COVID-19 Outbreak
Hospital Response Strategy

The Second Affiliated Hospital
Zhejiang University School of Medicine

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Appendix
This guidebook is a refined recount of the experiences of a large-scale Chinese general hospital's fight against the COVID-19 outbreak. The narration of this guidebook is based on actual practices, which lends general applicability and reference value to a wider audience.

When a raging pandemic is taking the world by storm, hospitals are at the frontier of the battle. Without proper management and targeted response, there was little doubt that hospitals would end up having infections among medical staff or nosocomial infection. When the hospital itself can't even function properly, the care for patients becomes next to impossible. This is a grim challenge not just for the president to tackle but for the whole hospital staff to grapple with.

The hospital that produced this guidebook has 150 years' history and is located in southeastern China. Since the outbreak of COVID-19 in China, on top of receiving and screening huge numbers of patients with fever symptoms, the hospital also sent 7 medical squad of 189 health professionals to help out hard-hit areas like Wuhan, where ordinary wards needed to be quickly converted into ICUs to treat the most critical and severe patients. Up to this date, the hospital hasn't had any medical staff who got infected while treating patients. Nor had they missed out on a single high risk or suspected case. And there was zero delay in the resuscitation and treatment of severe and critical patients.

When the COVID-19 is ebbing away in China, the hospital begun the aftermath by having all the experiences and lessons learned during the fight recorded in this guidebook. The guidebook shed lights on all the administrative measures that we adopted during the COVID-19 outbreak, covering 8 areas including: Human resources, spacial rationalization, prevention of nosocomial infection, medical processes optimization, logistic support, IT support, hospital-government cooperation as well as coordinated prevention and control in the whole society. Know-hows and lessons learned from the hospital's Wuhan experiences were also included.

Should the know-hows be in an adverse position with local laws and regulations, it is advised that local CDC recommendations or standards shall prevail.

A pandemic, knowing no border, is a common enemy to the humanity. It is our wish that this type of sharing could contribute, in whichever possible way, to this global fight against the COVID-19. We also welcome valuable input from health professionals worldwide.
What we are facing is a novel coronavirus that was not known to human beings, and its routes of transmission are yet to be understood. Hospitals, usually with high visitor flows, are shouldering dual responsibilities to contain the spread of COVID-19 among the patients on one hand, and protect our healthcare professionals from being infected on the other. As the epidemic unfolds, challenges such as the shortage of medical resources will be inevitable. All these add up to a hard test on the management capacity of hospitals and the competence of the staff.

To withstand this test, we have to fully understand the ongoing situation and gear up on the organizational, material, technological and facility levels. That means adequate preparedness through optimizing the response plans, implementing process management to control hospital-acquired infection, and rescheduling staff shifts to support key functions and services.

Concrete actions have to be taken to reinforce the awareness of all staff members quickly – every single one of us – including those on temporary assignments and refresher programs. Clear understanding of the disease control and prevention requirements, full compliance with the established processes and daily report on one’s health conditions are the very basics.

We need to always bear in mind such keywords as “fever”, “epidemiological history”, “respiratory symptoms” and “face mask” during the current epidemic and stay alert to potential risks. Epidemiological investigation should be properly carried out to enable early identification of individuals with fever and early consultation following the standard procedures.

The importance of self-protection can never be overemphasized. Therefore, rigorous implementation of the clinical procedures and the requirements on hospital-acquired infection control is necessary to forge the tight defense against the disease. Our goal is ZERO infection of the staff.

No one is immune to the COVID-19 outbreak. In this fight against the epidemic, we are bonded together through our shared destiny as individuals, families, institutions and the society. Let’s stand together in solidarity with our commitment to the safety of ourselves, to the health of our loved ones, to the fulfillment of our colleagues and to the well-being of our communities.
Chapter One  High-performance Organization

1. Effective organization management

The outbreak of the coronavirus disease 2019 (COVID-19) called for an effective and well-coordinated response system.

In our hospital, we established the COVID-19 response program which is led by the COVID-19 Steering Committee and operated through the COVID-19 Working Committee and the task forces under its umbrella.

- **The COVID-19 Steering Committee** is chaired by the President of the hospital, vice-chaired by the Vice President (VP) for medical affairs and seated by other hospital leaders and directors of key administrative departments.

  The responsibility of the Steering Committee is to lead and make decisions on the activities against the epidemic.

- **The COVID-19 Working Committee** is led by the VP for medical affairs and co-powered by directors of key administrative departments and clinical services.

  It is responsible for implementing the decisions made by the Steering Committee and coordinating the response activities across the organization.
2. Target-oriented task forces
Target-oriented task forces can be formed to forge cross-departmental collaboration and realize the effective coordination of resources in a well-organized way.

• Epidemiological Investigation and Quarantine
  √ Conduct epidemiological history screening on different populations in the hospital, and collect accurate information on the conditions of the patients seen in the Fever Clinic or hospitalized in the isolation ward.
  √ Formulate and modify the contents of epidemiological investigation and the protocols of home quarantine monitoring following the ongoing trend of the epidemic and the prevention and control requirements set by the authorities.
  √ Carry out daily follow-up visits and provide education on the individuals as per the defined protocols.
  √ Implement control measures on the individuals under medical observation and quarantine.

• Hospital Infection Control
  √ Conduct overall hospital-acquired infection control.
  √ Provide standard training and management of infection control personnel.
  √ Support personal protection practice.
  √ Manage medical waste.
  √ Supervise the disinfection, isolation and patient care processes across the organization.

