



## 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.



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

### **VI. Infection Control for Care of SARS Patients in Community Isolation Facilities**

If a surge in patients overwhelms existing healthcare capacity or if home isolation is not feasible for individual patients, jurisdictions might need to use alternative facilities in the community for the isolation of SARS patient. In most situations, community isolation facilities will house and care for patients with milder cases of SARS-CoV disease. These patients can be expected to care for themselves and are not expected to have significant healthcare needs. The specific precautions that will be required will depend in part of the type of facility designated for community isolation (e.g., motel, hotel, hospital). The same infection control principles that apply to home isolation apply to community isolation facilities. However, in community settings, personnel who are in the facility should be trained and fit-tested for an N-95 respirator.

- Community isolation facilities should have rooms with private bathrooms.
- Personnel who enter the room should wear an N-95 respirator. If there will be direct contact with the patient or the patient's environment, a disposable isolation gown and gloves should be worn.
- Receptacles for soiled linen/laundry and contaminated waste should be placed in designated locations. Follow home care guidelines above for handling these materials.

For more information, visit [www.cdc.gov/ncidod/sars](http://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)