

Infections due to novel coronavirus 2019-nCoV

Guidance document for frontline service staff

Hand washing – hand hygiene

Repeat each step of the hand washing procedure at least five times



1

Rub hands palm to palm



2

Rub right palm over left dorsum and vice versa



3

Rub thoroughly between all fingers



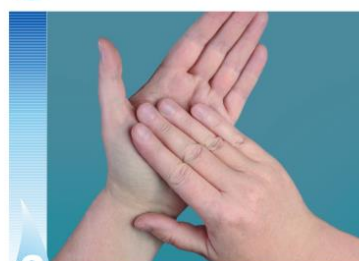
4

Rub fingertips and fingernails of both hands together thoroughly



5

Rub thumb of each hand thoroughly



6

Rub each palm thoroughly



Embætti
landlæknis
Sönnunáttakar

Guidelines from the Chief Epidemiologist for Iceland, December 2016

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Directorate of health
Chief Epidemiologist for Iceland

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Abbreviations

Skammstöfun	Heiti
112	Emergency services
1770	Health care hotline for non-emergencies
Avd-RLS	Civil protection authority
nCoV	Novel coronavirus infection
SVL	Chief epidemiologist
WHO	World Health Organization

Checklist for frontline service staff for 2019-nCoV

Frontline staff indicates all those workers who provide services in face to face contact with their clients.

In case of a suspected illness related to 2019-nCoV all service staff should:

- Recognize the symptoms and transmission routes of 2019-nCoV infection.
- Acquaint themselves with the instructions by authorities regarding suspicion for 2019-nCoV.
- Notify their immediate supervisor in case of suspicion for 2019-nCoV in client or staff.
- Use basic hygiene measures to reduce transmission risk (pg. 5).

First response in case of suspicion for 2019-nCoV

The symptoms of 2019-nCoV resemble influenza: fever, cough, muscle pain and fatigue. 2019-nCoV can cause severe illness, pneumonia and lung injury, which often present as difficulty breathing on day 4–8 of illness.

If suspicion for 2019-nCoV infection arises in a company, staff should contact 1770 (or +354 544 4113 if no Icelandic phone line is available). This number has been activated to respond to queries relating to illness 24/7 and nurses will advise the public and tourists on how to access health care services appropriately. In case of emergency please call 112 but remember to mention the possibility of 2019-nCoV.

Basic hygiene measures

Basic hygiene measures are important in all interaction with other people, regardless of illness symptoms.

Basic hygiene measures include:

- Hand hygiene, washing and/or use of alcohol-based hand-sanitizer.
- **Easy access to hand washing (sink, soap) or hand-sanitizer.**
- Easy access to single-use gloves for cleaning services or when attending to a sick person. Gloves should be removed promptly once a task is completed and hands cleaned.
- Use single-use gloves, single-use aprons and a single-use cloth when cleaning up blood, vomit or other bodily fluids. If there is no concern that the equipment is contaminated it can be discarded in a plastic bag, which is sealed and placed in a second bag before it is thrown out.

When illness comes up in a company:

- Consider the severity of the illness when making arrangements for the sick individual.
- Call health care services for help and advice (local primary care/1770/112 as appropriate).
- Separate the sick person from other clients/staff. Appoint one member of staff who will tend to the sick person until they leave the company. Other people should be diverted away from the area where the sick person waits.
- All clients/visitors/staff who have been in contact with the sick person that day must register as a contact, including name, phone number, email address and national identification number (kennitala) if they have one. The staff member tending to the sick person must be specifically identified. The immediate supervisor for the attending staff member or the immediate supervisor of a sick staff member should take possession of the list of contacts and deliver it to the health care services or chief epidemiologist. Staff who clean up the area after the sick person leaves should be included on the list.
- Tending to the sick person until response team takes over or the sick person leaves the premises:
 - Provide the sick person with a face mask if one is available and they can tolerate it. If a mask is not available or cannot be tolerated they must be taught to use a tissue/paper napkin to cover the nose and mouth while coughing or sneezing. The tissue must be placed in a plastic bag immediately after use and hands cleaned promptly.
 - If alcohol-based hand-sanitizer is to be found on the premises it should be made available for the sick person. If the attending staff member must use the same container of hand-sanitizer it should be in an automatic dispenser. If no automatic dispenser is available, the staff member should assist the sick person with dispensing the hand-sanitizer, or the dispenser will need to be cleaned when the sick person has left (see Cleaning here below).
 - Provide access to a toilet for the private use of the sick person.
- The appointed staff member assists the sick person until response personnel take over.
 - The staff member should have very easy access to hand cleaning facilities.
 - The staff member should stay >1 metre away from the sick person as much as possible. When the staff member must come within 1 metre of the sick person they should clean hands thoroughly, use single-use gloves if they are available. If the sick person has a prominent cough or sneeze a face-mask may be of use for the attending staff member, but only if they need to be in close contact with the sick person.
 - If bodily fluids contaminate the environment they should be mopped up with a single use napkin/cloth, the surface cleaned with soap and water and finally cleaned with a disinfecting agent (see Cleaning here below).

Monitoring those who came in contact with a sick person

SVL or the local epidemiologist/primary health care service will keep the registry of those exposed to the sick person and provide additional information for avoiding spread of disease to others and behaviour for the next 2 weeks (14 days). Those exposed should follow [the instructions for persons under quarantine](#).

