Severe Acute Respiratory Syndrome Policy
**Document Control Sheet**

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1 **Introduction**

The Severe Acute Respiratory Syndrome (SARS) was first recognised in March 2003 but probably had its origins in the Guangdong Province, China in November 2002. Between March and July 2003, over 8000 probable cases of SARS were reported from around 30 countries. A novel coronavirus (known as the ‘SARS corona virus’ (SARS CoV)) has been identified as the causes of SARS and preliminary animal studies have isolated the SARS CoV in wild animals native to the Guangdong Province and other parts of China.

On 5 July 2003, the World Health Organization (WHO) announced that the last human chain of transmission had been broken. While we have learnt much about the disease, our understanding of SARS remains limited and its potential to re-emerge has not been ruled out. As a consequence, WHO has asked for all countries to remain vigilant and maintain their capacity to detect and respond to the re-emergence of SARS should it occur.

On suspicion of SARS a full risk assessment should be carried out including recent travel history

2 **Scope**

This policy applies to all staff employed by East Coast Community Healthcare CIC

3 **Policy Statement**

This policy is recommended for best practice and providers are expected to implement wherever practicable.

4 **Responsibilities**

It is the responsibility of all staff to ensure that they adhere to best practice

5 **Policy monitoring**

It is the responsibility of all department heads/professional leads to ensure that the staff they manage adhere to this policy.

6 **Review**

This policy will be reviewed every two years by the Infection Prevention and Control Team

7 **Assessment**

7.1 A suspected case will have:

- High fever of>38C, which is sometimes associated with rigors, headache and malaise
- One or more of the symptoms of lower respiratory tract illness (cough, difficulty in breathing, shortness of breath)
- A recent history of travel to an infected area classified by the World Health Organisation (WHO) as a potential zone for re-emergence i.e. China and Hong Kong by a patient or close contact
- Radiographic evidence consistent with pneumonia or Respiratory Distress Syndrome

7.2 A probable case would include:

- Any individual with the above signs and symptoms and with preliminary laboratory evidence of SARS CoV infection

7.3 A confirmed case would include
Patients should initially be assessed at home, if at all possible, rather than in the practice setting. It is important that clinicians obtain a detailed travel history from patients with symptoms and signs consistent with clinical SARS as well as ascertain whether other family members and/or close contacts (particularly within the hospital setting) have had a similar illness within the 10 days prior to the patient's onset of illness.

Standard (universal) precautions should be taken when examining or taking samples from a potential SARS case (please see below for details).

GPs should make an initial assessment and provisionally classify the patient according to the case definition:


If the patient fits the current case definition of possible SARS they will have a severe illness and require hospitalisation.

If the patient fits the current case definition of possible SARS refer to an acute hospital:

Patients should be dealt with through normal channels, and the receiving hospital should be alerted to the patient's possible SARS diagnosis in advance of their arrival

A surgical mask should be used where possible for symptomatic patients whether at home, in hospital or in transit

Patients with possible SARS should be reported by telephone to the Health Protection Agency, Communicable Disease Surveillance Centre (CDSC) duty doctor and the local CCDC

Telephone: 088442253546

If the patient's illness is mild/resolving/or they may not require hospitalisation:

They do not fit the case definition and should be managed at home in the usual way for any respiratory illness

RECOMMENDED INFECTION CONTROL MEASURES

Healthcare Workers

Standard precautions should be taken by all community staff workers who come into close contact (see below) with a possible case of SARS. This would usually include gloves and a respirator conforming to at least European standard EN149:2001 FFP3

(Detailed guidance on the use of face-masks and respirators is available in Appendix 1).

If a respirator is not immediately available, a surgical face-mask should be worn.

All Healthcare workers in close contact with a possible SARS case should be considered a contact of that case and should follow the guidelines below

Healthcare workers include community / primary care teams, ambulance staff, physiotherapists and other professional support staff

Instructions on the correct way of using the respirator are supplied with the respirator and should be read carefully. Fit is critically important and a fit check or user seal check should be done each time a respirator is worn. The respirator should fit tightly to the face so that no air enters from the sides. Masks or respirators should be disposed of immediately after use as clinical waste, according to local waste policy. They should only be removed when the wearer is in a safe area, outside the patient's room

Standard infection control precautions should be followed (including careful attention to hand hygiene with the use of alcohol hand rubs where available).

