因應 **COVID-19**(武漢肺炎)基層診所感染管制措施指引

**Guidance on COVID-19 (Wuhan Pneumonia) Primary Clinic Infection Control Measures**

衛生福利部疾病管制署

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Department of Disease Control, Ministry of Health and Welfare

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壹、前言  
中國大陸武漢地區自 2019 年底發生新型冠狀病毒造成的肺炎疫

情，世界衛生組織將此疾病命名為 Coronavirus disease 2019 (COVID-19)，而病原體命名為 severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)。國際間疫情持續擴大，受其影響的國家 與地區已陸續傳出疫情，或發生醫療機構群聚病例。

**1. Introduction**

Pneumonia caused by a new coronavirus in Wuhan, mainland China since the end of 2019

In fact, the World Health Organization named the disease Coronavirus disease 2019 (COVID-19), and the pathogen was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The international epidemic situation continues to expand, and countries and regions affected by it have spread the epidemic situation one after another, or there have been cases of medical institutions clustering.

為避免基層診所發生 COVID-19 院內感染群聚事件，基層診所首 要應規劃病人分流，避免候診區出現擁擠情形，以及落實適當的病人 安置等行政策略(administrative controls)。醫療照護人員任何時間照護 任何病人，標準防護措施是最基本的防護措施，包括:手部衛生、依 風險評估(預期有血液、體液暴露或接觸之風險) 佩戴適當個人防護裝 備(口罩、手套、隔離衣、護目鏡等)、呼吸道衛生/咳嗽禮節、環境清 潔等。照護疑似或確定 COVID-19(武漢肺炎)之病例，現階段建議 除了標準防護措施之外，應視實際需要加上以傳染途徑為主的防護措 施，包括空氣防護、飛沫防護及接觸防護措施，未來將視疫情發展及 相關科學實證資料進行必要的修訂。

In order to avoid the occurrence of COVID-19 hospital infections in primary clinics, primary clinics should first plan patient diversion, avoid crowding in waiting areas, and implement appropriate patient placement and other administrative strategies (administrative controls). Medical care workers take care of any patient at any time. Standard protective measures are the most basic protective measures, including: hand hygiene, according to risk assessment (expected risk of exposure or exposure to blood, body fluids), wearing appropriate personal protective equipment (masks, gloves, (Isolation gown, goggles, etc.), respiratory hygiene / cough etiquette, clean environment, etc. To care for suspected or confirmed cases of COVID-19 (Wuhan Pneumonia), it is recommended that in addition to standard protective measures, protective measures based mainly on the route of infection should be added according to actual needs, including air protection, spray protection and contact protection measures. In the future, necessary revisions will be made depending on the development of the epidemic situation and relevant scientific empirical data.

貳、感染管制建議

一、 病人分流看診

(一)於出入口有明確公告提醒進入診所需佩戴口罩，宣導手部衛

生及呼吸道衛生與咳嗽禮節。

(二)避免候診區出現擁擠情形，建議規劃減少病人近距離接觸及

候診時間之配套措施，如採預約掛號安排看診時間等方式。

(三)第一線工作人員應先口頭詢問相關主訴及 TOCC(旅遊史 (travel history)、職業別(occupation)、接觸史(contact history) 及是否群聚(cluster))等資料，詢問時應佩戴外科口罩及落實 手部衛生;若發現疑似個案\*，應立即分流，依循「醫療院 所因應 COVID-19(武漢肺炎)分流就醫及轉診建議」處理， 安排後續轉診事宜;等待轉診期間，應請個案將口罩戴好， 安置於獨立診間。

**2. Infection control recommendations**

**1. Diversion and consultation of patients**

(1) There is a clear announcement at the entrance and exit to remind you to wear a mask and advertise hand hygiene health and respiratory hygiene and cough etiquette.

(2) To avoid congestion in the waiting area, it is recommended to plan to reduce patients' close contact and supporting measures for waiting time, such as appointments and appointments to arrange visit times.

