



YOUR QUESTION

Infection prevention and control guidance for hospitalised patients

What is the best evidence currently?

Ensure triage and early recognition of patients with suspected COVID-19 infection. Suspected cases of COVID-19 should be isolated/separated from other patients in adequately ventilated rooms. They should wear a surgical mask and use dedicated toilet facilities. An airborne infection isolation room should be reserved for patients undergoing aerosol-generating procedures.

Any healthcare worker entering the room of a patient with suspected or confirmed COVID-19 should wear the appropriate personal protection equipment: gown, gloves, eye protection, and a respirator: eg an N95 respirator or FFP2/FFP3 respirator. Where possible, maintain a physical distance of at least 1 metre but ideally 2 metres from individuals with respiratory symptoms. Staff in contact with a confirmed/suspected case should be trained in the proper use of PPE. Staff should clean their hands regularly, avoid touching their face and promote respiratory hygiene and cough etiquette. Staff should be monitored for development of symptoms and provided with occupational health support. It is important to disinfect inanimate surfaces in the surgery or hospital as patients may touch and contaminate surfaces such as door handles and desktops. All specimens collected for laboratory investigations should be regarded as potentially infectious.

Visits to COVID-19 patients should be minimised and physical contact should be strongly discouraged. Visitors should wear PPE: surgical mask, gloves, goggles and gown.

Anecdotal evidence highlights the importance of doffing and donning PPE correctly to reduce risk of contamination and the creation of separate decontamination areas so elaborate doffing procedures can be collectively undertaken and observed. Infection control training should be provided and standard infection control precautions should be taken at all times to ensure control of common pathogens which hospitals deal with on a daily basis. Best practice guidance for PPE usage is available for healthcare providers who have limited access to PPE materials, such as [INFECTION PREVENTION AND CONTROL FOR COVID-19 IN HEALTHCARE SETTINGS](#) [ECDC page 8].

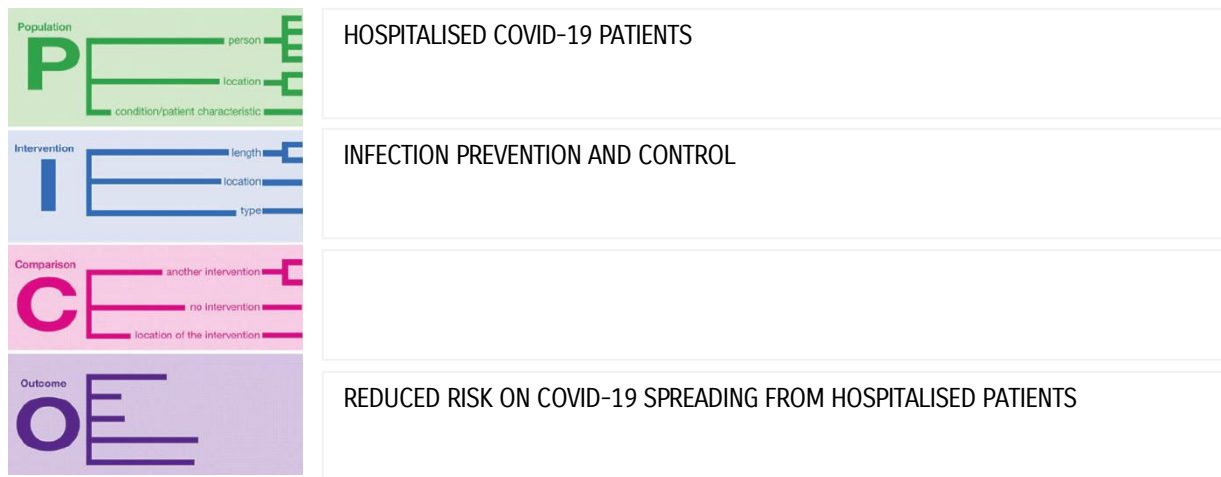


SOURCES

World Health Organization. [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125). [Accessed 20 03 2020]
 European Centre for Disease Control and Prevention. <https://www.ecdc.europa.eu/en/publications-data/infection-prevention-and-control-covid-19-healthcare-settings>. [Accessed 20 03 2020]
 Health Protection Surveillance Centre. https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/Interim%20Guidance%20for%20use%20of%20PPE%20%20COVID%2019%20v1.0%2017_03_20.pdf. [Accessed 20 03 2020]
 BMJ Best Practice. [Coronavirus virus 2019 \(COVID-19\)](#). [Accessed 20 03 2020]
 UpToDate. [Coronavirus Disease 2019 \(COVID-19\)](#). [Accessed 20 03 2020]
 Escalating Infection Control Response to the Rapidly Evolving Epidemiology of the Coronavirus Disease 2019 (COVID-19) Due to SARS-CoV-2 in Hong Kong. Cheng et al. *Infect Control Hosp Epidemiol*. 2020 Mar 5:1-24 <https://pubmed.ncbi.nlm.nih.gov/32131908/> [Accessed 23/03/2020]
 Understanding the emerging coronavirus: what it means for health security and infection prevention. Peters A. et al. *J Hosp Infect*. 2020 Mar 4. <https://www.ncbi.nlm.nih.gov/pubmed/?term=32145323> [Accessed 23 03 2020]
 Routine Infection Prevention Will Not Contain COVID-19. Hua (16 March 2020) <https://in-housestaff.org/routine-infection-prevention-will-not-contain-covid-19-1683> [Accessed 24 03 2020]

Produced by the members of the National Health Library and Knowledge Service Evidence Team. Current as at 23 03 2020. This rapid evidence review collates the best available evidence at the time of writing. Emerging literature or subsequent developments in respect of COVID-19 may require amendment to the information or sources listed in the document. Although all reasonable care has been taken in the compilation of content, the National Health Library and Knowledge Service Evidence Team makes no representations or warranties expressed or implied as to the accuracy or suitability of the information or sources listed in the document. This evidence summary is the property of the National Health Library and Knowledge Service and subsequent re-use or distribution in whole or in part should include acknowledgement of the service.

The following PICO(T) was used as a basis for the evidence summary.



Resources consulted: WHO, ECDC, Hpsc, BMJ Best Practice, UpToDate, Medline, Google Scholar and Google.

The following search strategy was used:

Part 1: "covid-19" OR coronavirus OR "wuhan virus" OR "2019-ncov" OR "severe acute respiratory syndrome coronavirus 2" OR "2019 novel coronavirus" OR "2019 new coronavirus".
 Part 2: EMBASE Indexing (EMTREE) used: hospital patient, infection prevention, infection control and communicable disease control
 Medline Indexing (MeSH) used: MH "Inpatients", MH "Communicable Disease Control+", MH "Infection Control+"
 Keywords used: (Hospital*) adj3 (patient*) OR in-patient* OR inpatient*
 (infection) adj3 (prevent* OR control*) OR hygiene)

† Maura Flynn, Librarian, Library, Midland Regional Hospital, Tullamore; Ronan Hegarty, Librarian, Naas General Hospital