Disposable gloves should be used when in direct contact with body fluids of the patient
o Gloves and aprons should be worn to clean up blood and body fluid spillages. Spillages should be mopped up using paper towels first and then the area cleaned and disinfected using a chlorine releasing agent 10,000ppm available chlorine (household bleach diluted to 1-10)

o Environmental surfaces should be cleaned with general-purpose detergent and cold water, and then dried using disposable paper towels

o If surfaces are contaminated disinfect using a chlorine releasing agent 1000ppm available chlorine (household bleach diluted to 1-100)

o Standard precautions should be used when handling any clinical waste, which must be placed in leak-proof biohazard bags or containers and disposed of safely, following the local clinical waste policy

Patients

o Patients with possible SARS should use a surgical mask while symptomatic whether in hospital, at home or in transit

o The mask must fit snugly over the face, with the coloured side out and the metal strip at the top. The strings should be positioned to keep the mask firmly in place over the nose, mouth and chin and the metallic strip shaped to the bridge of the nose. The mask must not be touched again until it is removed

o When the patient is unable to wear a mask, carers must wear a mask when in close contact

o The patient must be advised to cough/sneeze into a paper tissue and dispose of this safely into the toilet/or a plastic bag tied off at the top, prior to placing it in a bin

o Hands of the patient should be frequently washed particularly after contact with body fluids (e.g. respiratory secretions, urine or faeces)

o Hands of close contacts should be thoroughly washed before and after contact with a patient and after activities that are likely to cause contamination

General

o Laundry in the home should be washed on the highest temperature recommended for the fabric

o Eating utensils should not be shared but can be used by others after routine cleaning either in a dishwasher or with hot water and washing-up liquid

o Blood and body fluid spillages should be mopped up using gloves and paper towels first, then the area cleaned and disinfected using household bleach diluted to 1 in 10 with cold water

o Environmental surfaces should be cleaned with general-purpose detergent and cold water and dried using disposable paper towels

o If surfaces are contaminated disinfect using household bleach diluted to 1 in 100

Management of close contacts of a SARS case

o Close contacts are considered to be family, friends or staff workers who lived with or who had direct contact with respiratory secretions, body fluids and/or excretions (e.g. faeces) of a possible or probable case of SARS, while that case was symptomatic

o Management depends on whether the case is a possible, probable or confirmed SARS case.

o Close contacts remain at risk until ten days after their last contact with a symptomatic case, and the following guidance is for this period only

Management of Close Contacts of a Possible Case

o Contacts of a possible case should be given information on SARS, available at:

  o http://www.hpa.org.uk/Topics-InfectiousDiseases/InfectionsAZ/SevereAcuteRespiratorySyndrome/

o No specific follow-up of contacts is needed

o Contacts are free to continue with usual activities unless they become unwell.
A close contact who develops symptoms of SARS within ten days of contact with a possible case should phone their GP and seek medical advice. They should inform medical staff of their contact with a possible or probable case.

**Management of Close Contacts of a Probable Case:**
- Generate a list of such contacts and record the date on which they last had contact with the case
- Liaise with the local CCDC/Health Protection team on follow-up responsibilities
- On day one, the GP or local Health Protection Team should telephone the contact to assess their health and provide them with information on SARS: 08442253546
- On day ten following last contact with the case the GP or local Health Protection Team should telephone the contact to assess their health
- If the contact develops symptoms consistent with SARS they should be assessed at home. GPs should make an initial assessment as to the clinical severity and provisionally classify the patient according to the case definition www.hpa.org.uk/infections/topics_az/SARS/casedef.htm
- If the patient meets the clinical case definition for SARS, they should be referred to an acute hospital
- If the case is mildly unwell, they should be managed at home by their GP. They should stay indoors and keep contact with other people to a minimum until their symptoms have resolved and they are afebrile for 48 hours