(3) The front-line staff should first verbally inquire about the relevant chief complaints and the TOCC (travel history, occupation, contact history and cluster) and other information. Wear surgical masks and implement hand hygiene; if a suspected case \* is found, it should be shunted immediately, follow the "Recommendation for medical treatment and referral of medical institutions in response to COVID-19 (Wuhan pneumonia) shunt", arrange for follow-up referrals; During this period, the client should be asked to wear the mask and place it in an independent clinic.

\*(1)符合發燒/呼吸道症狀個案，且 14 天內有國外旅遊史或 接觸史;

(2)發燒/呼吸道症狀群聚現象者。

\* (1) Meet the case of fever / respiratory symptoms, and have a history of foreign travel or contact within 14 days;

(2) Those with fever / respiratory symptoms clustering.

(四)加強病人分流機制，於出入口等區域設有及早發現發燒就醫

民眾與陪病者的機制，如紅外線體溫監測、發燒篩檢站或請 工作人員詢問病人是否有發燒或呼吸道症狀等方式;若發現 疑似病人應立即採取適當的隔離防護措施。

(五)事先規劃具通風良好之單獨診間或檢查室，提供有發燒或呼 吸道症狀等病人進行評估及診療;使用時應維持房門關閉。

(4) Strengthen the patient diversion mechanism and set up doctors for early detection of fever in areas such as entrances and exits

Mechanisms for the public and accompanying patients, such as infrared temperature monitoring, fever screening stations, or asking staff to ask patients if they have fever or respiratory symptoms; if suspected patients are found, they should immediately take appropriate protective measures.

(5) Plan a separate clinic or examination room with good ventilation in advance, provide patients with fever or respiratory symptoms, etc. for evaluation and treatment; keep the door closed during use.

二、工作人員健康監測

(一)有專人針對工作人員每日進行體溫量測，並有紀錄備查，及

針對有發燒或呼吸道等症狀工作人員進行監測，有異常追蹤

及處理機制。

(二)訂有發燒或呼吸道症狀工作人員的請假規則。若有發燒(耳

溫超過38°C)或呼吸道症狀，應主動向負責人或主管報告。

(三)工作人員若具有居家隔離、居家檢疫或符合自主健康管理條 件，於管理期間勿至診所上班;各類具感染風險民眾追蹤管 理機制之最新相關規定，請定期至疾病管制署全球資訊網查

詢。

**2. Staff health monitoring**

(1) A dedicated person conducts daily temperature measurement of the staff and has records for future reference, and

Monitor staff with fever or respiratory symptoms, and have abnormal tracking

And processing mechanism.

(2) Set leave rules for staff with fever or respiratory symptoms. If you have a fever (ear if the temperature exceeds 38 ° C) or respiratory symptoms, it should be reported to the person in charge or supervisor.

(3) If the staff has home isolation, home quarantine or meets the conditions of independent health management, do not go to the clinic during the management period; the latest relevant regulations of the tracking management mechanism for various people at risk of infection, please regularly go to the CDC Global Information Network check Inquiry.

(四)醫療照護工作人員的健康監測與管理:

1. 曾經在有適當防護下(個人防護裝備建議如表一) 2 公尺近距 離照護 COVID-19(武漢肺炎)確定病例的工作人員，於最 後一次照護病人後 14 日內應由診所列冊追蹤管理;若有發 燒或出現任何急性呼吸道症狀或癥候，應就醫並主動通報負 責人或單位主管。
2. 曾經在無適當防護下(個人防護裝備建議如表一)2 公尺近距 離照護 COVID-19(武漢肺炎)確定病例的工作人員，於最 後一次照護該病例後 14 日內應遵守居家隔離相關規定，留 在家中(或衛生局指定範圍內)不外出，亦不得出國。若有 發燒或出現任何急性呼吸道症狀或癥候時，除應主動通報單 位主管及衛生主管機關外，並依指示接受所需之醫療協助。

(4) Health monitoring and management of medical care staff:

1. Staff who have confirmed the case with 2 meters of close-up care of COVID-19 (Wuhan Pneumonia) under proper protection (recommended personal protective equipment as shown in Table 1) should be tracked by the clinic within 14 days after the last care of the patient Management; if you have a fever or any acute respiratory symptoms or symptoms, you should seek medical attention and actively inform the person in charge or unit supervisor.

