



中国疾病预防控制中心
CHINESE CENTER FOR DISEASE CONTROL AND PREVENTION

Norms for Prevention and Control Practice in Grass-roots Medical and Health Institutions

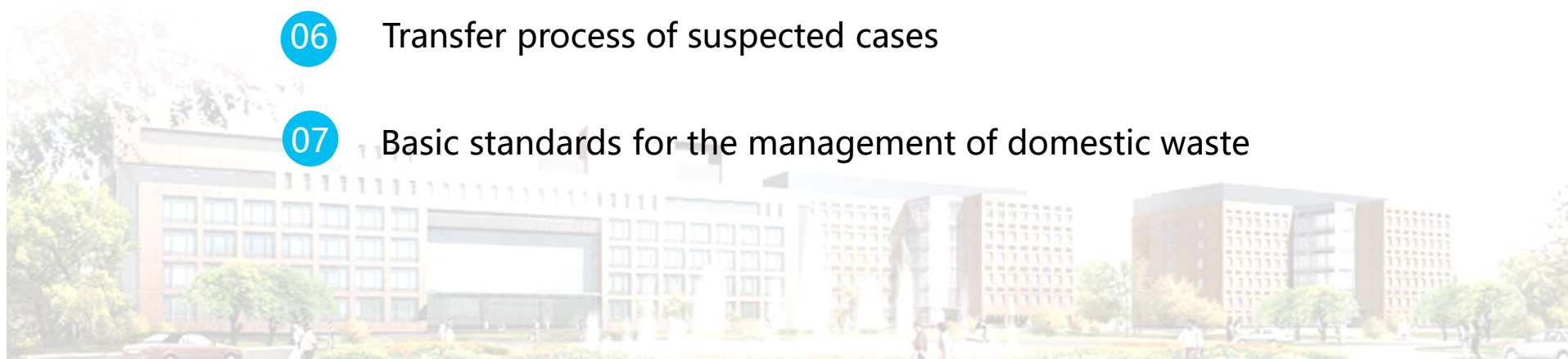
Chinese Center for Disease Control and Prevention





Content

- 01 Key points of protection standards for medical personnel
- 02 Key points of disinfection & prevention and control of infection in hospitals
- 03 Isolation and management process of suspected cases
- 04 Home follow-up, concentration of close contacts or home isolation and management process of discharged patients
- 05 The treatment process of onset of the family cluster case
- 06 Transfer process of suspected cases
- 07 Basic standards for the management of domestic waste





Key points of protection standards for medical personnel

Training of
protection
knowledge for
medical staff

01

Protection
principles
for medical
personnel

02

Assessment of risk
classification
Correct selection
of protective
equipment

03

Suggestions on
protective
equipment for
grass-roots
medical staff

04

Hand hygiene

05

Consultation
area
management

06



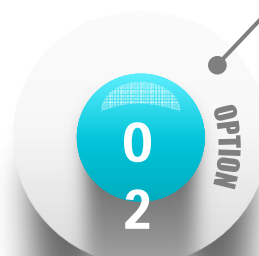


01 Training of protection knowledge for medical staff

What is standard prevention?



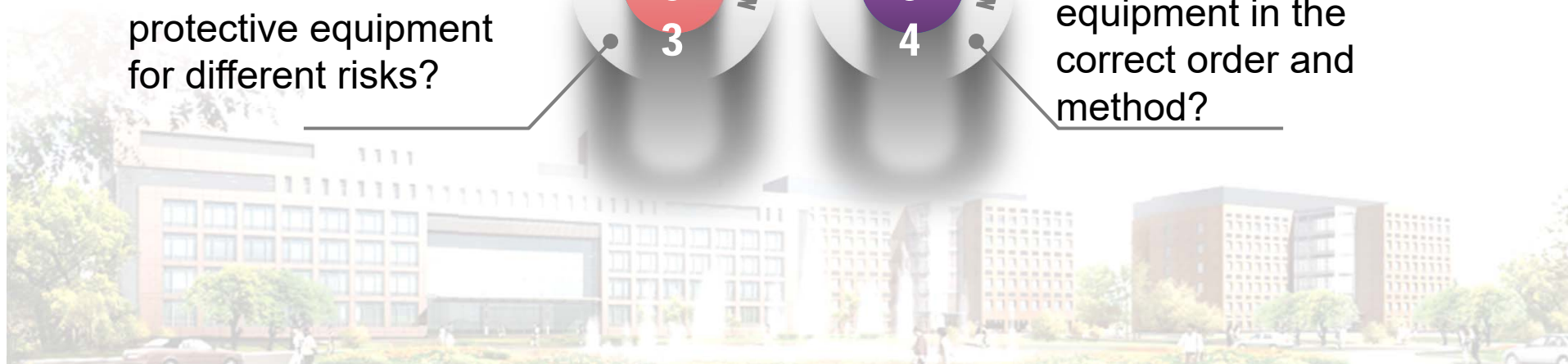
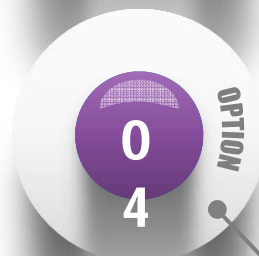
How to evaluate the risk of infection exposure according to the diagnosis and treatment practice of this position?



How to choose protective equipment for different risks?



How to wear and take off protective equipment in the correct order and method?





02 Protection principles for medical personnel

Medical personnel:

Take the protective measures of droplet isolation, contact isolation and air isolation, make different protection methods according to different situations, correctly and standardly use protective equipment , and strictly implement the preventive measures against sharp injuries.

Diagnosis and treatment environment:

The diagnosis and treatment environment of medical staffs should be well ventilated and sterilized.

Medical equipments:

The protective equipments used by medical personnel should meet the relevant national standards.





03 Evaluation of risk classification and correct selection of protective equipment

| low-risk practice | middle-risk practice | high-risk practice |
|---|--|--|
| Indirect contact with patients, such as consultation, prescription, etc. | Direct contact with patients, such as physical examination, injection, punctuation, etc. | An operation in which blood, body fluids, secretions, etc. are spattered or may produce aerosols. |
| Work clothes or wearing added isolation clothes, medical surgical masks, work caps, hand hygiene products | Work clothes and wearing added isolation clothes, medical surgical masks / medical protective masks, work caps, goggles / face screens, gloves, hand hygiene products. | Protective clothing, isolation clothing, medical protective mask, work cap, goggles / face screen, double gloves, hand hygiene products. |



04 Suggestions on protective equipments for grass-roots medical personnel

Pre-
examination
triage
personnel



Clinical first-
line medical
staff



Family
isolation
door-to-door
service





05 Hand hygiene



scientific hand hygiene

only wash hands

Visible contamination of the hands, such as blood or other body fluids

only use quick-drying hand disinfectant

no visible contamination on the hands.