**Management of Close Contacts of a Confirmed Case:**
- Voluntary home isolation is recommended for a close contact of a confirmed case of SARS

Such close contacts should:
- Stay indoors and keep contact with other people to a minimum for a period of ten days from the time of last contact with the case
- Inform their GP of their contact
- Monitor their health for SARS symptoms over this ten day period, and phone their GP if they develop any symptoms
- In addition, the GP or local health protection team should telephone the contact daily to assess their health during the ten-day home isolation period

**Surveillance and Reporting of Cases**
- Patients fitting the case definition of possible SARS should be reported by telephone to the Health Protection Agency, Communicable Disease Surveillance Centre (CDSC) duty doctor 08442253546

**Additional Advice in Dental Care**
- Dentists are at particular risk of exposure to respiratory droplets from their patients
- Dentists should avoid treatment of individuals who have symptoms consistent with SARS, when these symptoms have started within 10 days of departing from a SARS affected area
- In addition, dentists should ensure that the symptomatic individuals telephone their GP for medical assessment
- Dentists should avoid treating suspected or probable cases of SARS both while they are symptomatic, and also during the period following symptoms when the case is advised to limit their contact with others
- An individual who has been diagnosed as a suspected or probable case should limit their contact with others for a period following the resolution of their symptoms

Where emergency dental treatment is considered necessary for suspected or probable cases of SARS, the case should be discussed with the local health protection staff. If active treatment is undertaken, usual procedures for emergency care should be followed.
9 References
http://www.hpa.org.uk/infections/topics_az/SARS/htm


10 Author

Infection Prevention and Control Team
Appendix 1

INFORMATION ON THE USE OF MASKS AND RESPIRATORS

Frequently Asked Questions

- Wearing a mask or respirator is just one way to prevent the spread of SARS.
- Other important precautions include good personal hygiene, especially hand hygiene, and gloves, aprons, gowns, visors, and goggles when appropriate.
- Wearing a mask is not a guarantee of protection against SARS.
- Masks and respirators are not recommended for the general public. They are recommended for healthcare workers, and possible SARS patients only.
- Healthcare workers should wear a respirator complying with the European standard EN149:2001 FFP3 or higher filtration.
- Possible or probable SARS patients should wear a surgical face mask or higher filtration.

What is the difference between a mask and a respirator?

The main purpose of a mask is to help prevent particles (droplets) being expelled into the environment by the wearer. Masks are also resistant to fluids, and help protect the wearer from splashes of blood or other potentially infectious substances. They are not necessarily designed for filtration efficiency, or to seal tightly to the face.

Respirators are intended to help reduce the wearer's exposure to airborne particles. Some, including the ones recommended here resemble surgical face masks. They are made to defined national standards, such as the United States NIOSH-approved N95 respirator, or the similar European standard EN149:2001 FFP2 respirator. The standards define the performance required of the respirator, including filtration efficiency. When worn correctly, they seal firmly to the face, thus reducing the risk of leakage.

When should masks or respirators be used?

Masks and respirators are components of a number of infection control measures intended to protect healthcare workers, and prevent the spread of SARS. These include general hygiene measures set out in local infection control manuals or SARS policies, and in particular efficient hand hygiene before and after contact with possible or probable cases of SARS, and with the patient's environment. Gloves, goggles, visors, gowns and/or aprons are also used.

Healthcare workers should use respirators, correctly fitted, for contact with possible or probable cases of SARS. A mask should be used only if a respirator is not available. It is better to wear a mask than no protection. Patients should use a mask while symptomatic whether in hospital, at home or in transit.

Who should wear a mask or respirator?

All healthcare workers who come into contact with a possible or probable case of SARS should wear a respirator conforming to at least EN149:2001 FFP3. If a respirator is not immediately available, a surgical face mask should be worn.

Healthcare workers include community/primary care teams, hospital clinical teams, ambulance staff, physiotherapists and other professional support staff, porters and domestic staff.