2. Staff members who have been taking care of COVID-19 (Wuhan Pneumonia) at a close distance of 2 meters without proper protection (recommended personal protective equipment as shown in Table 1) shall comply with home isolation within 14 days after the last care of the case It is stipulated that staying at home (or within the range designated by the health bureau) will not go out, nor will you go abroad. If you have a fever or any acute respiratory symptoms or symptoms, you should take the initiative to notify the unit supervisor and health authority, and follow the instructions to receive the necessary medical assistance.

三、執行常規醫療照護感染管制建議

(一)於 COVID-19 疫情流行期間，如非醫療必要，儘量避免執行 如氣霧或噴霧治療、上呼吸道局部治療給藥、鼻腔沖洗、鼻 涕抽吸、流感病毒快篩、以壓舌板執行咽喉部視診、喉頭鏡 檢、胃鏡、肺功能檢查等會引發咳嗽或呼吸道飛沫微粒的醫 療處置。

(二)若不具有獨立採檢空間或足夠個人防護裝備，儘量避免執行 呼吸道檢體採集，若病人符合社區監測通報建議採檢對象， 請依循「醫療院所因應 COVID-19(武漢肺炎)分流就醫及轉診 建議」處理，轉診至指定社區採檢院所就醫。

(三)於 COVID-19 疫情流行期間，如有必要執行咽喉部視診時， 宜盡量減少使用壓舌板觀察，以病人張口可檢視之視野即 可，以避免引發病人咽喉反射造成咳嗽或嘔吐等症狀，降低 飛沫產生之機率。於診治發燒或其他呼吸道症狀之病人時， 若該病人仍有醫療上的需求而必須使用壓舌板執行咽喉部 視診，則應穿戴表一中建議之個人防護裝備執行之。

**3. Implementing recommendations for infection control in routine medical care**

(1) During the epidemic of COVID-19, if not medically necessary, try to avoid performing aerosol or spray therapy, upper respiratory tract local treatment and administration, nasal irrigation, nasal mucus suction, influenza virus rapid screening, and tongue depressor Pharyngeal examination, laryngoscopy, gastroscope, and lung function tests can cause coughing or medical treatment of airway droplets.

(2) If you do not have an independent collection space or sufficient personal protective equipment, try to avoid the collection of respiratory tract specimens. If the patient meets the recommendations of the community monitoring report, please follow the "Medical institutions to respond to COVID-19 (Wuhan pneumonia) "Medical treatment and referral recommendations", referral to the designated community collection and inspection center for medical treatment.

(3) During the COVID-19 epidemic, if it is necessary to perform throat inspection, it is best to minimize the use of tongue depressor observation, with the patient's open visual field to avoid coughing or vomiting caused by the patient's throat reflex Symptoms, reduce the chance of droplets. In the diagnosis and treatment of patients with fever or other respiratory symptoms, if the patient still has medical needs and must use a tongue depressor to perform throat inspection, the personal protective equipment recommended in Table 1 should be worn.

(四)因牙科治療過程常會產生飛沫氣霧，若病人有發燒或呼吸道 症狀時，建議評估是否延後治療期程。若該病人有急迫性醫 療需求，宜盡量減少使用洗牙機頭或快速磨牙機頭等會噴濺 飛沫氣霧之器械，並應穿戴表一中建議之個人防護裝備執 行，以降低飛沫產生之機率。

(4) Because of the aerosols often generated during dental treatment, if the patient has fever or respiratory symptoms, it is recommended to evaluate whether to delay the treatment period. If the patient has urgent medical needs, it is best to minimize the use of equipment such as dental cleaning heads or rapid molar heads that will spray droplets of mist, and should wear personal protective equipment recommended in Table 1 to reduce the generation of droplets probability.