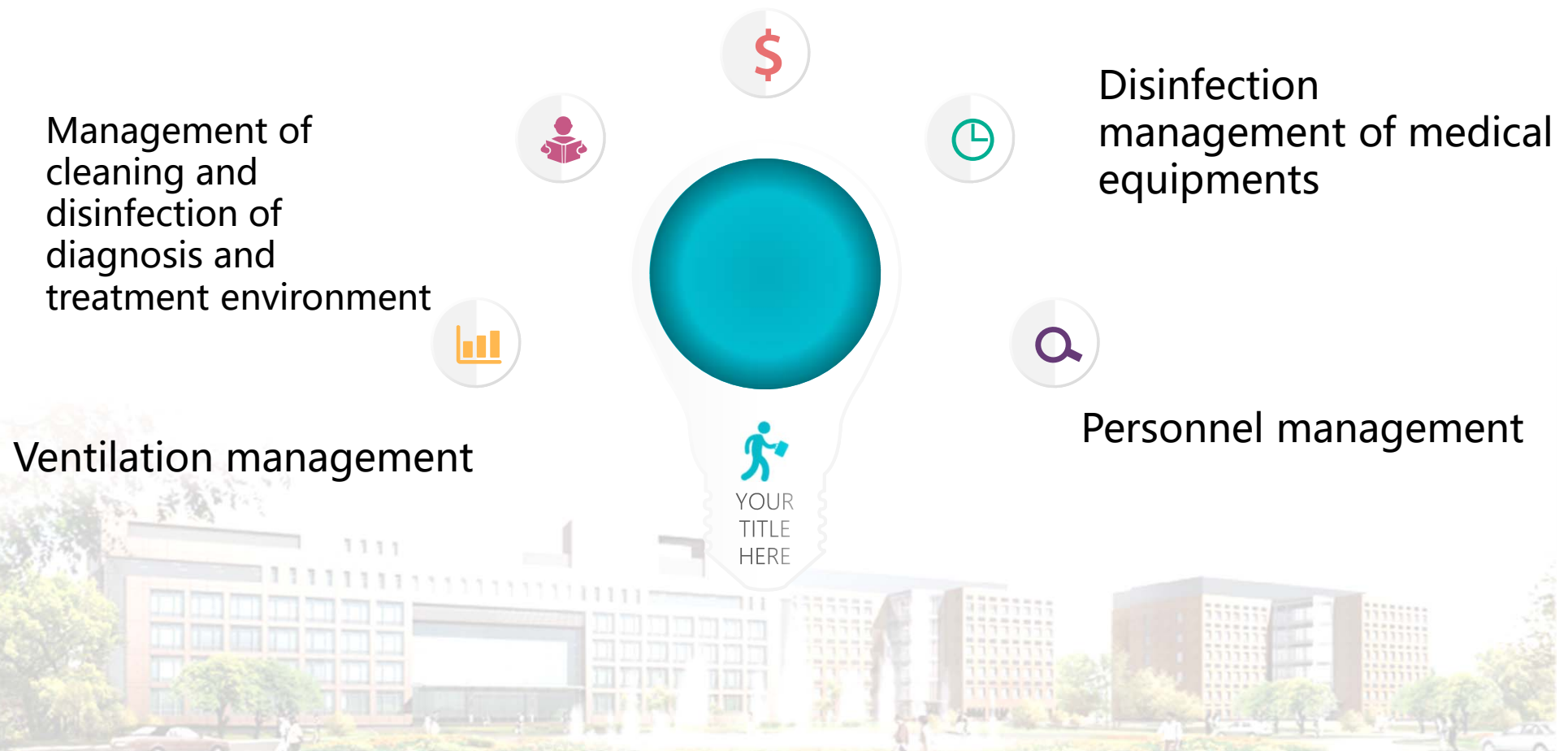
Wash hands first, then clean hands and disinfect them.

After contact with the blood, body fluids and secretions of patients with infectious diseases and articles contaminated by infectious disease-causing microorganisms;
After direct examination, treatment, care or treatment of patients with infectious diseases.



06 Consultation area management

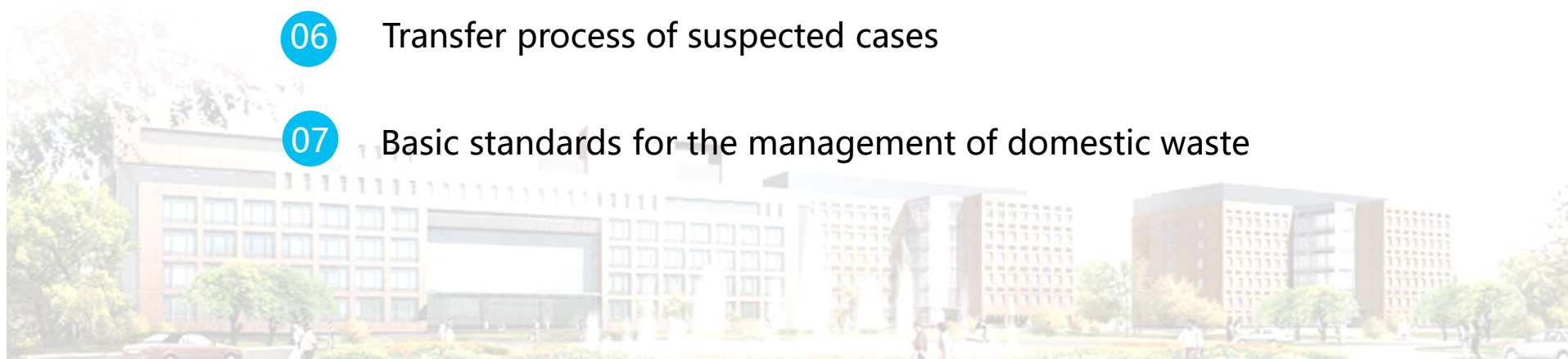
Disinfection management of office articles





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Key points of disinfection & prevention and control of infection in hospitals

