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1. Public Health  
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Guidance

# Wuhan novel coronavirus (WN-CoV) infection prevention and control guidance

Updated 15 January 2020

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### 4.3 Combined airborne, contact and droplet precautions

- either an isolation room with negative-pressure relative to the surrounding area or a neutral pressure single room. Both should have en-suite bathroom and toilet facilities, and preferably anterooms
- use of FFP3 respirators conforming to EN 149 for persons entering the room. Staff must be fit tested prior to using this equipment. These should be single use (disposable) and fluid repellent
- use of long-sleeved fluid-repellent gown
- disposable gloves with long tight-fitting cuffs for contact with the patient or their environment
- eye protection to be worn for all patient contacts
- refrain from touching mouth, eyes or nose with potentially contaminated gloves
- specimens should be double bagged and delivered by hand to the laboratory

This advice covers the period from initial identification of a patient with an epidemiological risk factor for W<sub>N</sub>-C<sub>o</sub>V, through initial isolation, assessment, and the period of time until the test result is available. P<sub>H</sub>E will advise on further management for any confirmed cases.

## 5. Isolation (patient placement)

- a possible case should be managed in negative pressure single room if available. If this is not possible then a single room with en-suite facilities should be used. Room doors should be kept closed
- positive-pressure, single rooms must not be used
- the nature of the area adjoining the side room should be taken in to account to minimise the risk of inadvertent exposure (such as high footfall areas, confused patients, vulnerable patient groups)
- if on a critical care unit, the patient should be nursed in a negative-pressure single/side room where available, or, if not available, a neutral-pressure side room with the door closed
- if there is no en-suite toilet, a dedicated commode (which should be cleaned as per local cleaning schedule) should be used with arrangements in place for the safe removal of the bedpan to an appropriate disposal point
- avoid storing any extraneous equipment in the patient's room

### 5.1 Anterooms and putting on and removing P<sub>P</sub>E

Anterooms (otherwise known as a 'lobbies') also have the potential to become contaminated and should be regularly decontaminated as described in environmental decontamination.

It is strongly advised that staff progress through 'dirty' to 'clean' areas within the anteroom as they remove their P<sub>P</sub>E and wash hands after they leave the patient room. To this effect, movements within the anteroom should be carefully monitored and any unnecessary equipment should not be kept in this space.

A buddy system to observe for inadvertent contamination is recommended, especially during high risk procedures and P<sub>P</sub>E removal.

In the event that no anteroom/lobby exists for the single room used for W<sub>N</sub>-C<sub>o</sub>V patients, then local infection prevention and control teams (IPCT) will need to consider alternative ways of accommodating these recommendations to suit local circumstances.

Recommendations regarding ventilatory support are provided in the critical care section.