a confirmed 2019-nCoV case among his/her household/close contacts.

COMMENT: The concept of “protected exposure” will be evaluated as part of this study. As such, wearing personal protective equipment (PPE) should not be considered an exclusion criterion, as one of the risk factors to be studied is use of appropriate PPE.

Equally, symptomatic health care workers should also not be excluded from the study. If the symptomatic health care worker is too ill to be interviewed, the investigators should consider whether a proxy (colleague or supervisor) may be able to complete the questionnaire on his/her behalf.

2.4 数据收集

All health care workers recruited into the study will need to complete a questionnaire which covers demographic information, contact and possible exposure with the 2019-nCoV infected patient since he/she has been admitted to the health care facility and infection prevention and control measures. A questionnaire can be found in Appendix 1 of this document. These forms are not exhaustive, but outline the data collection required for insight into the epidemiology of 2019-nCoV and may be updated further. This protocol and questionnaire will still need to be adapted based on the local setting, and outbreak characteristics.
2.5 样本采集

COMMENT: The following is intended to guide minimum specimen collection from all health care workers. Depending on how long after the identification of the 2019-nCoV infection in the health care facility the study is conducted, the study investigators may also want to consider including respiratory samples for molecular testing to detect acute 2019-nCoV infection, and/or serial respiratory sampling. Please note that appropriate PPE needs to be worn by study investigators for the collection of any specimen (see 2.8.5 Prevention of 2019-nCoV infection in investigation personnel).

A baseline serum sample should be collected from all health care workers, as soon as possible after confirmation of a 2019-nCoV infected patient in the health care facility.

A second serum sample will need to be collected from the same health care workers at least 21 days after the collection of the first serum sample. These paired serological samples will allow for confirmation of seroconversion, and are useful to better understand the secondary-infection attack rate and the proportion of infections that are asymptomatic. These paired samples should be taken from all identified health care worker contacts, regardless of symptoms.

表1：有接触史医务工作者的数据和样本采集时间表

<table>
<thead>
<tr>
<th>入组后天数</th>
<th>0 (±1)</th>
<th>...</th>
<th>...</th>
<th>&gt;21</th>
</tr>
</thead>
<tbody>
<tr>
<td>进入卫生机构收集数据</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>血清样本</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>其它，例如连续呼吸样本</td>
<td>(可选：基于疫情/资源)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

图例：
- 蓝框表示研究的必要步骤
- 绿框表示在本研究最低样本要求基础上可收集的额外样本，以增加可用信息。可包括用于分子检测
的呼吸道样本，以捕获2019-nCoV急性感染，无论症状如何。

### 2.6 使用Go.Data工具（选用）

Go.Data is software which has been designed to be used by WHO, Member states and partners to support and facilitate outbreak investigation including field data collection, contact tracing and visualization of chains of transmission. The tool includes functionality for case and contact data collection, contact follow-up and visualization of chains of transmission. It has 2 components: a web application and an optional mobile app. The tool is targeted at any outbreak responders, including WHO staff, staff from Ministry of Health and partner institutions.

Key features of the Go.Data software include:

- Users with appropriate rights can configure case investigation form, contact follow-up form and lab data collection form.
- Outbreak templates are included for easier creation of outbreak data collection forms.
- Open source and free for use with no licensing costs.
- Go.Data offers different types of operation (server or stand-alone) on different platforms (Windows, Linux, Mac).
- Allows for case and contact data collection, including lab data.
- Generates contact follow-up list and visualizes chains of transmission.
- It provides multi-lingual support, with possibility to add additional languages though user interface.
- Go.Data is not build for a specific disease or specific country, it is highly configurable, with configurable reference and location data.
• One Go.Data installation can be used to collect data for many outbreaks.
• Granular user roles and permissions, including possibility to provide user access at outbreak level
• Has optional mobile app (Android and iOS) focused on contact tracing and possibility to register cases and contacts.
Contact: godata@who.int
WHO Go.Data website

2.7 标本运输

All those involved in collection and transporting specimens should be trained in safe handling practices and spill decontamination procedures. For details regarding the transport of samples collected and infection control advice, please refer to case management algorithm and laboratory guidance in the country or WHO laboratory guidance, available on the WHO website.

For each biological sample collected, the time of collection, the conditions for transportation and the time of arrival at the study laboratory will be recorded. Specimens should reach the laboratory as soon as possible after collection. If the specimen is not likely to reach the laboratory within 72 hours, specimens should be frozen, preferably at -80°C, and shipped on dry ice. It is, however, important to avoid repeated freezing and thawing of specimens. The storage of serum specimens in domestic frost-free freezers should be avoided, owing to their wide temperature fluctuations. Serum should be separated from whole blood and can be stored and shipped at 4°C or frozen to -20°C or lower and shipped on dry ice.