If the illness is found to have a different cause and not related to 2019-nCoV infection, quarantine can be lifted.

Cleaning an area where a sick person has stayed

1. Equipment to use:

- a. Use single-use gloves, single-use aprons and a single-use cloth when cleaning up blood, vomit or other bodily fluids from a sick person. Ideally, contaminated protective equipment should be disposed of in a bag labeled „**Sóttmengaður úrgangur**“ (contaminated waste) for incineration by a competent agent. Otherwise, contaminated protective equipment should be disposed of in a plastic bag which is sealed and placed in a second, clean plastic bag before disposal.
- b. If single-use aprons are not available the person who cleans a contaminated area should shower and change into clean clothes after cleaning and disinfecting the area. Contaminated clothing can be placed in a plastic bag which is then closed/sealed. The clothing may be laundered in the usual manner, but gloves should be worn when placing the clothes in a washing machine if a soluble laundry bag is not available. See Dealing with Non-Single Use Equipment below.
- c. Use a cloth and disinfecting agent (Virkon, Oxivir, sodium hypochlorite, or >70% ethanol) to clean surfaces after the sick person has left the premises. Please pay attention to shared surfaces such as light switches, doorknobs, faucets etc.
- d. Gloves that are used while cleaning should be disposed of in a plastic bag and hands cleaned. When the bag has been closed it should be placed in a second bag and hands cleaned again.

2. Cleaning and disinfecting an area contaminated with an infectious agent:

- Cleaning of the area where the sick person stayed and the immediate environment must be completed before other staff/clients are allowed to enter the area.
- Do not use pressure cleaning devices, they can aerosolize infectious particles.
- Keep a bag labeled „**Sóttmengaður úrgangur**“ **on hand or prepare to place a plastic bag with contaminated equipment in a second, clean bag before disposal.**
 - a. Paper towels should be used to mop up visible contaminated fluids. Remove visibly contaminated gloves and clean hands before putting on a fresh pair of gloves.
 - b. **Start cleaning up high and continue downwards.** Saturate the area with soap using paper towels or a spray bottle. Paper towels are used to mop up the soap. The towels are then placed in a bag labeled „**Sóttmengaður úrgangur**“. The area is covered with (dry) paper towels and the towels then saturated with a disinfecting agent. Leave the disinfecting agent to act for the time recommended by the manufacturer before collecting the towels and placing them in the waste bag. Finally, the area is rinsed with warm water and dried.
- Rugs, clothing or other materials heavily contaminated with bodily fluids they may be disposed of in „**Sóttmengaður úrgangur**“ bags, **as can** paper and other single-use products in the area.
- When moving between areas to be cleaned, a new single-use cloth should be used for each area and the used cloths disposed of in „**Sóttmengaður úrgangur**“ bags.
- The restroom/bathroom used by the sick person must be cleaned, with attention paid to:
 - i. Lightswitch, doorknob and locking mechanism
 - ii. Faucet and sink
 - iii. Wall and counter adjacent to the sink
 - iv. Bathing facility and equipment therein
 - v. Finally the toilet seat and adjacent area
- Protective equipment should be disposed of after use in „**Sóttmengaður úrgangur**“ bags and personal hygiene measures used.

Dealing with non-single use equipment

Hotels and restaurants should consider the following points when handling multi-use items used by a sick person, such as linens and eating utensils:

- Those who clean and collect the items should read „Equipment to use“
- When collecting and washing linens that may be contaminated with bodily fluids:
 - Single-use gloves and aprons are useful when linens is collected.
 - Linens should be collected in a plastic bag.
 - The apron and gloves should be removed and placed in a bag for disposal (see Cleaning).
 - Hands cleaned and new disposable gloves worn to close the bag containing linens.
 - Gloves removed and hands cleaned.
 - The bag containing linens is delivered directly to the laundry.
 - Hands should be cleaned and gloves worn while emptying the bag into the washing machine.
 - Gloves removed and hands cleaned.
 - Washing machine closed and programme run as usual. Regular washing powder is used.
- When collecting and cleaning eating utensils and other utensils that can be washed in dishwasher:
 - Clean hands before putting on gloves.
 - Collect utensils while wearing gloves. Aprons are not required unless the utensils are grossly contaminated with bodily fluids such as vomit.
 - If shared surfaces such as doorknobs or elevator buttons will be touched while transporting utensils to be washed, gloves should be removed and hands cleaned before touching surface
 - The risk of infection from eating utensils is very low, UNLESS they are grossly contaminated by spit or vomit. In such cases high pressure rinsing should be avoided as it increases the chance of contaminated materials being sprayed in the worker’s face. Rinsing under low pressure or soaking grossly soiled utensils is preferable if the items are too dirty to place directly in the dishwasher.
 - Gloves should be worn until the utensils have been placed in the dishwasher, but then removed and hands cleaned before the machine is closed and the programme run.
 - If no dishwasher is on the premises, utensils can be washed normally with dishwashing soap, while wearing gloves. Gloves should be removed and hands cleaned when the task is complete.
- Other multiuse equipment such as remote controls, television monitors, safes etc. should be cleaned with soap if possible and surfaces disinfected as described on page 5.
 - Telephone directories and other paper materials that are not routinely discarded after each guest can be retained if they are not grossly contaminated with bodily fluids, as related viruses do not survive on such materials for long.