(Japanese Society for Infection Prevention and Control)

Measures to take in the event of an epidemic		Small and medium-sized hospitals/long-term care facilities/nursing facilities for the elderly	Check at own facility	Check by the support
	Establishment of an infection control committee within hospitals/facilities	Clarification of reporting/instruction system under the command of the hospital director (director of the facility)		
	Organizing an infection control team	Appointment of doctors, nurses, and staff in charge of infection control		
	Cooperation with public health centers and other administrative agencies	Confirmation of the contact points of administrative agencies such as public health centers, confirmation of the persons in charge, and confirmation of the reception counter for tests, including PCR for patients (users) and employees with symptoms		
	Cooperation between with neighboring medical institutions to provide medical services	Securing medical institutions that can provide support, preparation of a list		
	Collection and updating of information, such as the family emergency contact information for patients	Collection and updating of contact information at the time of hospitalization/admission		
	Setting up a counter engaged in responding to inquiries from outside facilities	Establishing contact personnel for families, the government, and mass media, etc.		
	Check of the symptoms of employees	Daily health check and measurement of body temperature of employees		
	Education for employees	Training sessions for measures against infection, including hand hygiene, standard precautions, and preventive measures by infection route		
	Work restrictions and reporting of symptomatic persons (including employees and external contractors)	Presence or absence of fever, nasal congestion, nasal discharge, cough, pharyngeal pain, headache, feeling of dyspnea, malaise, taste/smell disorder, etc.		
	Visits of symptomatic persons to medical institutions and diagnoses	Recommendation of an early visit to a medical institution and undergoing tests such as PCR		
	Timing of return to work	After a 48-hour recuperation at home following the disappearance of symptoms		
Personnel management	Holding conferences, workshops, etc.	Consideration of holding online meetings, cancelling or postponing conferences, and avoidance of closed spaces, crowded places, and close-contact settings in view of limitations on the number of people and places.		
	Proper use of masks and personal protective equipment (PPE)	spaces, crowded places, and close-contact settings in view of limitations on the number of people and places Procedure for the regular wearing of masks, wearing of personal protective equipment as needed, and attachment/detachment procedures		
	White coat and uniform	Daily replacement and washing		
	Workplace environment	Paying attention to ventilation, disinfection of frequently touched items, and arrangement in consideration of human flow lines		
	Environment of the lounge and locker room	Avoid sitting face to face, use articles individually, and perform ventilation during each break		
	On-call rooms/nap rooms	Replacement of used bed sheets, disinfection of frequently touched items		
	Voluntary restraint from participation in scenes with closed spaces, crowded places, and close-contact settings	Voluntary restraint from participation in scenes with the 3 C's at the workplace and other locations		
	Preparation for responses to sudden absences from work	Securing agents/assignment of duties		
	Check of symptoms of patients (users)	Observe and understand the health conditions of patients (users) and identify symptomatic patients		
Management of natients	Education of patients (users)	Education on hand hygiene and wearing of masks		
	Check health conditions every day, and accommodate symptomatic persons in private rooms and provide care	Presence or absence of fever, nasal congestion, nasal discharge, cough, pharyngeal pain, headache, feeling of dyspnea, malaise, taste/smell disorder, etc.		
	Conduct syndromic surveillance	Aggregate symptoms checked daily for each ward		
	Use of shared space by patients (users)	Securing physical distance in day rooms and cafeterias		
	Regular wearing of masks	Regular wearing of masks, if possible		

Checklist of Measures Against Novel Coronavirus Infection in Hospitals and Facilities

July 2020

(Japanese Society for Infection Prevention and Control)