01

disinfection

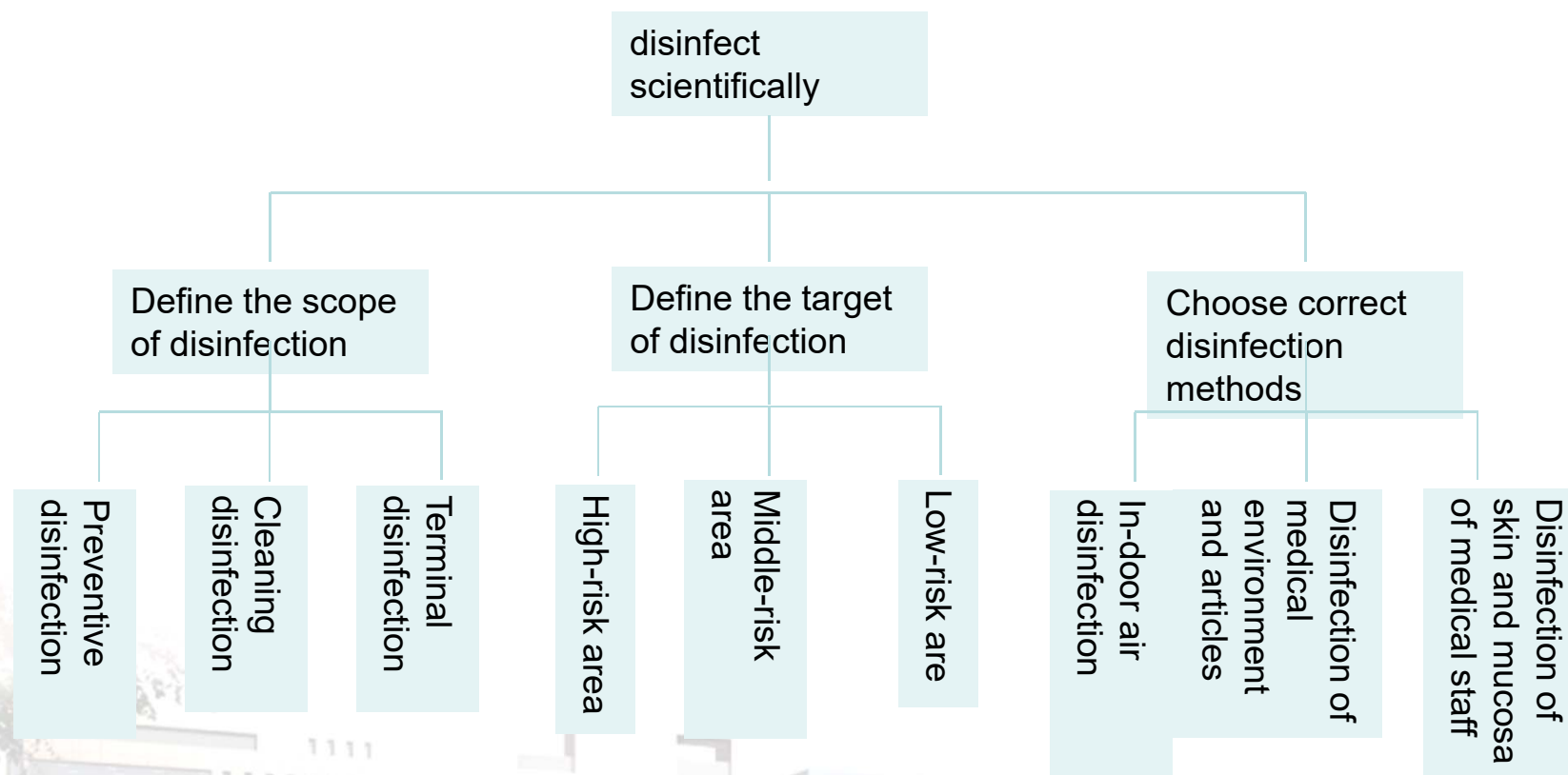
02

key points of
prevention and
control of
infection in
hospitals





01 Disinfection





02

Key points of prevention and control of infection in hospitals

Sufficient
Protection

Sufficient
Management

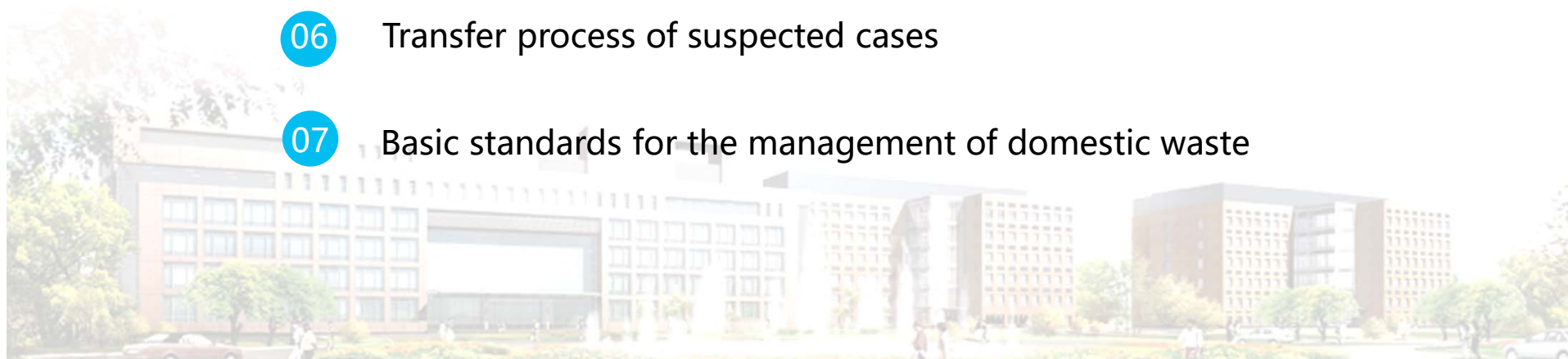
Sufficient
Supervision





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Isolation and management process of suspected cases

01

Key points of
centralized
isolation
management

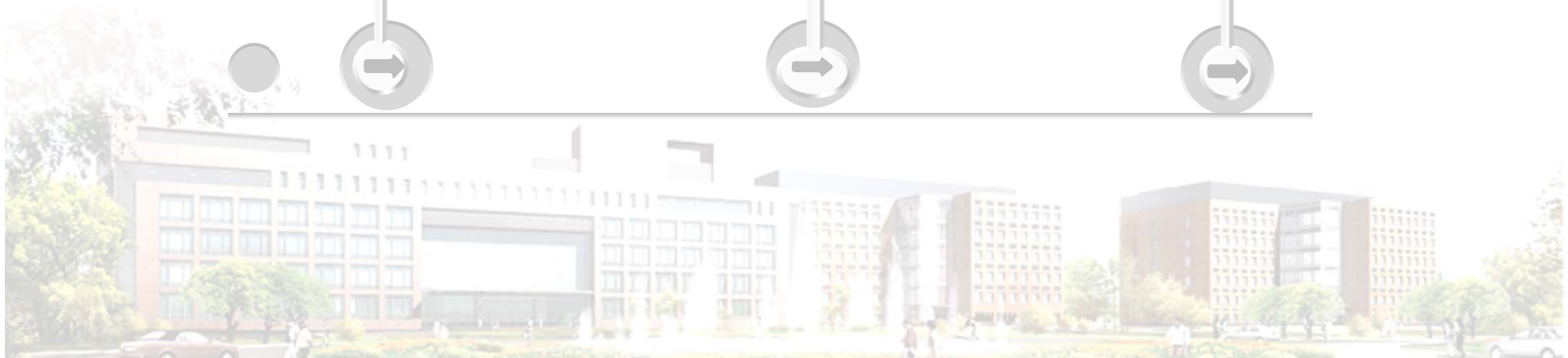
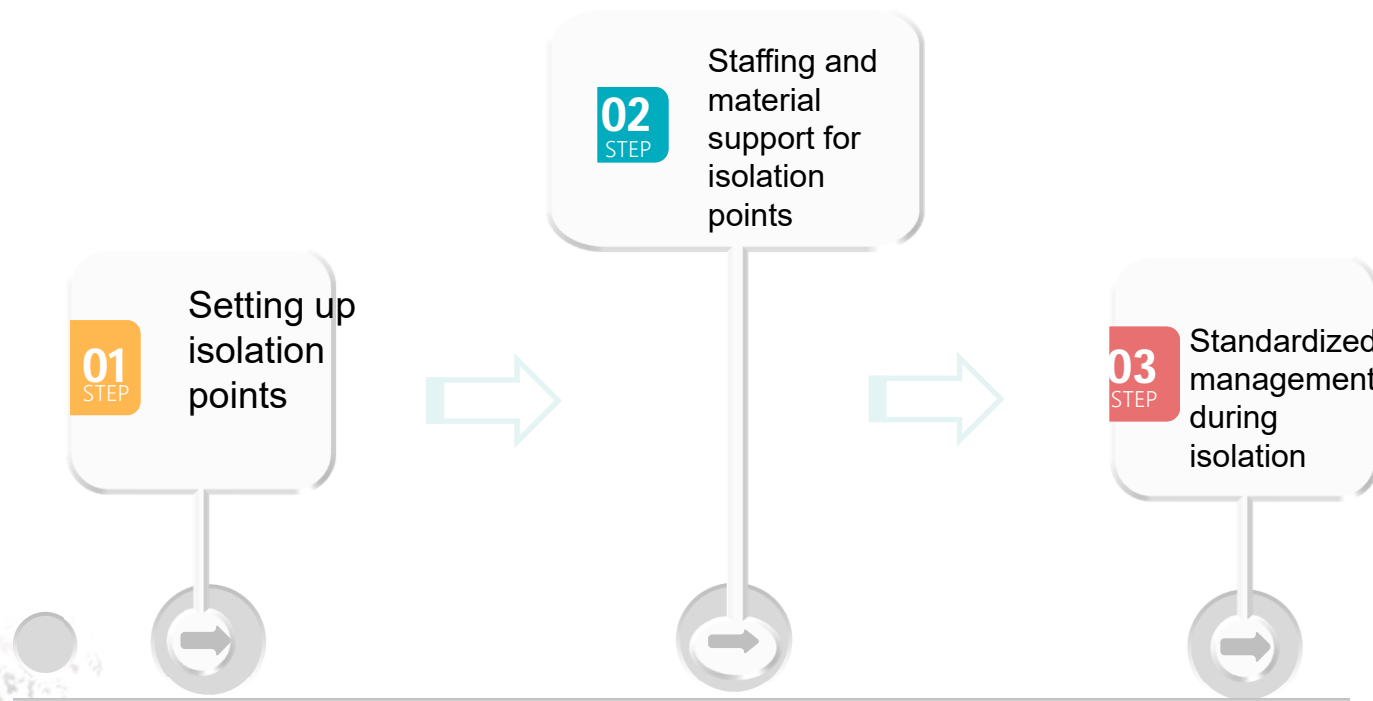
02

