



SEVERE ACUTE RESPIRATORY SYNDROME

NOTICE

Since 2004, there have not been any known cases of SARS reported anywhere in the world. The content in this PDF was developed for the 2003 SARS epidemic. But, some guidelines are still being used. Any new SARS updates will be posted on this Web site.



GUIDELINES AND RECOMMENDATIONS

Supplement I: Infection Control in Healthcare, Home, and Community Settings

V. Control for Care of SARS Patients at Home

Patients with SARS-CoV disease who do not require hospitalization for medical indications may be isolated at home.

A. *Assessment of the Residence*

Objective: Ensure that the residential setting is suitable and appropriate for isolation of a SARS patient.

Activities

- Before a SARS patient occupies a residence for home isolation, there should be an assessment (by phone or direct observation) to ensure that the residence has the features necessary for provision of appropriate care and infection control precautions. Because of the variability of household settings, professional judgment is needed in determining whether a home is an appropriate location for a patient with SARS-CoV disease.
- There should be a bathroom in the home for use by the patient and household members only. If there are multiple bathrooms, one should be designated solely for the patient's use, especially if the patient has diarrhea.
- The patient should have a bed and preferably a private room for sleeping.
- If the home is a multiple family dwelling (e.g., apartment building), the area in which the patient will be housed should have a separate air-handling system (if one is present).
- Basic amenities, such as heat, electricity, potable and hot water, sewer, and telephone access, should be available.
- There should be a primary caregiver to assist the patient with basic needs in the home and social service support for obtaining groceries, prescriptions, and other personal needs.

B. *Infection Control Precautions for SARS Patients Isolated at Home*

Objective: Ensure the use of proper infection control precautions in the home setting to minimize the potential for SARS-CoV transmission.

Infection control principles used in healthcare settings also apply in the home care setting. However, due to practical limitations, there are some differences between what can be done in the home and the healthcare setting. For example, All Precautions cannot be practiced completely outside of fully controlled settings such as healthcare facilities. Since SARS-CoV is most likely transmitted through contact and droplet spread, the use of modified precautions that focus on preventing droplet and contact spread are recommended for isolation in the household setting.

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Activities

Duration of infection control measures

- Continue the infection control precautions outlined below until 10 days following resolution of fever (given respiratory symptoms are absent or resolving) or until the health department has determined that home isolation precautions can be safely discontinued (e.g., diagnosis of SARS-CoV disease is ruled out).

Home isolation precautions

- Patients should not leave the home for the duration of the isolation period, except as necessary for follow-up medical care. When movement outside the home is necessary, the patient should wear a mask, if tolerated, and should not use public transportation.
- Separate the patient from other persons in the household to the extent possible. Use a separate room and bathroom if available.
- Limit the number of persons in the household to those who are essential for patient support. Other household members should either be relocated or minimize contact with the patient in the home. This is particularly important for persons at risk of serious SARS-CoV disease complications (e.g., persons with underlying heart or lung disease, diabetes mellitus, older age).
- Unexposed persons who do not have an essential need to be in the home should not visit.

Infection control measures in the home

- Hand hygiene -- All persons in the household should carefully follow recommendations for hand hygiene (i.e., hand washing with soap and water or use of an alcohol-based hand rub) after touching body fluids (e.g., respiratory secretions, stool, urine, vomitus) and potentially contaminated surfaces and materials (e.g., linen). Hand hygiene supplies (soap/water, alcohol-based hand rub, disposable towels) should be available and replenished as needed. (See www.cdc.gov/handhygiene/.)
- Source control -- Patients should cover the nose/mouth when coughing and dispose of tissues in a lined waste container. If possible, the patient should wear a surgical mask when others are present. If the patient cannot wear a mask, persons in close contact with the patient should wear a mask. Masks should fit snugly around the face and should not be touched or handled during use. If masks will be reused by persons in the home, procedures for identifying each person's mask and containing it between uses should be in place. A supply of masks should be available based on the volume needed each day.
- Gloves and other protective attire -- Use of disposable gloves should be considered for any direct contact with the body fluids of a patient with possible or known SARS-CoV disease. **However, gloves are not intended to replace proper hand hygiene.** Immediately after gloves are removed, they should be discarded and hand hygiene should be performed. Gloves must never be washed or reused.
- Laundry (e.g., bedding, towels and clothing) -- Towels and bedding should not be shared. Laundry may be washed in a standard washing machine with warm water and detergent; bleach may be added but is not necessary. Gloves should be worn when handling soiled laundry, and care should be used when handling soiled laundry to avoid direct contact of skin

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and/or clothing with contaminated material. Soiled laundry should not be shaken or otherwise handled in a manner that may aerosolize infectious particles.

- Dishes and other eating utensils -- Objects used for eating should not be shared, but separation of eating utensils for use by the SARS patient is not necessary. Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap.
- Household waste -- Gloves, tissues, and other waste generated in the care of a SARS patient should be bagged and placed in another container for disposal with other household waste.
- Cleaning and disinfection of environmental surfaces -- Environmental surfaces that are frequently touched by the patient or are soiled with body fluids should be cleaned and disinfected with a household disinfectant. The bathroom used by the patient should be cleaned daily, if possible. Household utility gloves should be worn during the cleaning process.

C. *Follow-up of Contacts*

Objective: Ensure appropriate follow-up and care of exposed close contacts of SARS patients in home isolation.

Activities

- Household members and other close contacts of SARS patients should be vigilant for fever (i.e., measure temperature at least daily) and/or respiratory symptoms.
- If household contacts develop fever or respiratory symptoms, arrangements should be made immediately for a medical evaluation. ***In advance of the evaluation, healthcare providers should be informed that the person (and those who may accompany him or her) is a close contact of a SARS patient so arrangements can be made, to prevent transmission to others in the healthcare setting.***
- Symptomatic household or other close contacts should follow the same precautions recommended for the SARS patient.
- In the absence of fever or respiratory symptoms, household contacts need not limit their activities outside the home, unless otherwise required by quarantine regulations.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)