

National Institute of Infectious Diseases
National Center for Global Health and Medicine, Disease Control and Prevention Center

This document has been prepared under the assumption that it will be used as a reference for infection prevention measures, for suspected cases of novel coronavirus infection (COVID-19) by healthcare workers and health center workers.

Information in this document will be updated as appropriate, based on the accumulation of epidemiological findings and new knowledge on pathogens.

Please note that the following procedures should always be implemented in principle, regardless of the suspicion of COVID-19.

- In outpatient waiting rooms, caution should be exercised for any patient complaining of fever or respiratory symptoms, to maintain a certain spatial distance from all other patients, including other patients complaining of fever or respiratory symptoms. Offer a surgical mask to patients with respiratory symptoms.
- Healthcare workers should follow standard precautions. They should wear surgical masks and perform hand hygiene when examining patients with respiratory symptoms. When removing surgical masks and gloves, take care not to contaminate the environment with these items, and to discard them into a designated container. In addition, perform hand hygiene, and refrain from touching the eyes and face without performing such hygiene.
- Healthcare professionals should pay attention to health management. They should not perform any medical treatments and should take a leave of absence whenever they have a fever or respiratory symptoms.

1 Infection prevention measures when examining suspected or confirmed COVID-19 patients at healthcare facilities

The following procedures should be followed when examining patients with confirmed COVID-19, patients with suspected COVID-19, and persons who have been in close contact with COVID-19 patients, who have any symptoms:

- I In addition to standard precautions, contact and droplet precautions should be used.
- II Patients should be examined in an isolation room and hospitalized in a single room, if possible.
- III Both the examination room and hospitalization room should be well-ventilated.
- IV Wear an N95 mask (or equivalent masks such as DS2), eye protection (goggles or a face shield), a long sleeved gown, and gloves when performing aerosol-generating procedures such as tracheal aspiration, tracheal intubation, or specimen collection.
- V Avoid transporting patients unless medically necessary.

In addition, facility staff (e.g., receptionists, guides, and security guards) should also follow standard precautions.

- When wearing N95 masks, a preliminary fit-test and user seal check should be performed. Healthcare workers should be familiar with the procedure for removing personal protective equipment (PPE) such as masks, goggles, or face shields, long-sleeved gowns and gloves, and should also be careful to not

contaminate the environment with contaminated PPE. They should refrain from touching the eyes and face without performing hand hygiene.

2 Infection prevention measures at home, etc.

- Health centers should instruct persons who are in close contact with COVID-19 patients to thoroughly implement cough etiquette and hand hygiene, and advise them to pay attention to their health conditions, at all times. Instruct persons living together with those in close contact with COVID-19 patients to wear a surgical mask and perform hand hygiene.
- Dispose masks worn by persons in close contact with COVID-19 patients after each use, and do not leave them on a dining table, etc. In addition, instruct them that hand hygiene must be performed after touching such masks.
- If persons who have been in close contact with COVID-19 patients experience fever or respiratory symptoms and seek medical care, they should first contact a local health center, and then visit a healthcare facility.
- Waste should be disposed, and linens and clothes should be washed normally.

* Regarding infection prevention measures for active epidemiological investigations, please refer to the "Guidelines for active epidemiological investigations on COVID-19."

3 Improvement of the environment

- The survival time of the novel corona virus (SARS-CoV-2) in the environment is currently unknown. For other coronaviruses, previous studies have indicated that SARS-CoV can survive for 6-9 days. For instance, MERS-CoV can survive for ≥ 48 hours on plastic, at a room temperature of roughly 20°C.
- Influenza virus A (H1N1) pdm09 can survive for several hours, and SARS-CoV and MERS-CoV can survive longer, compared to the influenza virus. SARS-CoV-2 is expected to survive in the environment longer than influenza virus. Therefore, it is recommended to disinfect frequently touched surfaces and objects by wiping them with alcohol at healthcare facilities, geriatric facilities, facilities for the general public, and at the homes of persons in close contact with COVID-19 patients.

References

Japanese Society for Infection Prevention and Control: Guidelines for the management of novel coronavirus infection at healthcare facilities, version 1_

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WHO: Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts

[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

WHO: Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected

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WHO: Advice on the use of masks the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak

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