Management process





01 Key points of centralized isolation management





02 Management procedure

Suspected cases of novel coronavirus

Centralized isolation at isolation treatment points designated by government departments

disease aggravate or diagnosed

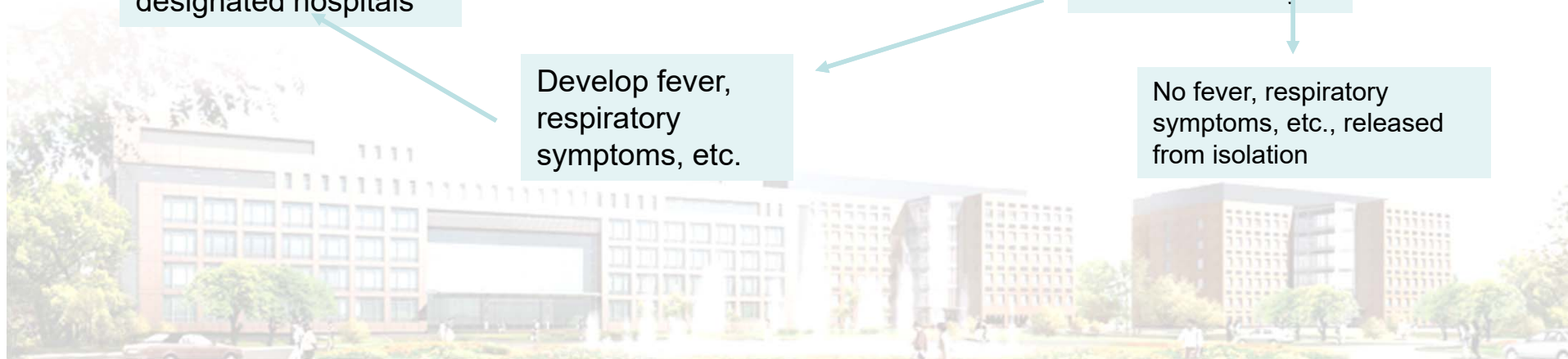
Isolation treatment in designated hospitals

Two consecutive nucleic acid tests were negative

Stay at home and observe for 14 days

Develop fever, respiratory symptoms, etc.

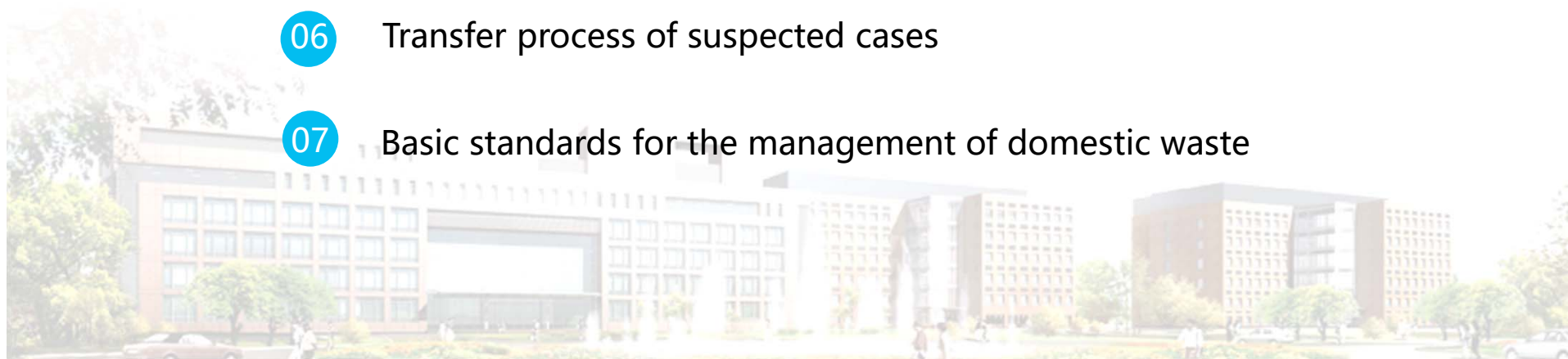
No fever, respiratory symptoms, etc., released from isolation