Transport of specimens within national borders should comply with applicable national regulations.
International transport of specimens should follow applicable international regulations as described in the WHO Guidance on Regulations for the Transport of Infectious Substances 2013-2014.

2.8 伦理考量

Ethical requirements will vary by country. In some countries, this investigation may fall under public health surveillance (emergency response) acts and may not require ethical approval from an Institutional Review Board.

2.8.1 知情同意

The purpose of the investigation will be explained to all known health care worker contacts of a confirmed 2019-nCoV infected patient. Informed consent will be obtained from all health care worker contacts willing to participate in the investigation before any procedure is performed as part of the investigation by a trained member of the investigation team. Each participant must be informed that participation in the investigation is voluntary and that s/he is free to withdraw, without justification, from the investigation at any time without consequences and without affecting professional responsibilities.

COMMENT: The age of consent may vary by country. Check the requirements of local, regional or national authorities.

Informed consent will seek approval to collect blood samples and epidemiological data for the intended purpose of this investigation, that samples may be shipped outside of the country for additional testing and that samples may be used for future research purposes.
2.8.2 参与者的风险和收益

This investigation poses minimal risk to participants, involving the collection of a small amount of blood. The direct benefit to the participant is the ability to detect 2019-nCoV infection which would allow for appropriate monitoring and treatment. The primary benefit of the study is indirect in that data collected will help improve and guide efforts to understand transmission of 2019-nCoV and prevent further spread of 2019-nCoV.

2.8.3 保密性

Participant confidentiality will be maintained throughout the investigation, especially exposure of health care workers to 2019-nCoV. All subjects who participate in the investigation will be assigned a study identification number by the investigation team for the labelling of questionnaires and clinical specimens. The link of this identification number to individuals will be maintained by the investigation team and the Ministry of Health (or equivalent) and will not be disclosed elsewhere.

If the data is shared by the implementing organization to WHO or any agency or institution providing support for data analysis, data shared will include only the study identification number and not any personably identifiable information.

Article 45 of the IHR (2005) describes the “treatment of personal data”. Person identifiable data collected under the IHR should be kept confidential and processed anonymously, as required by national law. However, such data may be disclosed for assessments.

2 https://www.who.int/ihr/publications/9789241580496/en/
and management of public health risks, provided the data are processed fairly and lawfully.

2.8.4 Go.Data 使用条款

If groups implementing the investigation opt to use open-source Go.Data as a tool to run this investigation, the Go.Data server can be hosted either on a server within the country or at WHO. The group implementing the study will need to consider the best approach for the investigation setting. If the Go.Data server is to be based at WHO, access to the Go.Data application on this server will be restricted to users who have valid login credentials for the Go.Data application.

2.8.5 预防研究人员感染

All personnel involved in the investigation need to be trained in infection prevention and control procedures (standard contact, droplet, contact and airborne precautions, as determined by national or local guidelines). These procedures should include proper hand hygiene and the correct use of medical or respiratory face masks, if necessary, not only to minimize their own risk of infection when in close contact with health care workers who have had potential exposure to a 2019-nCoV infected patient, but also to minimize the risk of spread among health care worker contacts of a 2019-nCoV infected patient.

WHO technical guidance on infection prevention and control specific to 2019-nCoV can be found on the WHO website.
3 实验室评估

Laboratory guidance for 2019-nCoV can be found on the WHO website.
Several assays that detect 2019-nCoV have been recently developed and the protocols or SOPs can also be found on the WHO website.

4 统计分析

4.1 样本量

This investigation is intended to be implemented to provide information on the extent of 2019-nCoV infection among health care workers and on possible risk factors for infection. Larger studies will undoubtedly permit more robust analysis of potential factors affecting the secondary infection risk and more detailed characterization of serologic responses following infection.

4.2 流行病学参数

The table below provides an overview of the epidemiological parameters that can be measured as part of this investigation.

<table>
<thead>
<tr>
<th>参数</th>
<th>定义</th>
<th>表格和问题从哪里获得数据来计算相关参数</th>
<th>评论、限制</th>
</tr>
</thead>
<tbody>
<tr>
<td>二次感染率(也称为二次感染发生率)</td>
<td>在确定的时间内，在确诊 2019-nCoV 的卫生保健工作者的人将被确定为被确认患有 2019nCoV 感染的卫生保健工作者的人</td>
<td>表格 3</td>
<td>*分子将被确定为被确认患有 2019nCoV 感染的卫生保健工作者的人</td>
</tr>
<tr>
<td>接触类型</td>
<td>血清学反应</td>
<td>备注</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>------</td>
<td></td>
</tr>
</tbody>
</table>
| 保健工作者接触者中频率的测量 (接触者之间的感染率。通过配对样品的血清学试验推断) | 血清中 2019nCoV 特异性抗体水平的变化 (滴定度增加) | 表格 3
| *表示在规定的时间内与医护人员接触的总体感染风险。 |
| *对感染的血清学反应只能通过添加实验室数据来计算 |
| *将补充临床研究和最初几项爆发研究的结果，以确认预期感染后血清转换 |
| 与最高感染风险相关的接触类型 | 确定最容易感染 2019-nCoV 感染的群体 (如年龄组、性别、职业) | 表格 1: Q6 表格 2: Q10 |
| *可能只是早期信号，需要使用其他信息来源来为决策提供信息(病例行列表和其他临床病例系列) |
| *这项研究可能存在偏见，因为我们招募是基于被发现并确认具有 2019-nCoV，而寻求医疗服务的行为可能在不同人群中有所不同 |

