

INTERIM ADVISORY ON SARS FOR DOCTORS PRACTISING IN A PRIMARY CARE/FAMILY PRACTICE SETTING IN SINGAPORE

**ISSUED BY
THE COLLEGE OF FAMILY PHYSICIANS SINGAPORE
ON 29TH MARCH 2003**

THIS ADVISORY IS ENDORSED BY THE MINISTRY OF HEALTH, SINGAPORE

OBJECTIVE

To advise family physicians/primary care doctor on infection control and protection of patients and health care workers in relation to the SARS situation in Singapore.

STATEMENT OF INTENT

This advisory is based on best available information and recommendations given by the Ministry of Health Singapore, the World Health Organisation, the Centers for Disease Control & Prevention (USA) and the Communicable Disease Centre (Singapore). All doctors are strongly advised to keep themselves updated with the latest alerts issued by the Ministry of Health.

This is the first advisory and will be superseded as and when new information becomes available. Doctors are encouraged to provide feedback, new information and suggestions to help in the updating of this advisory. Resources that provide detailed information are provided at the end of this advisory.

TRIAGE OF PATIENTS

- All patients seen at primary care facilities should be triaged at the reception for the likelihood of SARS. Nurses, clinic assistants and receptionists should be given training and instructions on triage procedures.
- A poster or information leaflet may be used to inform patients of the symptoms of SARS and advice to inform the receptionist as soon as possible.
- The following information should be obtained by the clinic staff from all patients
 - * Presence of fever
 - * Travel within 10 days of onset of symptoms to high risk areas OR
 - * Close contact with patients admitted to hospitals for SARS or suspected SARS
 - * Respiratory symptoms (Cough, shortness of breath or difficulty of breathing)
- After triage patients could be classified under the following categories:

<ul style="list-style-type: none"> • Suspect case: <ul style="list-style-type: none"> * Unexplained high fever (>38°C) AND * close contact within 10 days of onset of symptoms, with a person who has been diagnosed with SARS OR * history of travel, within 10 days of onset of symptoms, to an area in which there are reported foci of transmission of SARS. 	Action: <ul style="list-style-type: none"> * Patient to wear surgical mask * Isolate patient as far as possible. (See notes on isolation of patient) * Doctor to see patient immediately and refer to the designated hospital (Accident and Emergency Department, Tan Tock Seng Hospital) if confirmed. * Mandatory notification of the suspect case
<ul style="list-style-type: none"> • Caution case: <ul style="list-style-type: none"> * Unexplained high fever (>38°C) AND * one or more respiratory symptoms including cough, shortness of breath, difficulty breathing 	Action: <ul style="list-style-type: none"> * Patient to be seen by doctor as soon as possible.
<ul style="list-style-type: none"> • Normal risk case <ul style="list-style-type: none"> * No fever or fever (<=38°C) * URTI symptoms including cough 	Action: <ul style="list-style-type: none"> * High index of suspicion * Educate patient * Review appropriately

ISOLATION OF PATIENT

Suspect cases must be isolated as far as possible. The following should be done if resources or clinic premises permit:

- Place patient in a separate room.
- The patient is to wear a mask as a precautionary measure.
- Switch off air conditioning and open windows, if possible.
- Minimize movement of the patient.
- Strict infection control measures for all health care workers attending to such patients.

PRECAUTIONS IN THE CONSULTATION ROOM

- Minimize physical contact with the patient whenever possible.
- Use disposable equipment or disposable sheaths whenever possible.
- Observe proper disposal of sharps and bio-hazardous wastes including disposable equipment and sheaths.
- Minimise the use of tongue depressors and avoid inducing a gag reflex.
- Use disposable tongue depressors.
- Avoid taking temperature orally – use axillary or aural routes instead
- If oral thermometers have to be used, use disposable thermometer sheaths.
- Be aware that the chest piece of the stethoscope may become contaminated, so consider disinfection with alcohol swab before and after examining a patient where appropriate.
- All surfaces, objects, furniture and fixtures that come in contact with the suspect SARS case may become contaminated and disinfection should be carried out.
- All secretions, discharges and vomitus should be disinfected and disposed off as bio-hazardous waste.

TRANSFER OF SUSPECT SARS PATIENT

- Suspect case should be transported to the designated hospital (A & E Department, Tan Tock Seng Hospital), by ambulance service or private transport. Alert ambulance service that the patient is a suspect case of SARS so that necessary precautions can be taken. Public transport should not be used.
- Provide patient with a surgical mask. Other passengers and drivers should also be protected with masks.
- Air-conditioning in the vehicle should be switched off and windows should be opened for ventilation.
- Suspected SARS patient who refuses to go to the hospital must be notified to the authorities urgently.

PROTECTION OF HEALTH CARE WORKERS

The following are recommended infection control measures:

- Masking
 - * Staff who may come into close contact with suspect SARS cases should wear a N95 respirator or a surgical mask (if N95 respirator is not available).
 - * Patients should be encouraged to wear a surgical mask if they have fever and cough.
- Handwashing with liquid soap
 - * Frequent hand washing is very important in reducing the risk of infection.
 - * Alcohol based hand lotion may used if the hand is not soiled.
 - * Mucosal surfaces including the nose and eyes can be the route of infection. Avoid touching such areas during work.
- Wear gloves when you are attending to suspect SARS patient
- Avoidance of aerosols
 - * Avoid the use of nebulisers in patients who are triaged as suspect SARS case.
- Environmental disinfection
 - * Clean surfaces daily with a disinfectant e.g. 1:49 diluted household bleach, sodium hypochlorite 1,000 ppm or 70% alcohol for metallic surfaces.
- Administrative surveillance of health care workers
 - * All health care workers should be monitored daily for fever and respiratory symptoms.
 - * Health care workers exposed to direct contact with suspect SARS patients should be monitored more closely.
 - * Outcome of suspect SARS cases should be checked if no reply is given by the receiving hospital.

NOTES ON MASKS AND RESPIRATORS

- The N95 particulate respirator should be used if available. There are improved models designed for health care workers. These improved models may be better when there is risk of splashes on the face. In primary care clinics, the usual N95 masks that conform to industry standards are sufficient.
- Use surgical masks for suspect SARS patients. N95 masks should not be used because they are not designed to protect people from being infected by the wearers.
- The surgical mask is designed to prevent the wearer from infecting people in his or her vicinity. It is less effective in protecting the wearer from infection. However it may be used for the purpose of protection if a N95 respirator mask is not available.
- Masks are effective only if worn according to instructions and properly fitted.
- N95 masks should not be used in areas with low oxygen concentration and may be hazardous to wearers who have cardiac and respiratory disease.
- Disposable respirator masks should be discarded and changed if it becomes physically damaged or when it becomes uncomfortable after prolonged use.
- Users should be monitored for dizziness, difficulty in breathing and skin irritation.

RESOURCES

The following internet links provide useful updates and detailed information on SARS.

World Health Organisation

<http://www.who.int/csr/sars/en/>

Centers for Disease Control & Prevention (USA)

<http://www.cdc.gov/ncidod/sars/clinicians.htm>

Ministry of Health Singapore

<http://app.moh.gov.sg/>

College of Family Physicians Singapore

<http://www.cfps.org.sg> ■