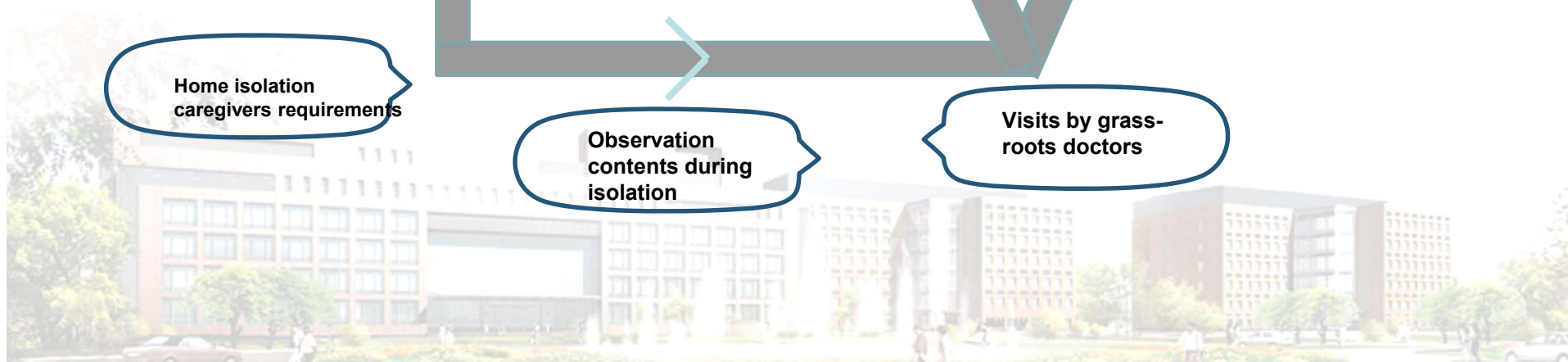
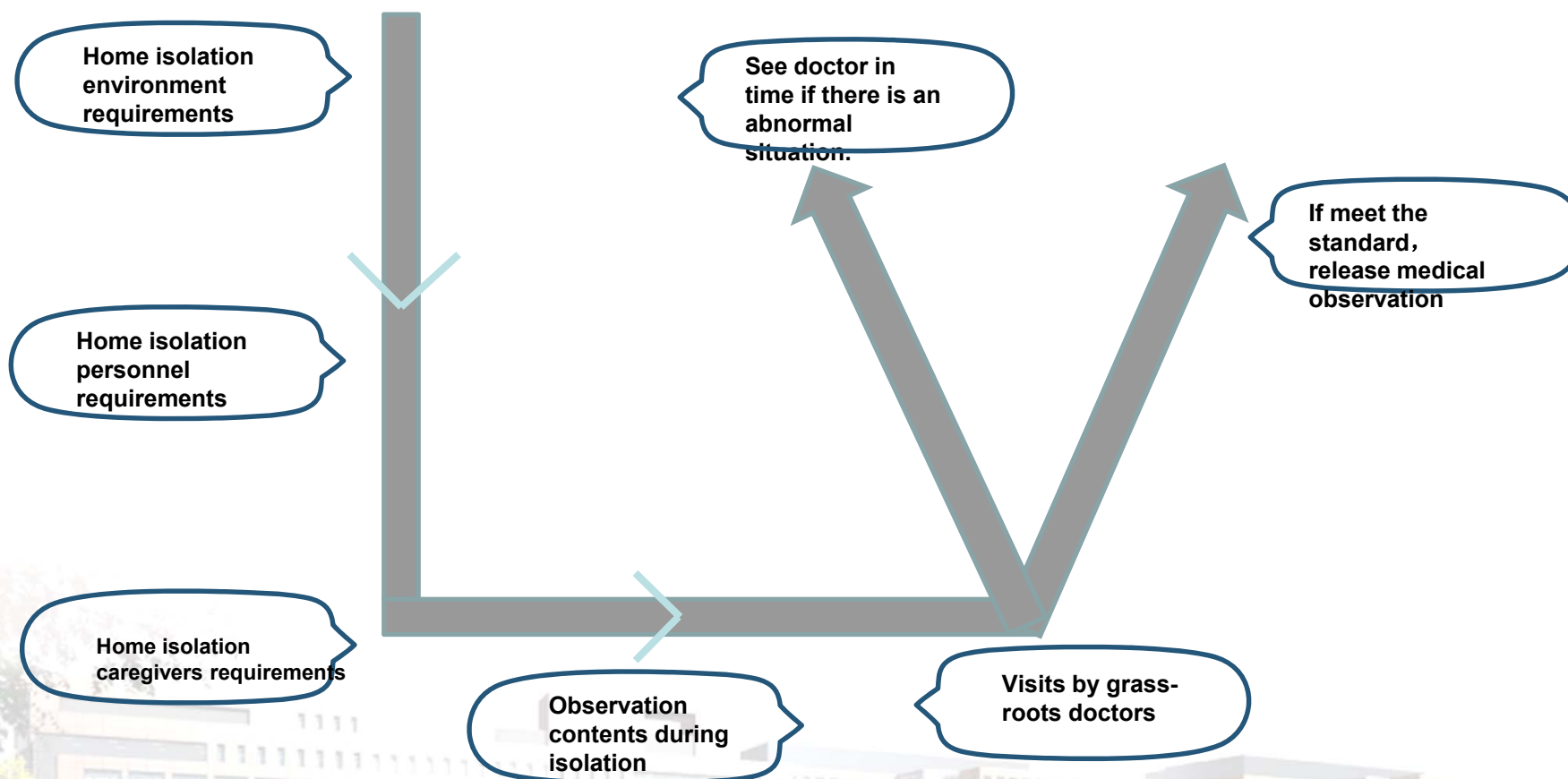




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close contacts of patients infected by novel coronavirus

Centralized isolation medical observation for 14 days

Each person is isolated in a separate room to avoid contact.

Ventilation and disinfection of rooms and public areas

Disinfection of daily necessities and disposal of contaminated paper towels and masks

Personal protection of staff and family members

Record the body temperature and health status in the morning and evening every day.

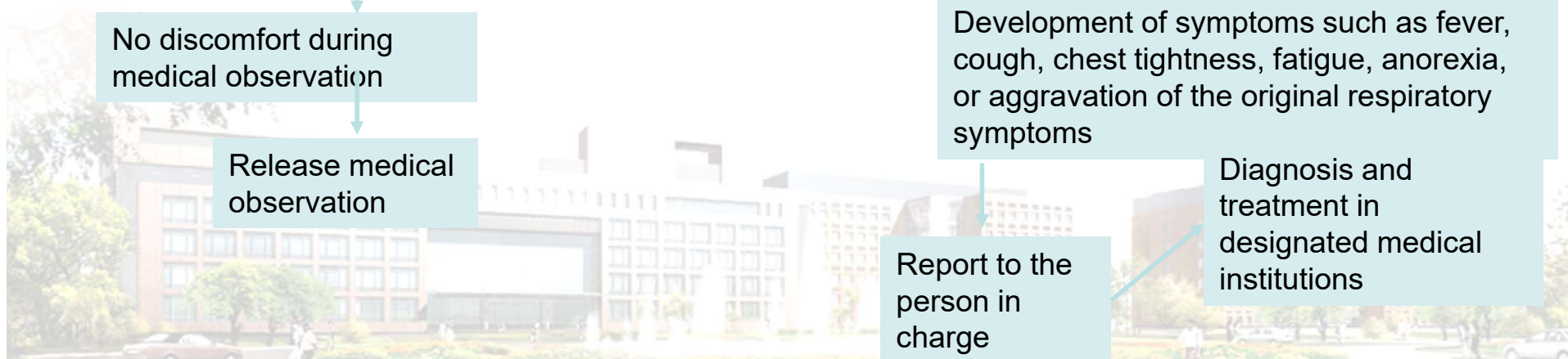
No discomfort during medical observation