四、個人防護裝備

(一)於公共區域的第一線工作人員(如:入口服務人員、掛號、 批價等)，建議佩戴醫用/外科口罩。

(二)詢問相關主訴及 TOCC 等資料，以及執行一般性接觸病人之 醫療照護行為，如生命徵象評估(量體溫、血壓)、診療等， 建議佩戴醫用/外科口罩。

(三)執行接觸病人血液、體液、排泄物等風險之醫療照護行為， 應佩戴醫用/外科口罩、戴手套，並視血、體液可能噴濺之 程度與情形穿著防水隔離衣(fluid resistant)，佩戴護目裝備。 若無防水隔離衣，建議可使用一般隔離衣外加防水圍裙(或 其他具防水性質之衣物)替代。

**4. Personal protective equipment**

(1) First-line staff in public areas (such as entrance service personnel, registration, and pricing) are recommended to wear medical / surgical masks.

(2) Inquire about the relevant chief complaints and TOCC and other materials, as well as the general medical care behaviors of contacting patients, such as vital signs assessment (temperature and blood pressure), diagnosis and treatment, etc. It is recommended to wear medical / surgical masks.

(3) To carry out medical care for the risk of contact with the patient's blood, body fluids, feces, etc., wear medical / surgical masks and gloves, and wear waterproof resistant clothing (fluid resistant) depending on the extent and situation of possible splashing of blood and body fluids, wear eye protection. If there is no waterproof gown, it is recommended to use a general gown plus a waterproof apron (or other waterproof clothing) instead.

(四)醫療照護工作人員執行可能產生飛沫微粒(aerosol)的醫療處

置，建議穿戴高效過濾口罩(N95 或相當等級(含)以上口

罩)、戴手套、防水隔離衣、護目裝備(全面罩)及髮帽。 (五)診所若為照護 COVID-19(武漢肺炎)疑似或確診病例時，

應依循「醫療機構因應 COVID-19(武漢肺炎)感染管制措 施指引」之醫療照護工作人員個人防護裝備建議穿戴。

(4) Medical care staff perform medical services that may generate aerosol particles (aerosol)

It is recommended to wear a high-efficiency filter mask (N95 or equivalent (inclusive) or above

Hood), wear gloves, waterproof gowns, eye protection equipment (full face mask) and hair caps.

(5) If the clinic is caring for a suspected or confirmed case of COVID-19 (Wuhan Pneumonia),

Personal protective equipment of medical care workers should follow the "Guidelines for medical institutions to respond to COVID-19 (Wuhan pneumonia) infection control measures".

(六)N95 或相當等級(含)以上口罩，應在每次使用前執行密合度 檢點(fit check);穿戴個人防護裝備場所應備有密合檢查圖供 參。

(七)在脫除個人防護裝備時需依照疾病管制署提供之正確流程 執行，在脫除後，請務必立即執行手部衛生。

(6) Masks with N95 or above equivalent (inclusive) or above should perform a fit check before each use; the place of wearing personal protective equipment should have a seal check chart for reference.

(7) When removing personal protective equipment, follow the correct procedures provided by the Department of Disease Control. After removing, be sure to perform hand hygiene immediately.

五、手部衛生  
(一) 務必依循手部衛生 5 時機(如:接觸病人前後、脫除個人防

護裝備後、清潔環境後)執行手部衛生，視情況使用肥皂或

洗手液和清水執行濕洗手，或酒精性乾洗手液執行乾洗手，

並有稽核機制。

(二) 提醒看診民眾與陪病者確實執行手部衛生，注意呼吸道衛生 及咳嗽禮節。

(三) 工作人員勿戴戒指、腕錶、以及任何腕部裝飾品。

**5. Hand hygiene**

(1) Be sure to follow the 5 timings of hand hygiene (e.g. before and after contact with the patient, remove personal protection after protective equipment and clean environment) perform hand hygiene, use soap or wet hand washing with hand sanitizer and water, or dry hand washing with alcohol-based dry hand sanitizer, and has an audit mechanism.

(2) Remind the public and the accompanying patients to implement hand hygiene, pay attention to respiratory hygiene and cough etiquette.

(3) Staff members should not wear rings, watches, or any wrist decorations.

