

**State of Kuwait  
Ministry of Health  
Infection Control Directorate**

**Infection Control Measures  
SARS**

2002

## Infection Control Measures

- Infection from patients with SARS can be transmitted via; airborne, contact and droplet mode. Therefore strict adherence with the contact and standard precautions is strongly recommended.
- Infection control personnel should be notified immediately when patient with suspected or probable SARS presented to the hospital.

➤ **Infection control measures:-**

**I. In ambulatory setting i.e.: Casualty/ Outpatient clinics:-**

- 1) Patients should be placed in separate waiting area, if this is not feasible, such patients should wear surgical masks until SARS is excluded.
- 2) Healthcare personnel attending these patients should follow standard precaution measures, (i.e.; wear surgical or preferably N95 masks, protective water proof gowns, disposable examination gloves and head caps). Hand washing using antiseptic/detergent solution or alcohol-based hand rub should be done after each contact with patient.
- 3) Items and equipment used for care of the patient should be sterilized in CSSD. Surfaces should be disinfected with Chlorine releasing agent (i.e.; pre-sept tablets) or Sodium hypochlorite 0.5% concentration.
- 4) Wheel chair or trolley used for patient transfer should disinfect with proper disinfectant.

**II. In patient setting:-**

- 1) Patient with suspected or probable SARS, should be immediately isolated as follows:-
  - ◆ Single room with its own bathroom, with negative pressure relative to the surrounding area. Door should keep closed.
- 2) Healthcare provides attending the patient should follow standard precautions:-
  - ◆ Protective water proof gown should be worn.
  - ◆ N-95 masks, if these are not available, surgical masks should be worn on entering patient room.
  - ◆ Protective eye goggles or face shields should be worn during procedures where splashing, splattering or spraying of blood or other patient's fluid is anticipated.
  - ◆ Disposable vinyl gloves should be worn before each direct contact with the patient.

- 3) Hands are the most common mode of infection transmission. Therefore, hands should be washed before and after each patient's contact, after activities likely to cause contamination and after removing gloves. Antiseptic/ detergent solution should be used, alcohol based hand rub can be used when hands are not visibly soiled. Gloves should be changed between and after each procedure or patient care activity related directly to the respiratory system.
- 4) It is recommended to dedicate single nurse for direct patient care.
- 5) Patient's records and other note papers should be kept outside the room.
- 6) Disposable items and utensils should be used wherever possible. Reusable items should place in double leak resistant bags or containers and sent to CSSD. Do not do any pre-wash or soak soiled items in the patients care area.
- 7) All visitors and students, should wear N-95 or surgical masks on entering patient room.
- 8) Patient movement should be minimized as much as possible. Patient being transferred should wear a surgical mask or preferably N-95 masks if tolerated by the patient.

### **III. Environmental Infection Control Measures:-**

- 1) All laboratory specimens should be cautiously handled and transferred in closed container or double leak resistant bags labeled biohazard.
- 2) All patient laundry items should be placed in heat/ water soluble plastic bags labeled biohazard.
- 3) Dedicated cleaning equipment should be allocated for the patient area, kept inside the room toilet. Cleaning mobs should be placed in double plastic bags labeled biohazard and sent for cleaning company washing machines for heat decontamination.
- 4) All patient waste should be handled cautiously and placed in double leak resistant yellow plastic bags. Sharp waste should be collected in yellow sharp puncture proof containers, and then disposed in the yellow plastic bags. All type of patient clinical waste should be treated as contaminated /infected and collected every 6-8 hours or as required and sent for incineration.
- 5) Cleaner and porters handling patient waste and specimens should wear disposable gloves, masks and aprons.

- 6) Surfaces, bedrails, tables and chairs should be cleaned and disinfected with the proper disinfectant (i.e. pre-sept tablets) after each shift, or as required and upon patient discharge.
- 7) Floor and walls of the room should be cleaned and decontaminated, using proper disinfectant after each shift, when required and upon patient discharge.
- 8) A/C ducts and filter should be cleaned and decontaminated upon patient discharge using proper disinfectant.
- 9) Trolleys and wheelchairs used for patient transfer should be decontaminated upon patient discharge using proper disinfectant and disposable towels.
- 10) Mattress and pillows should be covered with plastic covers. Used plastic covers should be discarded in double yellow plastic bags labeled biohazards and sent for incineration.

**IV. Upon patient death:-**

- 1) Patient body should be placed in a water proof plastic bag labeled biohazard.
- 2) Inform preventive medicine personnel before sending the body for mortuary.

**V. Infection Control Measures at Home:-**

- ◆ Suspected SARS patient should wear surgical mask during contact with others at home. Family members in contact with the patient should be carefully wash their hand using soap and water; if the hands are not visibly soiled, alcohol-based hand rub can be used.

## Infection Control Measures at Home Setting

Patient with SARS pose a risk of infection transmission to close contacts at home. Patients with suspected SARS are strongly advised to follow the infection control measures.

### Infection control measures:-

- 1) Discharge SARS patients should monitor their temperature twice daily. Having temperature of 38°C and above on two successive occasions is an important indicator to report to the hospital from which they were discharged.
- 2) SARS patients should remain at room and not go to work or school for at least 10 days. During this period they should keep contact with others to a minimum.
- 3) SARS patients along with the family members should carefully follow hand hygiene recommendations (i.e. hand washing after and before each contact with the patient using soap detergent or alcohol-based hand rub), particularly following contact with body fluids. Disposable gloves can be used but not replaced hand washing.
- 4) SARS patient should wear surgical mask when come in close contact with others. In case he cannot wear it, the contacts should do so. The patient should use a facial disposable tissue to cover his mouth and nose during coughing or sneezing.
- 5) SARS patient should not share eating utensils, towels, and bed sheets should be washed preferably mechanically using hot water and soap detergent. Environment surfaces soiled with patients body fluids should be cleaned and disinfected using 0.5% Sodium hypochlorite (e.g. Clorox) according to the manufacture's recommendations using disposable gloves.
- 6) When any member of the family or who came in close contact with SARS patient, develop fever or respiratory symptoms, he should report immediately to the hospital for evaluation.