Release medical observation

Development of symptoms such as fever, cough, chest tightness, fatigue, anorexia, or aggravation of the original respiratory symptoms

Report to the person in charge

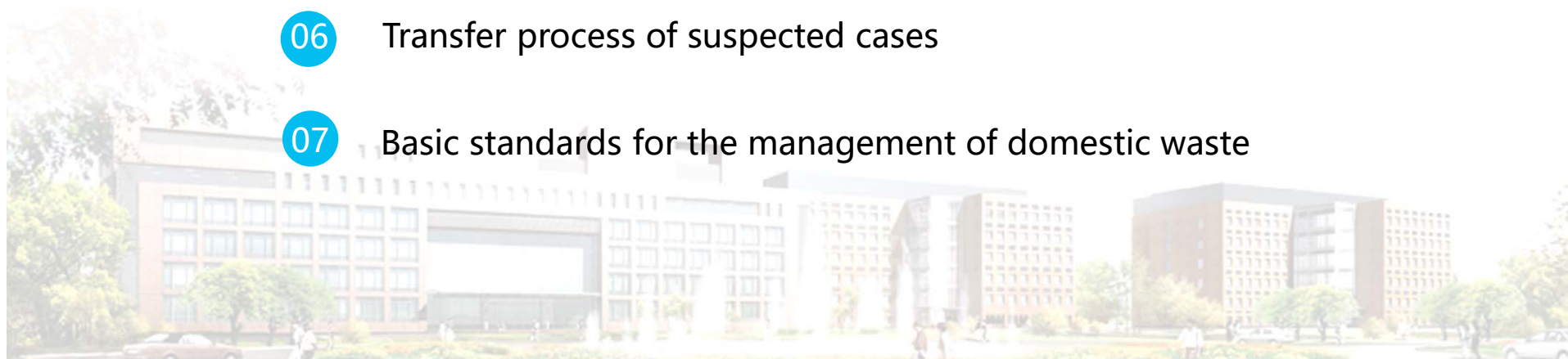
Diagnosis and treatment in designated medical institutions





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Active discovery:
community doctors visit the
families with persons who
have returned to their
hometown from the
epidemic area every day.

Active discovery: community
doctors visit family intimate
contacts with confirmed or
suspected cases every day.

Passive discovery:
grass-roots medical institutions
receive cases with fever, dry
cough, diarrhea and other
symptoms

Two and more family members have developed fever, respiratory symptoms, diarrhea and other symptoms within 14 days.

Inquire about the contact
history of people in epidemic
areas, epidemic areas and
confirmed cases.

Diagnosed as onset of family
cluster case

It is necessary to consider the possibility of infection of novel coronavirus,
and it is recommended to seek medical attention at a fever clinic.

1. The results of blood routine
examination shows that the white blood
cell count is normal or decreased, or the
lymphocyte decreases.
2. The chest CT shows the manifestation
of COVID-19.

Disconsider suspected cases, other
diagnoses

Home
treatment

Hospitalizati
on treatment

At least one of the two
conditions is met.

COVID-19 suspected
case, report through the
infectious disease card
within 2 hours

Confirmed cases
should be
transferred to
designated
hospitals

If the results of 2 nucleic acid
tests were negative, relieve the
suspected cases, and the
patients should be treated at
home.

COVID-19 cannot be ruled
out if the symptoms are not
relieved or worsened.

The community doctor
visits every day to observe
the changes of body
temperature and symptoms.

The symptoms improved after
home treatment, and release
observation after 14 days.



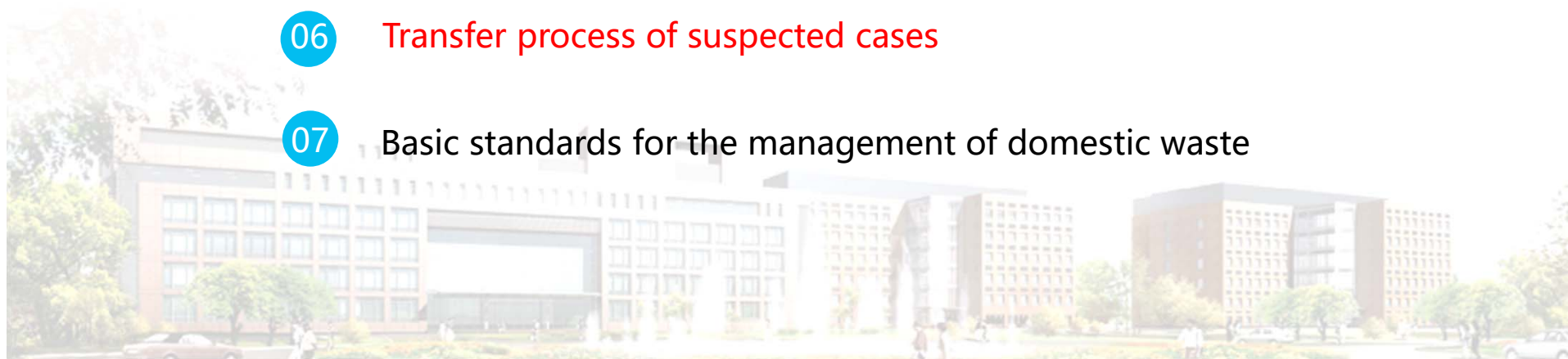
What else do grass-roots medical and health institutions need to do when onset of family cluster case happens?