## 5 研究结果报告

### 5.1 报告

Any investigation of this nature should include reporting on the following information:

1. the number of laboratory confirmed cases of 2019-nCoV infection, the number of health care workers 数，而分母将被确定为登记为病例联系人的卫生保健工作者的总人数。
2. *表示在规定的时间内与医护人员接触的总体感染风险。
identified and, of those, the number enrolled and types of roles they have in the health care facility;

(2) the number of household contacts with serologic evidence of 2019-nCoV infection. If sample size permits, these numbers should be stratified by age, role within the hospital and possible type of exposure (direct care, environmental exposure etc);

COMMENT: If molecular testing is included as part of this study, it would be important to report the number of health care workers with acute 2019-nCoV infection, and of these, the characterisation of illness.

It is also important to fully document the study design, including the definition of the health care facility and health care worker, the approach to identification of health care workers possibly exposed to 2019-nCoV infected patient, the duration between collection of serum samples, and the laboratory methods used to ensure that data can be pooled to increase power in estimating epidemiological parameters.

Ideally, information would be collected in a standardized format according to the questionnaires and tools in this generic protocol to assist with data harmonization and comparison of results (see forms in Appendix A).

If the data is shared by the implementing organization to WHO or any agency or institution providing support for data analysis, data shared will include only the study identification number and not any personably identifiable information.

6 参考文献

1. World Health Organization. Disease Outbreak News: Pneumonia of unknown cause – China https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/?fbclid=IwAR2v89e9lp70O6GTra13FIPHCxLw4WJ8kL20UyJ5zZNTWAYvbR0sEATr...


6.1 有关新型冠状病毒的更多参考资料

WHO Disease Outbreak News
https://www.who.int/csr/don/en/

Surveillance and case definitions

Laboratory guidance
https://www.who.int/health-topics/coronavirus/laboratory-diagnostics-for-novel-coronavirus

Clinical management

Infection prevention and control
https://www.who.int/publications-detail/infection-prevention-and-control-during-health-
7 致谢

This generic protocol was adapted from the protocol entitled “Assessment of potential risk factors of Middle East respiratory syndrome coronavirus (MERS-CoV) infection among health care personnel in a health care setting” by WHO and “Prospective Study of household transmission of Influenza” by the Consortium for the Standardisation for Influenza Seroepidemiology (CONSISE). CONSISE is a global partnership aiming to develop influenza investigation protocols and standardise seroepidemiology to inform public health policy for pandemic, zoonotic and seasonal influenza. This international partnership was created out of a need, identified during the 2009 H1N1 pandemic, for better (standardised, validated) seroepidemiological data to estimate infection attack rates and severity of the pandemic virus and to inform policy decisions.

Many people were involved in the creation and revision of this protocol. These include: Maria D Van Kerkhove, Amgad Elkholy, Mamun Malik, Rebecca Grant, Anthony W Mounts, Sergey Eremin, Cota Vallenas, Julia Fitzner, Isabel Bergeri, Kaat Vandemaele, Ann Moen, Wenqing Zhang, Aspen Hammond, Julia Fitzner, April Baller, Maria Clara Padoveze, Anne Perrocheau, Yuka Jinnai, Stéphane Huggonnet, Oliver Morgan, Sooyoung Kim, Adrian Marcato.

Outside WHO, a large number of extra non-WHO individuals were involved in influenza protocols as part of the WHO expert working Group on Pandemic Influenza Special Investigation Studies (by alphabetical order). These include: Silke Buda (RK Institute,
Germany), Cheryl Cohen (MoH South Africa), Ben Cowling (Hong Kong University, Jeffery Cutter (MoH Singapore), Vernon Lee (MoH Singapore), Rodrigo Fasce (NIC Chile), Gail Carson (GOARN operational support team), Jean-Michel Heraud (Institut Pasteur de Madagascar), Peter Horby (ISARIC, United Kingdom), Sue Huang (NIC, Institute of Environmental Science and Research, New Zealand), Arunkumar Govindakarnavar (Manipal Institute of Virology Manipal, Academy of Higher Education), Bryan Kim (WHO GOARN operational support team, Switzerland), Vernon Lee (MoH Singapore), Adrian Marcato (University of Melbourne, Australia), Jodie McVernon (Peter Doherty Institute, Australia), Richard Pebody (Public Health England, United Kingdom), Melissa Rolf (US CDC), Hassan Zaraket (American University of Beirut, Lebanon), Lei Zhou (China CDC), John Watson (US CDC), Tim Uyeki, John Wood, Othmar Engelhardt, Jeffery Cutter, Salah Al Awaidi, Susan I Gerber, Pasi Penttinen, Julien Baute and Elizabeth Bancroft.
Assessment of potential risk factors for 2019-novel coronavirus infection among health care workers in a health care setting