		·		
1	Disinfection of shared areas	Periodic disinfection of frequently touched items (e.g., door knobs, bed rails, handrails, elevator buttons, switches, tables, personal computers, telephones, and instruments used by many patients)		
Measures to prevent infection	Actions to take in the event of an infection at the facility	switches, tables, personal computers, telephones, and instruments used by many patients) Flow chart creation, staffing, preparation and training for containment areas for patients suspected of being infected with the virus and patients with positive test results (e.g. wearing/taking off of PPE, line of flow)		
	Securing physical distance	Arrangement to secure physical distance between employees		
	Regular ventilation	Opening doors, use of circulator fans to exhaust room air through windows		
	Splash prevention	Regular use of masks by employees, use of partitions and vinyl curtains, etc.		
	Placement of alcohol hand sanitizer, instructions for hand-washing	Placement of alcohol hand sanitizer at the entrance of the hospital (facility), and indication of the timing for hand hygiene		
	Visitation	Health condition checks of persons visiting patients, wearing of masks, limiting visitation hours to a short period, and setting restrictions on visits, as necessary		
	Records of persons visiting patients/persons visiting facilities	Recording the name and contact information of persons visiting patients/the hospital, and the date and time of visits		
	Securing supplies	Securing personal protective equipment, quick-drying hand sanitizer, etc.		
	Suspension of acceptance of short-term users	Suspension of short-term use and day service		
At the time of detection of a person suspected of being infected with the virus	The following measures, in addition to measures in the event of an epidemic		Check at own facility	Check by the support team
	Survey of persons suspected of being infected with the virus	Understanding the clinical course and behavioral history		
Management of patients (users)	Survey of symptomatic patients	Check of the symptoms of other patients (users), employees in charge in the same ward (care unit)		
Measures to prevent infection	Survey of contacts	Preparation of a list of contacts and health observation of contact persons		
	Quarantine of symptomatic persons	Quarantine of patients (users) in private rooms		
	Quarantine of symptomatic persons	Create an area to accommodate suspected patients and move them to the area		
	Prevention of the spread of the infection	Closure and quarantine of wards (care units)		
	Employees who are responsible for symptomatic persons	Limit personnel in charge, wear personal protective equipment, and provide care		
	Communication with public health centers and provision of information	Provision of information on users suspected of being infected with the virus to public health centers, consultation about medical examinations		
	Continuation of tasks	Consultation with public health centers about the continuation of tasks		
event of an intection	The following measures, in addition to measures in the event of detection of a person suspected of being infected with the virus		Check at own facility	Check by the support team
	Launch of a novel coronavirus infection headquarters	Launch a headquarters with the director of the facility as head, and convene a conference		
	Building a system of cooperation with public health centers	Report to the persons in charge at the counters in public health centers and administrative agencies		
	Report infected persons to public health centers and	Report on infected persons and the extent of the suspected infection (e.g., wards, duration), cooperation with epidemiological investigations of infected persons		
	cooperate on epidemiological investigations			

Checklist of Measures Against Novel Coronavirus Infection in Hospitals and Facilities

July 2020

(Japanese Society for Infection Prevention and Control)

	Establishment of an inquiry counter	Early establishment of a counter engaged in responding to inquiries from outside facilities	
	Assign staff members dedicated to infection control	Assign doctors, nurses, and other staff who are exclusively in charge of infection control	
	Appropriate staff allocation	Staffing aimed at enhancement of infection control and maintenance of the medical service delivery system	
Understanding and responding to the state of	Understanding the infection status	Identify the suspected extent of the infection, based on the detection of infected persons and persons with poor health conditions	
	Determining close contacts, health observation	Preparation of a list of close contacts (including employees) etc. and health observation	
	Employee work restrictions including close contacts	Remaining at home for employees who are close contacts. Use of public transportation should be avoided.	
the infection	Conduct PCR testing	PCR testing, in order of decreasing risk for contact persons on the list	
	Health observation of employees	Check suspected infection-related symptoms, such as fever before leaving home for work; if any symptoms are present, take the day off	
	Education for all employees	Education such as standard precautions and preventive measures by infection route	
	Limitations of employees who are in contact with infected persons	Fixed employees provide care for infected individuals	
Measures to prevent the spread of the infection	Establishment of a counter for consultations from employees	Arrangement of a consultation counter for novel coronavirus infections	
	Zoning	Clearly separate infected areas and non-infected areas, with the nurse station (staff room) as a non-infected area	
	Securing the line of flow	Securing of a flow line where infected persons and non-infected persons do not intersect with each other	
	Thorough implementation of standard preventive measures and preventive measures by infection route	Thoroughly perform correct hand hygiene, selection and attachment/detachment of appropriate personal protective equipment that is not excessive (e.g., N95, surgical mask, face shield, goggles, gloves, gown, and apron), and cough etiquette	
	How to wear/take off personal protective equipment	Establish a quasi-infected area for taking off personal protective equipment, between the infected area and the non-infected area. Display the method for wearing and taking off personal protective equipment on posters, etc.	
	Cohorting	Prepare rooms separately for infected persons, close contacts, and other persons	
	Placement of articles for dedicated use for the disease	Placement of dedicated articles such as a thermometer, stethoscope, sphygmomanometer, and pulse oximeter for use for the disease exclusively by the concerned patient	
	Environmental measures	Clean and disinfect objects that are frequently touched by an unspecified number of people (e.g., door knobs, handrails, switches, tables, bed rails, telephones, nurse call buttons, and personal computers) in each work area.	
	Securing personal protective equipment, etc.	Inventory check and procurement of materials that will become more necessary in the future	
	Arrangement of the working environment	Staggered break times, ventilation of lounges, etc.	
	Appropriate disposal of medical waste	Display of appropriate disposal methods for waste, appropriate handling of linens after use, etc.	
	Visitation	Prohibition of visits with infected persons, restriction/prohibition of meetings with other patients (users)	
	Transfers of persons infected with the virus	Secure the transfer destinations of infected patients, according to the situation	
	Limitations on hospitalization (admissions)	Consideration of limitation of new inpatients	
	Suspension of outpatient care and day service	Consideration of suspension of outpatient care and day service. Make decisions upon consultation with public health centers	

This is a provisional translation into English by the JICA. The final version will be published by the Japanese Society for Infection Prevention and Control.