六、儀器設備

(一) 避免使用會擾動空氣氣流的設備，例如電風扇。  
(二) 單次使用的醫材設備應丟棄於診療室或候診室內的醫療廢棄

物垃圾桶。  
(三) 儘量避免使用可重複使用的醫材設備，如果必須使用，使用

後應依循廠商建議進行消毒。

**6. Instruments**

(1) Avoid using equipment that can disturb the airflow, such as electric fans.

(2) Single-use medical materials and equipment should be discarded in the medical treatment room or waiting room for medical waste

Trash can.

(3) Try to avoid using reusable medical materials and equipment, if necessary, use

    Disinfection should follow the manufacturer's recommendations.

七、環境清消

(一) 每日應進行至少 1 次環境清潔工作，尤其對於手部常接觸的 表面如門把、工作桌面、電腦鍵盤、滑鼠等，應加強清潔工 作，增加清潔頻率。

(二) 若無執行飛沫微粒產生的醫療照護行為(如咽喉檢體採檢等) 時，應每日進行清潔及消毒;若環境有明顯遭病人口鼻分泌 物汙染時，則須立即進行清潔及消毒。

(三) 環境消毒前必須先清潔;由低污染區開始清潔，再清潔重污 染區;在進行分流看診區清消前，先完成診所內其他區域清 消。清潔用具於使用完畢後應清消及吊掛晾乾;清潔用具如 抹布、拖把要經常清潔更換。

**7. Environmental cleanup**

(1) Environmental cleaning work should be carried out at least once a day, especially for surfaces that are frequently touched by hands such as door handles, work desks, computer keyboards, mice, etc., cleaning work should be strengthened and the frequency of cleaning should be increased.

(2) If there is no medical care performed by droplet particles (such as throat examination, etc.), it should be cleaned and disinfected daily; if the environment is obviously contaminated by the patient's mouth and nose secretions, it must be cleaned immediately and disinfection.

(3) The environment must be cleaned before disinfection; the low-polluting area should be cleaned first, and then the heavily contaminated area should be cleaned; before the diversion visit area is cleared, other areas within the clinic should be cleared first. Cleaning tools should be wiped off and hung to dry after use; cleaning tools such as rags and mops should be cleaned and replaced frequently.

(四) 消毒劑應依照廠商建議使用，包括稀釋方法、接觸時間與處 理方式;如使用當天泡製的 1:100(500ppm)漂白水稀釋 液，進行桌椅等環境表面及地面擦拭。

(五) 當有病人口鼻分泌物、血液、體液或排泄物等明顯髒污時， 若為小範圍(<10ml)污染，應先以低濃度(500ppm)的漂 白水覆蓋在其表面 10 分鐘進行去污作用，若污染範圍大於 10ml 以上，則需以高濃度(5000ppm)的漂白水覆蓋在其表 面 10 分鐘進行去污，再以清潔劑或肥皂和清水移除髒污與有 機物質，並接續使用濕抹布及合適的消毒劑執行有效的環境 清消。

(4) The disinfectant should be used in accordance with the manufacturer's recommendations, including the dilution method, contact time and treatment method; for example, using the 1: 100 (500ppm) bleach diluted in the same day, wipe the environmental surfaces and floors such as tables and chairs.

(5) When there is obvious contamination of the patient's mouth and nose secretions, blood, body fluids or excreta, if it is a small-scale (<10ml) pollution, it should be covered with low concentration (500ppm) of bleach for 10 minutes For decontamination, if the pollution range is more than 10ml, it needs to be covered with high concentration (5000ppm) of bleach on the surface for 10 minutes for decontamination, and then use detergent or soap and water to remove dirt and organic matter, and Continue to use a damp cloth and a suitable disinfectant to perform effective environmental cleaning.