Considerations for identifying all health care workers with possible exposure to 2019-nCoV infected patient while the patient has received care within the health care facility

Before the study begins, all health care workers with possible exposure through working in close proximity to the 2019-nCoV infected patient need to be identified. This needs to begin with a consultation of the patient’s medical file and health records to establish the date of admission and the periods of time spent in each area of the health care facility based on the patient’s movements within the health care facility since admission.

For every area of the health care facility that the patient has visited since admission, all staff with exposure to the patient care area irrespective of direct contact with the patient) need to be identified and included in the study.

Please note, health care worker should be defined as all staff in the health care facility involved in the provision of care for a 2019-nCoV infected patient, including those who have been present in the same area as the patient, as well as those who may not have provided direct care to the patient, but who have had contact with the patient’s body fluids, potentially contaminated items or environmental surfaces. This includes health care professionals, allied health workers, auxiliary health workers (e.g. cleaning and laundry personnel), x-ray physicians and technicians, clarks, phlebotomists, respiratory therapist, nutritionists, social workers, physical therapists, lab personnel, and any other staff involved in the care of the patient. Please note, the exact definition of what constitutes "exposure" will depend on the specific circumstances and should be determined by local health authorities.
personnel, cleaners, admission/reception clerks, patient transporters, catering staff etc.).
在医疗机构中评估2019年新型冠状病毒感染的潜在风险因素

表格1：医护人员报告表（第1天）

<table>
<thead>
<tr>
<th>唯一的医护人员ID</th>
<th>2019-nCoV患者ID</th>
</tr>
</thead>
</table>

1. 现状
  □ 存活 □ 已死亡

2. 数据收集者信息

<table>
<thead>
<tr>
<th>数据收集者姓名</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>数据收集者所在机构</td>
<td></td>
<td></td>
</tr>
<tr>
<td>数据收集者电话号码</td>
<td></td>
<td></td>
</tr>
<tr>
<td>手机号码</td>
<td></td>
<td></td>
</tr>
<tr>
<td>邮箱</td>
<td></td>
<td></td>
</tr>
<tr>
<td>填表日期（DD/MM/YYYY）</td>
<td>(DD/MM/YYYY)</td>
<td></td>
</tr>
<tr>
<td>访问日期（DD/MM/YYYY）</td>
<td>(DD/MM/YYYY)</td>
<td></td>
</tr>
</tbody>
</table>

3. 联系人信息

<table>
<thead>
<tr>
<th>名</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>姓</td>
<td></td>
</tr>
<tr>
<td>性别</td>
<td>□ 男 □ 女 □ 不详</td>
</tr>
<tr>
<td>出生日期（DD/MM/YYYY）</td>
<td>(DD/MM/YYYY)</td>
</tr>
<tr>
<td>电话(手机)号码</td>
<td></td>
</tr>
<tr>
<td>年龄(岁, 月)</td>
<td></td>
</tr>
<tr>
<td>邮箱</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>国家身份证号码/唯一识别编号(如果有)</td>
<td></td>
</tr>
<tr>
<td>居住国家</td>
<td></td>
</tr>
<tr>
<td>国籍</td>
<td></td>
</tr>
<tr>
<td>种族(可选)</td>
<td></td>
</tr>
<tr>
<td>吸烟？</td>
<td>□ 是 □ 否</td>
</tr>
</tbody>
</table>
| 在卫生保健机构的职业 | □ 医生  
□ 注册护士(或同等职业)  
□ 助理护士、护理技师(或同等职业)  
□ 放射科/ X射线技术员  
□ 采血护士  
□ 理疗师  
□ 营养学家/营养师  
□ 其他卫生保健提供者  
□ 实验室人员  
□ 入院/接待处文职人员  
□ 病人转运车司机  
□ 餐饮人员  
□ 清洁工 |