Patients with possible or probable SARS should wear a surgical face mask, if able to do so, when in close contact with uninfected persons. If the patient is at home and unable to wear a mask, others in the household should do so.
Visitors should follow local SARS policies, including wearing a mask as instructed. WHO recommends that well individuals traveling from or to SARS affected areas do not need to wear a mask.

Wearing a mask or respirator is not a guarantee of protection against SARS.

**What is the correct way to use a respirator?**
User instructions are usually supplied with the respirator. If respirators are individually packed, the instructions are on the packaging. If the respirators are supplied in shelf packs, i.e. several unwrapped respirators in one box, the instructions are either on the side of the box or on a loose insert. If the contents of the shelf box are split, a photocopy of the instructions should accompany each respirator. It is also important that the respirator is protected from damage during transit.

**PLEASE READ THESE INSTRUCTIONS.**
It is important to follow the instructions carefully, and to do a fit check each time a new respirator is worn. The checks given in the user instructions vary according to the design of the respirator. Fit is critically important. The respirator must seal tightly to the face or air will enter from the sides. A good fit can only be achieved if the area where the respirator seals against the skin is clean-shaven. Beards, long moustaches, and stubble may cause leaks around the respirator.

Go to a safe area and change the respirator immediately if breathing becomes difficult, the respirator becomes damaged or distorted or contaminated by body fluids, or if a proper face fit cannot be maintained.

The respirator is one component of a number of infection control precautions. These include hand hygiene, gloves, goggles, visors, gowns or gown and apron. Protective equipment should be removed in the following order: gloves, respirator, and goggles, followed by hand hygiene. The respirator should only be removed in a safe area, away from the patient.

**What is the correct way to use a mask?**
The mask should fit snugly over the face, with the coloured side out and the metal strip at the top. Position the strings to keep the mask firmly in place over the nose, mouth and chin. Mould the metallic strip to the bridge of the nose.

Do not touch the mask again until it is removed. Healthcare workers should discard the mask as clinical waste according to local policy. Patients should place the mask in a plastic bag, then into domestic waste, and then wash hands. Go to a safe area and replace the mask at once, if it is damaged or soiled.

Follow local infection control or SARS policies, because the mask is just one of several infection control precautions. Hand hygiene is particularly important after removing the mask.

**Does a beard or stubble affect the performance of a respirator?**
Yes. See ‘What is the correct way to use a respirator?’

**What protection should be worn for intubation and other aerosol producing procedures?**
If possible, aerosol-producing procedures should be avoided. These procedures include nebulised medication, diagnostic sputum induction, bronchoscopy, airway suctioning and intubation. If unavoidable, the procedure should take place in a negative pressure single room with as few staff present as possible. All staff present should wear a correctly fitted respirator with a filtration efficiency of at least EN149:2001 FFP3, goggles, visor, gloves, single use gown or gown and apron according to local policy.
How often should masks or respirators be changed?
Masks or respirators used in close contact with a possible or probable SARS case should be disposed of immediately after use. They should only be removed when the wearer is in a safe area, outside the patient's room.
The length of time a patient on home isolation should wear a mask before changing it depends on the quality of the mask, and how much the patient is coughing. As a guide, the mask should be changed after eight hours, or sooner if it becomes saturated or breathing is difficult.

How should masks and respirators be disposed of?
Healthcare workers should dispose of masks and respirators as clinical waste, according to local infection control policy. Patients on home isolation should place the used mask in a plastic bag, and then into domestic waste. It is important to wash hands after handling the mask. This includes touching the mask while it is still being worn.

Which masks or respirators should be worn in the community/primary care?
All healthcare workers who come into contact with a possible or probable case of SARS should wear a respirator conforming to at least EN149:2001 FFP3. If a respirator is not immediately available, a surgical facemask should be worn. See 'Who should wear a mask or respirator?'

Where can community/primary care staff get masks and respirators?
Staff should be able to order masks and respirators using their normal supply route, including direct ordering from pharmaceutical suppliers. The majority of trusts order them from NHS Logistics Authority.

Who should fund masks and respirators in the community/primary care?
Masks and respirators should be funded in the same way as other personal protective equipment