(六) 執行日常環境清潔消毒的工作人員建議穿戴個人防護裝備， 包括醫用/外科口罩、手套、隔離衣或防水圍裙，視需要使用 護目鏡或全面罩，以及穿可清洗之防水鞋具。

(七) 環境清潔消毒人員於執行曾有疑似或確定病例所處環境之清 消時，個人防護裝備建議包括 N95 等級(含)以上、手套、 防水隔離衣、護目鏡(全面罩)及髮帽，視需要穿可清洗之防

水鞋具。若無防水隔離衣，建議可使用一般隔離衣外加防水 圍裙(或其他具防水性質之衣物)替代。建議應待診間經過大 約每小時 12-15 次的換氣 20 分鐘後，如果診間有對外開窗， 建議開窗以自然換氣使空氣流通，並完成環境清潔及消毒作 業後，才可繼續進行使用。

(八) 廢棄物應遵守行政院環保署發布之「有害事業廢棄物認定標 準」進行分類和處置。

(6) Staff who perform daily environmental cleaning and disinfection are advised to wear personal protective equipment, including medical / surgical masks, gloves, isolation gowns or waterproof apron, use goggles or full face mask as needed, and wear washable waterproof footwear.

(7) When the environmental cleaning and disinfection personnel perform the removal of the environment where the suspected or confirmed case is located, personal protective equipment recommendations include N95 level or above, gloves, waterproof isolation clothing, goggles (full cover) and hair caps , Wear washable protection as needed 7 Water shoes. If there is no waterproof gown, it is recommended to use a general gown plus a waterproof apron (or other waterproof clothing) instead. It is recommended that the waiting room should be ventilated for about 12-15 times per hour for 20 minutes. If there is a window opening in the consultation room, it is recommended to open the window to allow natural ventilation to circulate the air and complete the environmental cleaning and disinfection operations. Continue to use.

(8) The waste shall be classified and disposed of in accordance with the “Hazardous Business Waste Certification Standards” issued by the Environmental Protection Agency of the Executive Yuan.

八、接觸者匡列原則: (一)醫療照護工作人員進行收集病史資料時，如詢問 TOCC 等資

訊，醫療照護工作人員有佩戴醫用/外科口罩，且確定病例就 醫時亦有佩戴口罩，則屬有穿戴適當防護裝備之人員，不列 入接觸者。

(二)確定病例就醫時有佩戴口罩，且同時期候診之其他就醫民眾 有佩戴口罩者，屬有適當防護裝備之人員，不列入接觸者。

(三)曾與確定病例在無適當防護下 2 公尺近距離接觸之人員(適 當防護並非僅限於佩戴口罩，醫療照護工作人員個人防護裝 備建議請參閱表一，並應注意正確使用相關防護裝備及落實 手部衛生)。

**8. The contact list principle:**

(1) When medical care staff collect medical history data, such as asking TOCC and other resources

It is reported that medical care workers wear medical / surgical masks, and it is determined that the case also wears masks when they seek medical treatment. Those who are wearing appropriate protective equipment are not included in the contacts.

(2) It is determined that the case is wearing a mask when the doctor is seeking medical treatment, and other people who are waiting for medical treatment at the same time are wearing masks. They are persons with appropriate protective equipment and are not included in the contact.

(3) Persons who have been in close contact with certain cases without proper protection for 2 meters (appropriate protection is not limited to wearing masks. For personal protective equipment recommended by medical care workers, please refer to Table 1 and pay attention to the correct use of related protective equipment and implement hand hygiene).

(四)衛生主管機關疫調人員於進行接觸者匡列時，除可依本原則 作業外，可視醫療照護工作人員實際執行照護行為時與確定 病例之接觸情形彈性加以調整。

(4) The epidemic investigation personnel of the competent health authority, when conducting contact list, can operate in accordance with this principle, and can be adjusted according to the flexibility of the contact situation of the medical care staff with the confirmed cases when actually performing the care behavior.

表一、基層診所醫療照護工作人員個人防護裝備建議

\*本表係適用診所醫療照護工作人員於執行常規醫療照護所需穿戴之防護裝備。  
\*若發現 COVID-19 疑似個案應立即分流，並依循「醫療院所因應 COVID-19(武漢肺炎)分流就醫及轉診建議」處理，

安排轉診就醫。

**Table 1. Personal protective equipment recommendations for medical care staff in primary clinics**

\* This table applies to the protective equipment worn by the medical care staff of the clinic to perform routine medical care.