### 4. 遵守感染预防和控制措施信息

<table>
<thead>
<tr>
<th>您最近在医疗机构进行的IPC培训是什么日期？(DD/MM/YYYY)</th>
<th>DD/MM/YYYY</th>
</tr>
</thead>
</table>
| 您在此医疗机构接受了多长时间的IPC累积培训(标准预防措施，其他预防措施)？ | □ 不足2小时  
□ 超过2小时 |
| 您是否遵循建议的手部卫生习惯？ | □ 总是遵循建议  
□ 大多时候  
□ 偶尔 |
<table>
<thead>
<tr>
<th>问题</th>
<th>□ 是</th>
<th>□ 否</th>
<th>□ 不详</th>
</tr>
</thead>
<tbody>
<tr>
<td>在接触患者之前，您是否使用过酒精消毒手或者用肥皂和水洗手？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>在清洁/无菌程序之前，您是否使用过酒精消毒手或者用肥皂和水洗手？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>在体液暴露（有风险）后，您是否使用过酒精消毒手或者用肥皂和水洗手？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>接触患者后，您是否使用过酒精消毒手或者用肥皂和水洗手？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>接触患者周围的环境后，您是否使用过酒精消毒手或者用肥皂和水洗手？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>与任何患者接触时，您是否遵循IPC标准预防措施？</td>
<td>□ 总是遵循建议</td>
<td>□ 大多时候</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>有指征时您是否穿着个人防护装备(PPE)？</td>
<td>□ 始终根据风险评估去做</td>
<td>□ 大多数时候根据风险评估去做</td>
<td>□ 偶尔</td>
</tr>
<tr>
<td>(PPE包括：医用口罩，面罩，手套，护目镜/眼镜，工作服，头罩，呼吸器(例如N95或同等装备)，鞋套)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>医疗机构中是否有足够数量的PPE？</td>
<td>□ 是</td>
<td>□ 否</td>
<td>□ 不详</td>
</tr>
</tbody>
</table>

5. 对2019-nCoV感染患者的暴露

2019-nCoV确诊患者的入院日期 DD/MM/YYYY:
<table>
<thead>
<tr>
<th>(DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>自患者入院以来，您是否与患者保持密切接触（1米以内）？</td>
</tr>
<tr>
<td>-如果是，请问总共有几次？</td>
</tr>
<tr>
<td>-如果是，每次要持续多长时间？</td>
</tr>
<tr>
<td>如果是，您是否延长了面对面的接触时间（&gt; 15分钟）？</td>
</tr>
</tbody>
</table>

如果是，你是否穿戴了PPE？
□ 是 □ 否 □ 不详
如果是，你穿戴了什么？
勾选所有适用项:
- 医用口罩
- 面罩
- 手套
- 护目镜/眼镜
- 白大褂
- 工作服
- 头套
- 防毒面具（例如N95或同等品）
- 鞋套

- 如果您戴着医用口罩，是什么类型：

- 如果您戴了口罩，它是否通过了测试？ □ 是 □ 否 □ 不详

- 如果您戴着手套，在与患者接触后是否摘下了手套？ □ 是 □ 否

- 如果是，您在与患者接触之前是否进行过手部清洁？ □ 总是遵循建议 □ 大多时候 □ 偶尔 □ 很少

如果是：
- 用的酒精手消毒液
- 用香皂和水洗手
- 用水洗手
-如果是，您在与患者接触后是否进行过手部清洁？
  □ 总是遵循建议
  □ 大多时候
  □ 偶尔
  □ 很少

-如果是，您是否参加了对患者进行的任何雾化程序？
  □ 是 □ 否 □ 不详

如果是，请描述该过程：

-如果是，您是否穿戴了PPE？
  □ 是 □ 否 □ 不详

如果是，你穿戴了什么？
勾选所有适用项:
- 医用口罩
- 面罩
- 手套
- 护目镜/眼镜
- 白大褂
- 工作服
- 头套
- 防毒面具（例如N95或同等品）
- 鞋套

-如果是，您是否接触过患者的体液？
  □ 是 □ 否 □ 不详

如果是，哪些体液：

-如果是，您是否接触过患者的体液？
  □ 是 □ 否 □ 不详

如果是，哪些体液：

自患者入院以来，您是否直接与其接触？
□ 是 □ 否 □ 不详
患者的材料：患者可能接触过的个人物品、布料和医疗设备

- 如果是，接触了哪种材料？
  - 勾选所有适用项：
    - 衣服
    - 个人物品
    - 布料
    - 病人使用的医疗器械
    - 与患者连接的医疗设备（例如呼吸机，输液泵等）
    - 其他：

- 如果是，自他/她入院以来共有几次？

- 如果是，您是否通过接触患者的材料而接触到了患者的体液？
  - 是 □ 否 □ 不详
  - 是，哪些体液：
  - 是，你是否穿戴了PPE？
    - 是 □ 否 □ 不详
    - 是，你穿戴了什么？
      - 勾选所有适用项：
        - 医用口罩
        - 面罩
        - 手套
        - 护目镜/眼镜
        - 白大褂
        - 药服
        - 头套
        - 防毒面具（例如N95或同等品）
        - 鞋套

