Guidelines for medical practice, diagnosis, treatment and prevention of healthcare-associated infection in response to patients with COVID-19 infection

For physicians and healthcare personnel

1) Patient with fever ≥37.5 °C with any of the following respiratory symptoms (cough, runny nose, sore throat, tachypnea, or shortness of breath, or difficult breathing) and within 14 days prior to symptom onset patient:
   a. Has recently returned from or lived in the area affected by the outbreaks of COVID-19 (China) or;
   b. Work or has occupation that close contact with tourists from the area affected by the outbreaks of COVID-19 or;
   c. History of close contact with a confirmed case of COVID-19 infection

2) Patient with pneumonia of unknown etiology with history of close contact with a suspected case of COVID-19 infection

3) Health care personnel with pneumonia of unknown etiology

4) Patient with severe pneumonia of unknown etiology

Surveillance system in the hospital

Registration Unit
- History taking
- OPD or ER

Fever & ARI Clinic
History taken and PE by physician

1) Isolate patient, wear face mask, or admit the patient in the single room or isolation room if the criteria is met, no need to be admitted in AIIR
2) Medical personnel wear PPE as appropriate (In general, medical and clinical staff should observe Droplet and Contact Precautions (i.e. donning of gown, gloves, surgical mask, face shield). But if aerosol-generating procedure is to be conducted, e.g. nebulization, suction, clinical and medical staff should observe Airborne and Contact Precautions by wearing N95 mask, face shield, goggle and surgical cap)
3) Perform chest radiography
4) Basic laboratory testing as appropriate (no need to have designated receiving area; follow laboratory standard practices)
5) Specimen collection
   a) Patient without pneumonia: Collect nasopharyngeal swab and throat swab/oropharyngeal swab, put 2 swabs in 1 UTM or VTM
   b) Patient with pneumonia and without intubation
      o Collect sputum in 1 UTM or VTM
      o Patient < 5 years, or sputum is not available, collect nasopharyngeal swab and throat swab/oropharyngeal swab or suction in 1 UTM or VTM
   c) Patient with pneumonia and with intubation collect tracheal suction in 1 UTM or VTM

Symptomatic treatment

Negative for COVID-19
(1 laboratory)
1) Consider providing treatment as appropriate
2) Treat as OPD case if no indication for hospitalization and personal health practices recommended, repeat the testing if not if improve
3) If the conditions not improved within 48 hours, consider repeating testing for SAR-CoV2 at the reference laboratory

Positive for COVID-19
1) Patient is admitted in single isolation room or cohort ward (designated specifically for confirmed case of COVID-19 infection) with at least 1-meter distance between the beds
2) Admitted in AIIR for severe case, or in case aerosol-generating procedure will need to be conducted.
3) Supportive treatment provided
4) Consult SMEs
5) To discharge the patient, considering the symptom and having negative laboratory result from 2 different laboratories; local laboratory and reference laboratory and repeat the testing in 48 hours at the local laboratory after the first testing

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