\* If a suspected case of COVID-19 is found, it should be shunted immediately, and handled in accordance with the "suggestion of medical hospital to respond to COVID-19 (Wuhan pneumonia) shunt treatment and referral",

Arrange a referral for medical treatment.

| 場所  Place | 處置項目  Disposal items | | 呼吸防護  Respiratory protection | | 手套  Gloves | 隔離衣  Gown | | 護目裝備 (A 護目鏡 B 全面罩)  Goggles (A goggles B full face mask) | 髮帽  Hair cap |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | 醫用/  外科 口罩  Medical Surgical mask | N95 等級 (含)以 上口罩  Masks above N95 level (inclusive) |  | 一般  隔離衣  (fluid repellent)  General gown (fluid repellant) | 防水  隔離衣  (fluid resistantt)  Waterproof gown (fluid resistant) |  |
| 公共 區域 Public area | 入口服務人員、掛號、  批價等  Entrance service personnel, registration, Approval price | | **V** |  |  |  |  |  |  |
| 診療/ 治療 區  Clinic / treatment area | 詢問相關主訴、TOCC 及執行一般性接觸病 人之醫療照護行為，如 生命徵象評估(量體 溫、血壓)、診療等  Inquire about the relevant chief complaint, TOCC and perform general care of patients' medical care behaviors, such as vital signs assessment (temperature and blood pressure), diagnosis and treatment | | **V** |  |  |  |  |  |  |
|  | 使用壓舌板進行咽喉  部視診  Throat depressor  Departmental inspection | | **V** |  |  |  |  |  |  |
|  | 蒸氣或噴霧吸入治療  Vapor or spray inhalation therapy | | **V** |  | **V** |  | **V** | **V(B)** |  |
|  | 肺功能檢查  Pulmonary function tests | | **V** |  | **V** |  | **V** | **V(B)** |  |
|  | 胃鏡  Gastroscopy | | **V** |  | **V** |  | **V** | **V(A)** |  |
|  | 牙科 醫療 處置 Dental medical treatment | 非使用高速器 械之處置 Disposal of non-use high-speed equipment | **V** |  | **V** | **V** |  | **V(A)** |  |
|  | 使用高速器械 之處置 Disposal of using high-speed equipment |  | **V** | **V** |  | **V** | **V(B)** |  |
|  | 執行具有接觸病人血 液、體液、排泄物等風 險之醫療照護行為 Perform medical care with risk of contact with patients' blood, body fluids, excreta, etc. | | **V** |  | **V** |  | **V** | **V(A)** |  |
|  | 執行呼吸道檢體採集 或其他可能產生飛沫 微粒(aerosol)醫療處置 Perform airway specimen collection or other medical treatment that may generate aerosol particles (aerosol) | |  | **V** | **V** |  | **V** | **V(B)** | **V** |
|  | 呼吸道檢體採集(如:  咽喉拭子)  Respiratory specimen collection (e.g .:  Throat swab) | |  | **V** | **V** |  | **V** | **V(B)** | **V** |

註 1:上表之建議外，可視病人狀況及所需執行之醫療處置等情形，調整個人防護裝備。如:執 行肺功能檢查時，若使用拋棄式細菌/病毒過濾器，已降低飛沫傳播之風險，可依實際情況 評估是否須穿戴防水隔離衣與護目鏡。

註 2:若無防水隔離衣，建議可使用一般隔離衣外加防水圍裙(或其他具防水性質之衣物)替代。

註 3:執行醫療處置結束後，需立即脫除個人防護裝備並執行手部衛生。

參、參考文獻

Note 1: In addition to the recommendations in the table above, personal protective equipment can be adjusted according to the patient's condition and the medical treatment to be performed. For example, when performing a lung function check, if a disposable bacteria / virus filter is used, the risk of droplet transmission has been reduced, and it is possible to assess whether it is necessary to wear waterproof gowns and goggles according to actual conditions.

Note 2: If there is no waterproof isolation clothing, it is recommended to use general isolation clothing plus waterproof apron (or other waterproof clothing) instead.

Note 3: Immediately after performing medical treatment, personal protective equipment should be removed and hand hygiene performed.

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