- 如果是，您在接触患者的材料之前是否进行过手部清洁？
  - 总是遵循建议
  - 大多时候
  - 偶尔
  - 很少
  - 是，您使用的消毒剂是：
    - 用的酒精手消毒液
    - 用香皂和水洗手
    - 用水洗手
<table>
<thead>
<tr>
<th>问题</th>
<th>选择</th>
</tr>
</thead>
<tbody>
<tr>
<td>-如果您戴着手套，在与患者接触后是否摘下了手套？</td>
<td>□ 是 □ 否</td>
</tr>
<tr>
<td>-如果是，您在接触患者的材料后是否进行手部清洁？</td>
<td>□ 总是遵循建议 □ 大多时候 □ 偶尔 □ 很少</td>
</tr>
<tr>
<td>如果是:</td>
<td>□ 用的酒精手消毒液 □ 用香皂和水洗手 □ 用水洗手</td>
</tr>
<tr>
<td>您是否直接接触患者周围的表面？</td>
<td>□ 是 □ 否 □ 不详</td>
</tr>
<tr>
<td>-如果是，何种表面？</td>
<td>勾选所有适用项： □ 床 □ 浴室 □ 病房走廊 □ 病床 □ 床头柜 □ 餐桌 □ 医用气体面板 □ 其他：</td>
</tr>
<tr>
<td>-自从他/她入院以来共计几次？</td>
<td></td>
</tr>
<tr>
<td>-如果是，您是否通过患者周围的表面接触了患者的体液？</td>
<td>□ 是 □ 否 □ 不详</td>
</tr>
<tr>
<td>如果是，哪些体液：</td>
<td></td>
</tr>
</tbody>
</table>
如果是，你是否穿戴了PPE？
- 是 □ 否 □ 不详

如果是，你穿戴了什么？
勾选所有适用项:
- 医用口罩 □
- 面罩 □
- 手套 □
- 护目镜/眼镜 □
- 白大褂 □
- 工作服 □
- 头套 □
- 防毒面具 (例如N95或同等品) □
- 鞋套 □

- 如果是，您在接触这些表面后是否进行手部清洁？ □ 是 □ 否 □ 不详

6a. 卫生保健工作者的症状
自患者入院以来，您是否经历过呼吸道症状（咽痛，咳嗽，流鼻涕，呼吸急促）？
- 是 □ 否 □

首次症状发作的日期(DD/MM/YYYY) □
- 无症状 □ 不详
<table>
<thead>
<tr>
<th>疾病</th>
<th>是否</th>
<th>时间</th>
</tr>
</thead>
<tbody>
<tr>
<td>发烧（≥38°C）或发烧史</td>
<td>是/否/不详</td>
<td>请填最高温度：</td>
</tr>
<tr>
<td>6b. 呼吸道症状</td>
<td></td>
<td></td>
</tr>
<tr>
<td>咽喉痛</td>
<td>是/否/不详</td>
<td>(DD/MM/YYYY): <strong>/</strong>/__</td>
</tr>
<tr>
<td>咳嗽</td>
<td>是/否/不详</td>
<td>(DD/MM/YYYY): <strong>/</strong>/__</td>
</tr>
<tr>
<td>流鼻涕</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>呼吸急促</td>
<td>是/否/不详</td>
<td>(DD/MM/YYYY): <strong>/</strong>/__</td>
</tr>
<tr>
<td>6c. 其他症状</td>
<td></td>
<td></td>
</tr>
<tr>
<td>发寒</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>呕吐</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>恶心</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>腹泻</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>头痛</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>皮疹</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>结膜炎</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>肌肉疼痛</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>关节疼痛</td>
<td>是/否/不详</td>
<td></td>
</tr>
<tr>
<td>症状</td>
<td>是</td>
<td>否</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>食欲不振</td>
<td></td>
<td></td>
</tr>
<tr>
<td>鼻出血</td>
<td></td>
<td></td>
</tr>
<tr>
<td>疲劳</td>
<td></td>
<td></td>
</tr>
<tr>
<td>全身无力</td>
<td></td>
<td></td>
</tr>
<tr>
<td>其他症状</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

如果是，请详细描述:

7. 卫生保健工作者既往病史

<table>
<thead>
<tr>
<th>病史</th>
<th>是</th>
<th>否</th>
<th>不详</th>
</tr>
</thead>
<tbody>
<tr>
<td>肥胖</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>癌症</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>艾滋病/其他免疫缺陷</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>心脏病</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>哮喘（需要药物治疗）</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>慢性肺病（非哮喘）</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>慢性肝病</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>慢性血液病</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

如果是，为第几次妊娠:

| | 第一次 | 第二次 | 第三次 | 不适  |
| |        |        |        |       |

如果适用，请详细描述：

"食欲不振 □ 是 □ 否 □ 不详
鼻出血 □ 是 □ 否 □ 不详
疲劳 □ 是 □ 否 □ 不详
全身无力 □ 是 □ 否 □ 不详
其他症状 □ 是 □ 否 □ 不详
如果是，请详细描述:

7. 卫生保健工作者既往病史

肥胖 □ 是 □ 否 □ 不详
癌症 □ 是 □ 否 □ 不详
艾滋病/其他免疫缺陷 □ 是 □ 否 □ 不详
心脏病 □ 是 □ 否 □ 不详
哮喘(需要药物治疗) □ 是 □ 否 □ 不详
慢性肺病(非哮喘) □ 是 □ 否 □ 不详
慢性肝病 □ 是 □ 否 □ 不详
慢性血液病 □ 是 □ 否 □ 不详
如果是，为第几次妊娠:
□ 第一次 □ 第二次 □ 第三次 □ 不适 用

如果适用，请详细描述："
<table>
<thead>
<tr>
<th>怀孕</th>
<th>预产期 (DD/MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>慢性肾病</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>慢性神经功能障碍/疾病</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>器官或骨髓移植接受者</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>其他既往病史</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
</table>

如果是，请详述：

由研究协调员收集：

8. 接触样本采集 (第1天-基线)

<table>
<thead>
<tr>
<th>基线血清是否被采集？</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
</table>

如果是，具体日期 (DD/MM/YYYY):

<table>
<thead>
<tr>
<th>标本被送到哪个实验室？</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>将冠状病毒发送到其他实验室的日期（如果适用） (DD/MM/YYYY)</th>
<th>/ /</th>
</tr>
</thead>
</table>

表格 2: 医护人员报告表（第 21 天）

9a. 卫生保健工作者的症状

<table>
<thead>
<tr>
<th>自基线访视和收集标本以来，您是否经历过呼吸道症状（咽痛，咳嗽，流鼻涕，呼吸急促）？</th>
<th>□ 是 □ 否</th>
</tr>
</thead>
</table>

如果否，请跳至5c
| 首次症状发作的日期(DD/MM/YYYY) | (DD/MM/YYYY) / / /  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 无症状 □ 不详</td>
<td></td>
</tr>
</tbody>
</table>
| 发烧 (≥38°C) 或发烧史 | □ 是 □ 否 □ 不详  
| 如果是，请填最高温度: |                  |

9b. 呼吸道症状

| 咳嗽痛 | □ 是 □ 否 □ 不详  
| 如果是，时间 | (DD/MM/YYYY): / / /  |
| 咳嗽 | □ 是 □ 否 □ 不详  
| 如果是，时间 | (DD/MM/YYYY): / / /  |
| 流鼻涕 | □ 是 □ 否 □ 不详  |
| 呼吸急促 | □ 是 □ 否 □ 不详  
| 如果是，时间 | (DD/MM/YYYY): / / /  |

9c. 其他症状

<p>| 畏寒 | □ 是 □ 否 □ 不详  |
| 呕吐 | □ 是 □ 否 □ 不详  |
| 恶心 | □ 是 □ 否 □ 不详  |
| 腹泻 | □ 是 □ 否 □ 不详  |
| 头痛 | □ 是 □ 否 □ 不详  |
| 皮疹 | □ 是 □ 否 □ 不详  |
| 结膜炎 | □ 是 □ 否 □ 不详  |
| 肌肉疼痛 | □ 是 □ 否 □ 不详  |</p>
<table>
<thead>
<tr>
<th>症状</th>
<th>是</th>
<th>否</th>
<th>不详</th>
</tr>
</thead>
<tbody>
<tr>
<td>关节疼痛</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>食欲不振</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>鼻出血</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>疲劳</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>全身无力</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>癫痫发作</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>意识改变</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>其他症状</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

由研究协调员或同等人员填写：

### 10. 标本采集（第21天）

- **唯一的病例ID /家庭号**
  - □ 不适用
- **基线血清是否被采集？**
  - □ 是 □ 否 □ 不详
  - 如果是，具体日期 (DD/MM/YYYY):
- **样品采集日期**
  - (DD/MM/YYYY)
  - □ 不适用
- **标本被送到哪个实验室？**
- **将冠状病毒发送到其他实验室的日期**
  - (如果适用) (DD/MM/YYYY)
### 11. 结局（21天以上）

<table>
<thead>
<tr>
<th>结局</th>
<th>□ 存活 □ 已死亡 □ 不适用 □ 不详</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>如果已死亡，死因是:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>发生结局的日期（DD/MM/YYYY）</th>
<th>□ 不详 □ 不适用</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>住院治疗</th>
<th>□ 是 □ 否 □ 不详</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>如果是，第一次住院日期</td>
</tr>
<tr>
<td></td>
<td><strong>/</strong>/__</td>
</tr>
<tr>
<td></td>
<td>□ 不详</td>
</tr>
<tr>
<td></td>
<td>如果是，请说明住院原因：</td>
</tr>
</tbody>
</table>