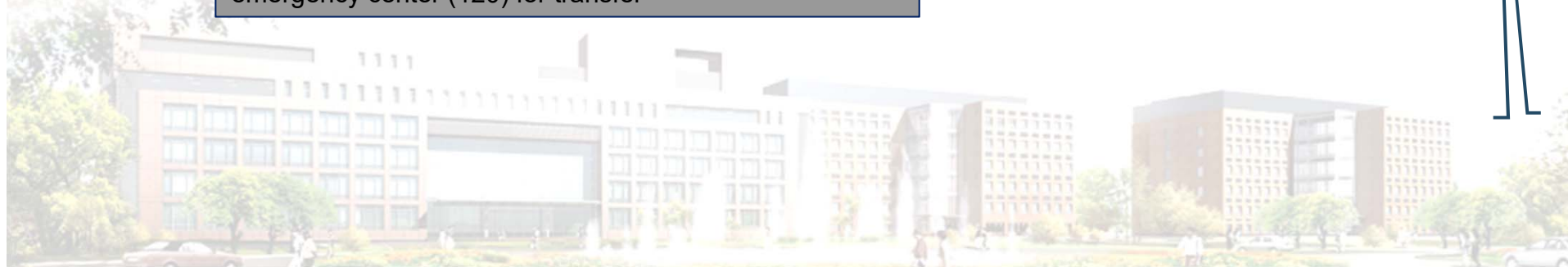
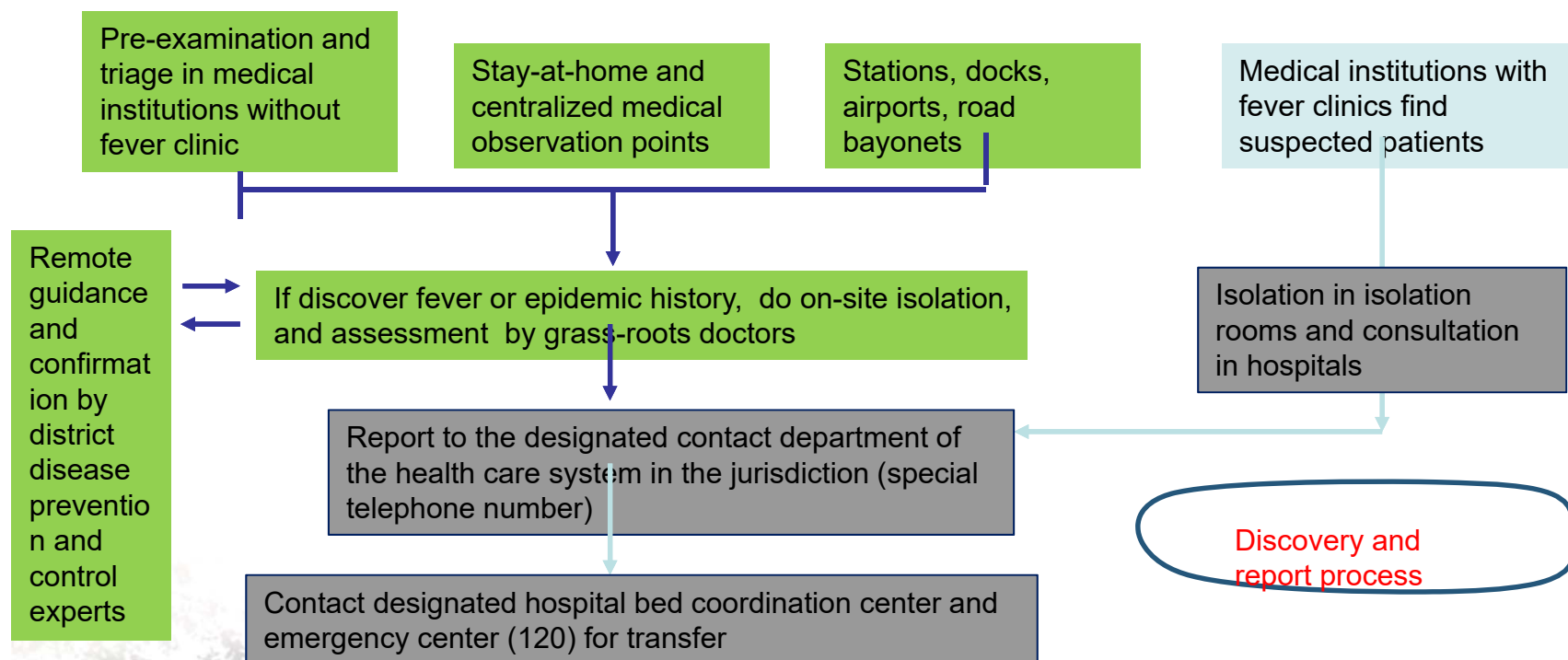
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Transfer process of suspected cases





Transport process after nucleic acid test is negative



The municipal CDC obtains the negative case discharge list of designated hospitals.

District Health Bureau check and sort out the list, and dispatch special vehicle to transfer (dispatching center)

If the underlying disease has not been cured, the patients need to be continually treated in a specialist hospital.

Contact the specialized hospital for isolation and transfer by chauffeured cars

Community doctors follow-up

Before the end of the isolation period, continue to be isolated until the expiration of the period

Delivered the isolated personnel to their home or the centralized isolation point by chauffeured cars, contact the staff and make the handover

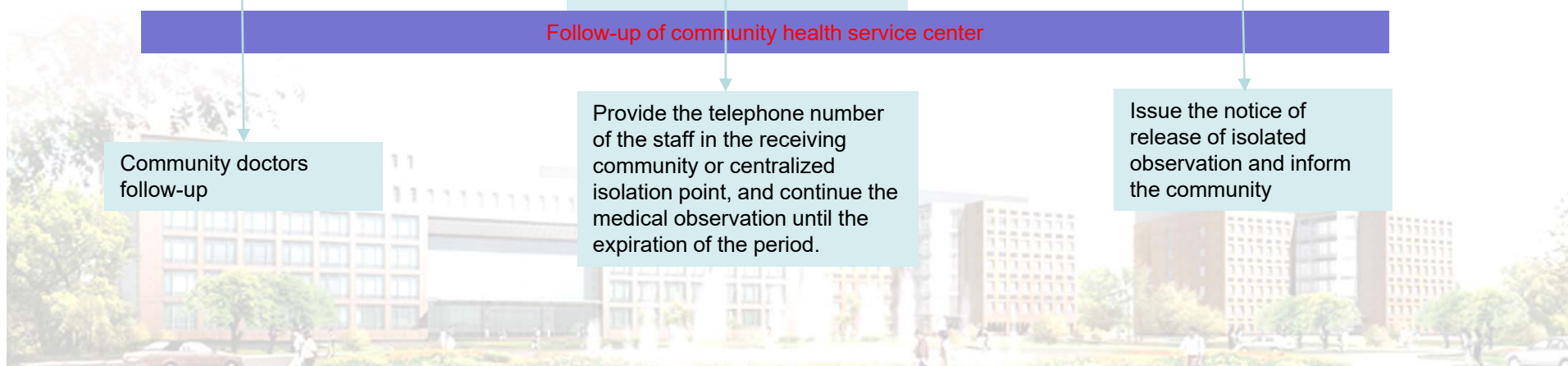
Provide the telephone number of the staff in the receiving community or centralized isolation point, and continue the medical observation until the expiration of the period.

When the isolation period ends, there is no need to continue the isolation.

Go home by themselves

Issue the notice of release of isolated observation and inform the community

Follow-up of community health service center





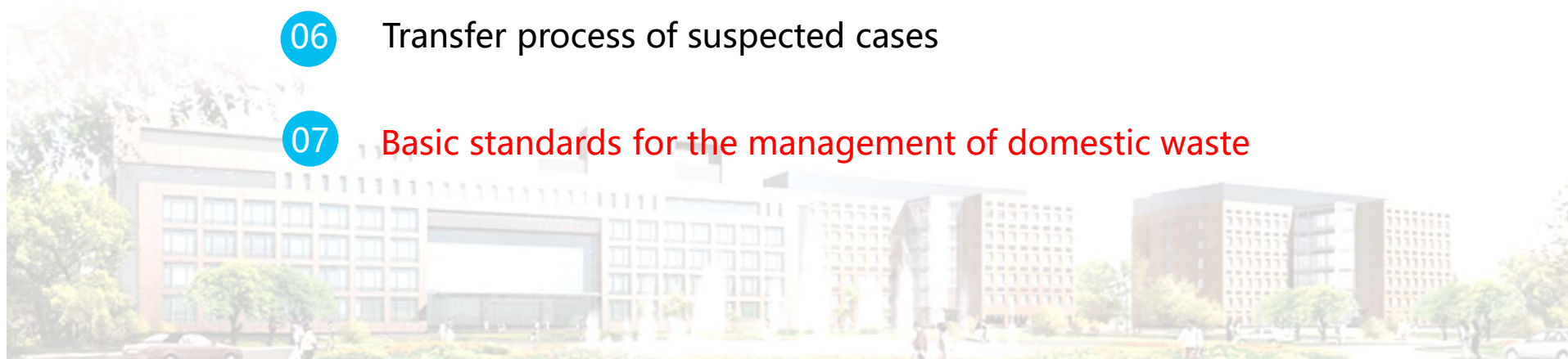
Matters needing attention during transfer?





