

## Correspondence

# Infection control in non-clinical areas during the COVID-19 pandemic

Large numbers of healthcare workers have acquired coronavirus disease (COVID-19) in the workplace [1]. SARS-CoV-2 is easily transmissible as each person with COVID-19 infects approximately 2.2 close contacts, and asymptomatic transmission has been reported [2, 3]. SARS-CoV-2 survives in aerosols and on surfaces from hours to days, respectively [4]. Therefore, we believe non-clinical areas are potentially high-risk for transmission between healthcare workers, and often neglected by infection prevention and control protocols. To alert others to this risk and how it may be reduced, we describe our non-clinical workplace infection prevention and control measures that have been modified from those originally developed during the 2003 severe acute respiratory syndrome epidemic [5].

Alcohol hand rub dispensers are placed in each office, changing room, department entrance, computer terminal and communal area. Infographics are displayed on walls as reminders to perform hand hygiene when entering offices, after contact with respiratory secretions, before and after eating or drinking, and donning and doffing of masks. Keyboards and doorway keypads are wrapped in transparent covers and cleaned regularly. Social distancing of 1.5 m between colleagues, by using wall mounted rulers, is encouraged.

We recommend wearing surgical masks, even in non-clinical areas. Designated bins for mask disposal are placed in communal areas. Re-use of masks is facilitated by provision of paper bags for temporary storage (Fig. 1). Healthcare staff are given two surgical masks daily to ensure appropriate protection during journeys to and from the hospital.

When eating or drinking, healthcare workers are encouraged to maintain distance and avoid facing one and other during meal times. After the first week, we modified communal areas by installing Perspex® dividers that provide a physical barrier but still facilitate a sense of community (Fig. 1). All partitions, water fountains, tables

and common areas are cleaned with 1000 parts per million Actichlor™ cloths (Ecolab, Phnom Pehn, Cambodia) at regular intervals, and by individuals before and after use. All bins have tight fitting lids operated by foot pedals and are emptied before they reach full capacity.

Face to face meetings are postponed, unless necessary for briefing or contingency planning. Eating and drinking is not permitted during meetings and facemasks must be worn by all attendees. Other non-essential teaching sessions and meetings are conducted online.

Since 5 February 2020, we have treated over 60 patients in our hospital, two of whom have required tracheal intubation and mechanical ventilation in the intensive care unit. All staff who report any symptoms suggestive of COVID-19 are routinely tested and no healthcare workers in our department or throughout the hospital have tested positive for SARS-CoV-2. Given the characteristics of COVID-19, we believe infection prevention and control in non-clinical workspaces is as important as in clinical areas to ensure staff safety. Our goal is to create a work environment where staff feel safer at work than when outside in the community.

## Acknowledgements

We thank A. Chan, A. Cho, M. Cheung and A. Ng for designing the infographics on airway management and contributions to personal hygiene used in our department's clinical and non-clinical areas. No competing interests declared.

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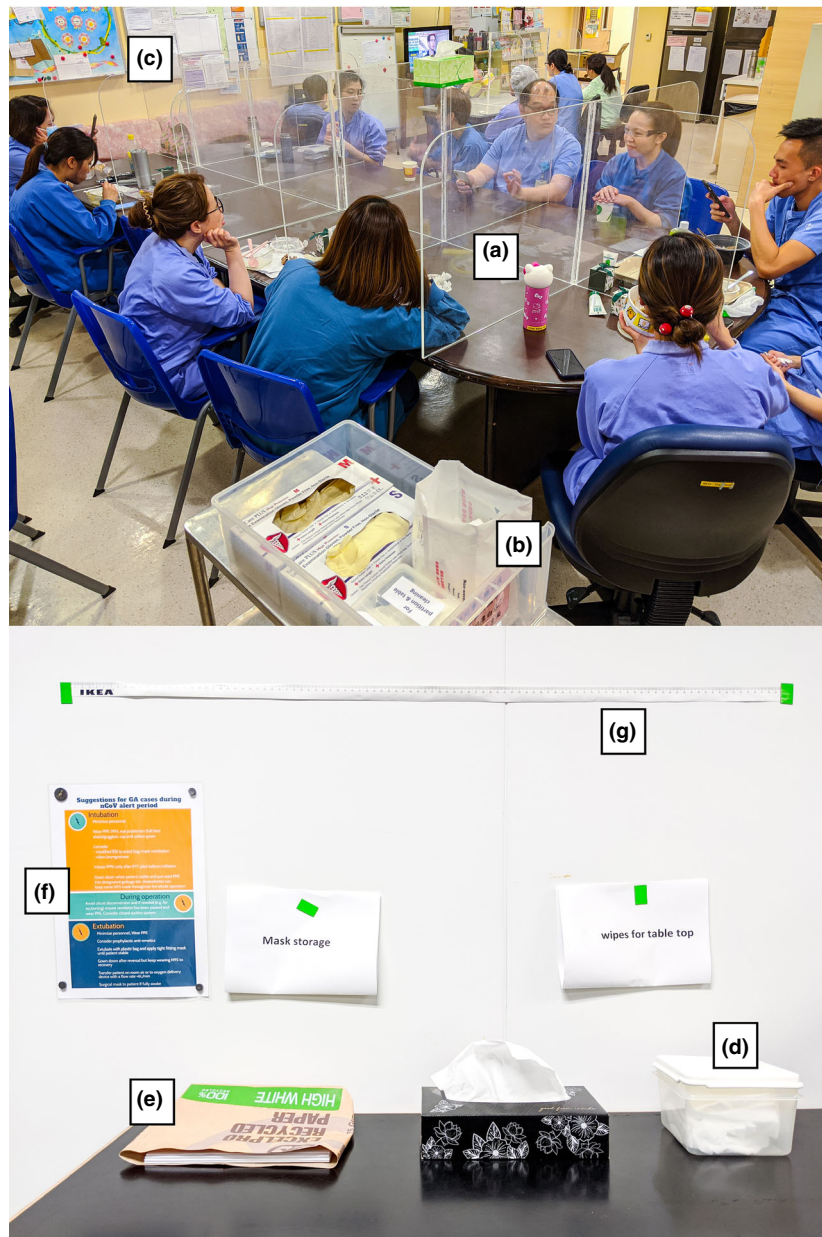
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**Figure 1** Communal and office areas. (a) Perspex dividers; (b) Actichlor cloths in communal area; (c) staff communication board; (d) Actichlor cloths in office areas; (e) paper bags for mask storage; (f) airway infographics; (g) ruler to remind staff of social distancing requirements.

## References

1. Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. *Journal of the American Medical Association* 2020; **323**: 1061–9.
2. Li Q, Guan X, Wu P, et al. Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *New England Journal of Medicine* 2020; **382**: 1199–207.
3. Pan X, Chen D, Xia Y, et al. Asymptomatic cases in a family cluster with SARS-CoV-2 infection. *Lancet Infectious Diseases* 2020; **20**: 410–1.
4. van DN, Bushmaker T, Morris DH, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *New England Journal of Medicine* 2020. Epub 17 March. <https://doi.org/10.1056/NEJMc2004973>.
5. Gomersall CD, Joynt GM, Ho OM, et al. Transmission of SARS to healthcare workers. The experience of a Hong Kong ICU. *Intensive Care Medicine* 2006; **32**: 564–9.

doi:10.1111/anae.15075