### 表3：化验结果

由协调员填写：

<table>
<thead>
<tr>
<th>12a. 基线血清学检测方法及结果：</th>
</tr>
</thead>
<tbody>
<tr>
<td>实验室识别号</td>
</tr>
<tr>
<td>基线样品采集日期（日日/月月/年年年年）</td>
</tr>
<tr>
<td>收到基线样品的日期（日日/月月/年年年年）</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>样品类型</th>
<th>□ 血清 □ 其他，请注明：</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>结果（2019-nCoV抗体滴度）</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>结果的日期（日/月/年）</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/__</td>
</tr>
</tbody>
</table>
### 12b. 随访血清学检测方法和结果：

<table>
<thead>
<tr>
<th>实验室识别号</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>随访样品采集日期（日/月/年）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>收到随访样品的日期（日/月/年）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>样本类型</td>
<td>□ 血清</td>
<td>□ 其他，请注明：</td>
</tr>
<tr>
<td>结果（2019-nCoV抗体滴度）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>结果的日期（日/月/年）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>标本运送到其他实验室进行确认</td>
<td>□ 是</td>
<td>□ 否</td>
</tr>
<tr>
<td>-日期 （日/月/年）</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 表 4：症状日记

每个医护人员接触者会被要求每天记录各种症状或体征的存在与否，这个记录从基线问卷开始，直到基线问卷往后的 21 天（最少 14 天）。

2019-nCoV 的临床表现和范围尚不清楚，因此，症状日记可以被扩大到包括呕吐，腹泻，腹痛等相关症状，并且可能需要被修改从而包括超过 14 天的症状数据。

如果没有任何症状，请确保在第二列中选择“无”。

<table>
<thead>
<tr>
<th>天</th>
<th>症状</th>
</tr>
</thead>
<tbody>
<tr>
<td>无症状</td>
<td>发热</td>
</tr>
<tr>
<td>（若有无症状）</td>
<td>≥38℃</td>
</tr>
</tbody>
</table>

症状：请注明
表5：医疗机构感染的预防和控制

对于参与调查的每一个医疗机构，其管理员都需要填写下表一次。
<table>
<thead>
<tr>
<th>医疗机构信息</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>收治2019-nCoV确诊病人的医疗机构的名称</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有适当的WASH服务和材料？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有感染的预防与控制（IPC）项目和团队，或至少一个专用并经过训练的联络点？</td>
<td>勾选所有适用项： □ IPC程序 □ IPC团队/服务 □ IPC联络点 □ IPC培训</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有对于医疗卫生工作者的预防与控制（IPC）指南？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有标准和额外的（基于传播的预防）的预防与控制（IPC）指南？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构的医疗卫生工作者是否有定期IPC培训（至少每年一次）？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有个人防护设备（PPE）？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构的可用PPE数量是否充足？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构的可用PPE是否高质量并且适用？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有容易获得的（即在护理时）酒精类洗手液以供手部清洁？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否有用于手部清洁的肥皂和水？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>该医疗机构是否进行定期（至少每年一次）手部清洁审核并反馈给医护人员？</td>
<td>□是 □否 □不明</td>
<td></td>
</tr>
<tr>
<td>如果是，最后的一次手部清洁审核的日期（日日/月月/年年年年）：</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
该医疗机构是否进行其他IPC审核？
□是□否□不明
如果是，最后一次IPC审核的日期（日/月/年）：

该医疗机构对于患者的院内感染是否有监测系统？
□是□否□不明

该医疗机构对于医护人员的院内感染是否有监测系统？
□是□否□不明

该医疗机构在员工到达时，是否检查其是否有感染症状？
□是□否□不明

如果有2019-nCoV感染患者被该医疗机构收治，该医疗机构是否向所有医疗卫生工作者发出警报？
□总是□大多数情况下是□有时候我们没有被及时警报□很少及时警报

该医疗机构是否在入口处有设备齐全的、有经过训练的工作人员在此工作的分诊台？
□是□否□不明

2019-nCoV疑似患者在抵达该医疗机构后，是否被系统地配备医疗口罩？
□总是□大多数时候□偶尔□很少□未知

该医疗机构的工作人员的水平是否根据工作量充分分配？
□是的，总是按照推荐□大多数时候□偶尔□很少
| 该医疗机构的病床数是否超过了标准容量？ | □ 是的，总是按照推荐  
□ 大多数时候  
□ 偶尔  
□ 很少 |
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11.6. If any dispute arising under this Agreement is not amicably settled, it shall be subject to arbitration. The

11.7. Any matter relating to the interpretation or application of this Agreement which is not covered by its terms shall be resolved by reference to Swiss law. Any dispute relating to the interpretation or application of this Agreement shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The
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致谢: 感谢以下志愿翻译本指南的各位志愿者，合作翻译完成本指南，支持应急工作。

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