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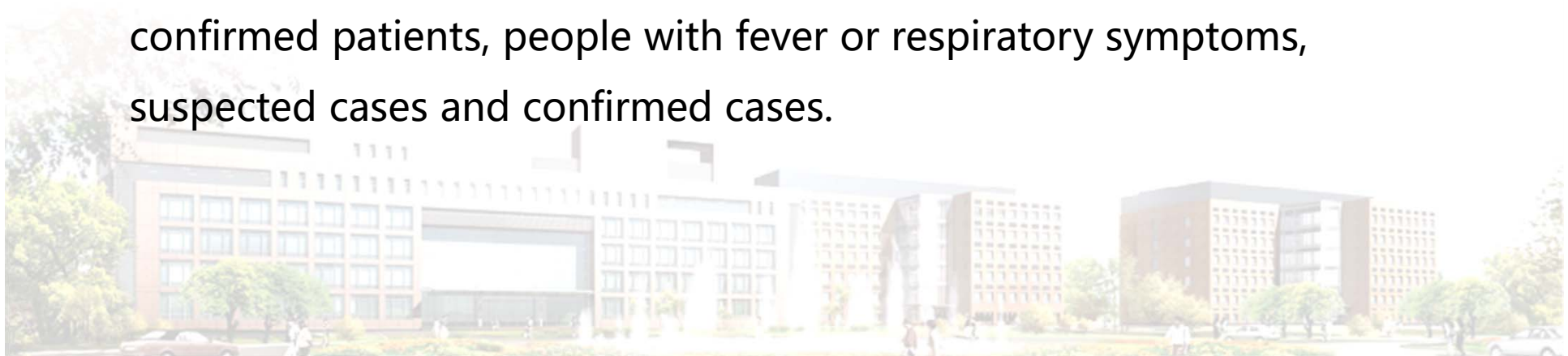




During the period of epidemic prevention and control, domestic waste is temporarily divided into general domestic waste and epidemic-related domestic waste.

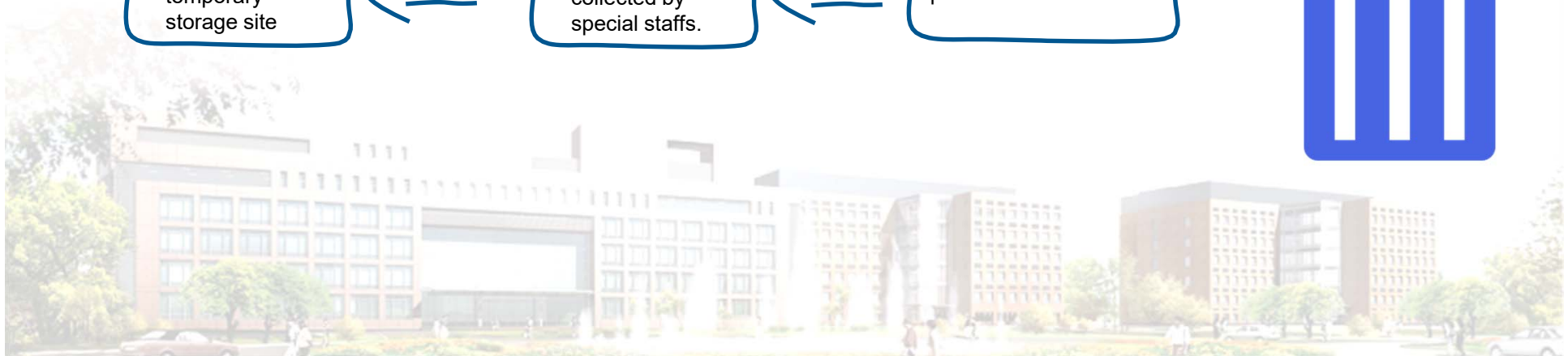
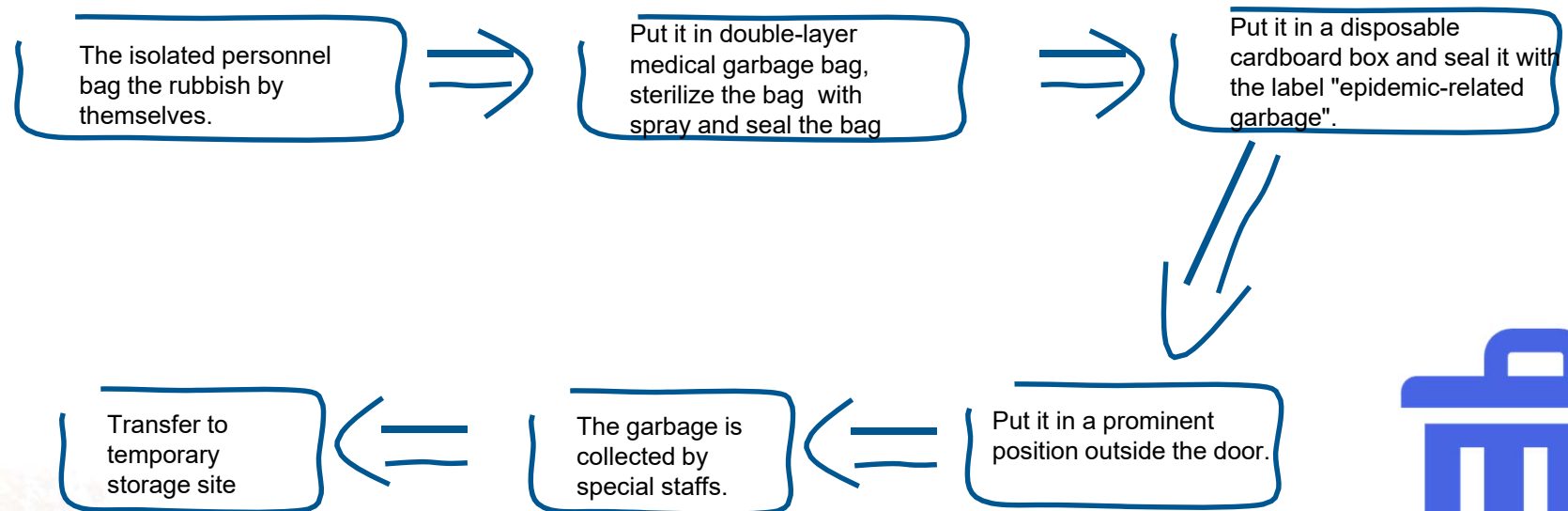
General domestic waste is the garbage produced in the daily life of healthy people and asymptomatic close contact cases.

Epidemic-related domestic waste is the domestic waste produced before centralized treatment of close contact cases of confirmed patients, people with fever or respiratory symptoms, suspected cases and confirmed cases.





Epidemic-related domestic waste can not be mixed with general domestic waste





Thank you!