• Medical Equipment and Supply Chain
  √ Ensure the supply of protective equipment, medical equipment, and daily necessities during the epidemic.
  √ Be responsible for the physical modification of spaces and facilities related to the epidemic response.
  √ Ensure the functionality and operation of equipment and facilities.
  √ Ensure food service.

• Staff and Family Care
  √ Understand the staff’s needs and challenges regarding their daily life and work, and coordinate the supporting efforts.
  √ Provide mental and daily life support to staff with special needs.
  √ Identify and improve the staff and family support services during the epidemic response across the organization.
• **Human Resources**
  √ Allocate and coordinate human resources across the organization in a centralized way.

• **Medical Expert Panel**
  √ Discuss, formulate and update the screening and clinical treatment procedures and protocols according to the most current COVID-19 clinical guidance, epidemic containment programs and other documents released by the national government.
  √ Provide training and guidance on the clinical practice and epidemic prevention and control.
  √ Guide the follow-up practice on the individuals under home quarantine/medical observation.

• **Donation**
  √ Search for and contact sources of potential donation.
  √ Manage the donation hotline and communicate with organization/individual donors.
  √ Be responsible for the liaison and reception of the donations; check the quality of the donated products; establish and keep the inventory; and ensure information transparency.

• **Information Center**
  √ Collect, aggregate and archive the information of the epidemic response program, including the documents released by the hospital, reported data, work logs of the task forces, minutes of meetings, etc.
  √ Organize and release the information from the government, society and the task forces of the hospital.
  √ Communicate with media agencies to release the information about the hospital’s epidemic response.
  √ Monitor the public opinions.
Medical Expert Panel and Its Role

The Medical Expert Panel formulates the epidemic containment policies and interprets the development of the epidemic according to the most current clinical guidance and prevention and control programs released in both China and other countries to ensure control and prevent missed diagnosis.

The Medical Expert Panel may include a Core Expert Team and a Clinical Advisory Team.

Core Expert Team

Members: experienced attending physicians of the Infectious Disease Department, the Respiratory Medicine Department and the Intensive Care Unit.

Responsibilities:
1. Interpret the diagnostic criteria of COVID-19 and the prevention guidance released by the national government.
2. Advise the prevention and control of the epidemic and develop clinical procedures.
3. Train the clinical physicians and explain the most current diagnostic criteria.
4. Discuss complicated/complex COVID-19 cases and decide on individualized care plans.

Clinical Advisory Team

Members: attending physicians of the Infectious Disease Department, the Respiratory Medicine Department and the Intensive Care Unit, as well as trained attending physicians of other clinical specialties (preferably from the internal medicine-related specialties, with a complementary input from surgical departments).

Responsibilities:
1. Ensure 24-hours on-call coverage on the campus to provide consultation to the COVID-19 cases in the hospital.
2. Implement the criteria for isolation, diagnosis and exclusion of suspected cases.
3. Support the COVID-19 screening on patients for emergency surgeries/procedures to identify necessary protective measures.
4. Decide on the termination of follow-up activities on the individuals under the follow-up monitoring.
3. Rapid and accurate information communication

It is important to ensure the timeliness, accuracy and integrity of the epidemic-related information during its collection and release. A designated communication structure for centralized information release would play a key role in preventing information overflow, redundancy, inconsistency, data variance, and process variations.

Within the framework of our response program, all task forces are required to report all information to the Information Center. Any information to be publicized is first reviewed and approved by the COVID-19 Working Committee through the established pathways and procedures. Important issues are communicated further to the COVID-19 Steering Committee for review and approval before officially released by the Information Center.

3.1 Information classification and communication platforms

<table>
<thead>
<tr>
<th>Classification</th>
<th>Contents</th>
<th>Target Recipients</th>
<th>Communication Platforms</th>
</tr>
</thead>
</table>
| Category I     | • Epidemic prevention and control measures of the hospital  
• Information on clinical consultation and care provision in the hospital during the epidemic outbreak  
• Public education on the epidemic prevention and control  
  • News updates  
  ...... | General public | Official social media platforms of the hospital, public media, etc. |
| Category II    | • Clinical protocols  
• Epidemic trend  
• Contingency plans  
• Guidance on epidemiological investigations  
• Guidance on prevention and treatment  
• Information on prevention and control  
  • Social sentinel events  
  ...... | Hospital staff |  
  e-office system; hospital internal OA system; video conference system |
| Category III   | • Hospital decisions  
• Discussion of complicated/complex cases  
• Patient information  
• Guidance on prevention and control  
• Minutes of meetings  
• Results of monitoring and reviews  
  ...... | Need-to-know basis |  

3.2 Standardized information sources and release

A designated information release section, “The Epidemic Updates”, has been created on the hospital intranet platform to ensure staff’s easy access to the information and full implementation of certain activities. The information that can be viewed on both mobile and computer terminals, include important news and updates (trend of the epidemic, guidance on epidemiological investigation, guidance on prevention and control, etc.), current protocols and procedures adopted by the hospital, clinical protocols and training, donation information, good deeds, undesired behaviors and settlement, and forms for download (all kinds of forms used during the epidemic response).
3.3 Uniform communication

The key of outgoing and internally circulating information management is standardization and uniformity. But it is also important to define the roles of personnel involved in the information cycles to ensure “correct information and correct people”.

The personnel in the information cycles can be mainly divided into the decision makers and the decision performers. To ensure effective and timely communication, specific communication groups are formed on the platform with uniform management, including the group names, members (group owners, group administrators and members) and the mission tasks.

**Decision makers** include the hospital leaders and the members on the Medical Expert Panel who lead discussions on the platform and make decisions within their respective scope of responsibilities.

**Decision performers** are middle-level managers of the hospital, bridging the top-down communication to convey the latest leadership decisions, interpret policies and ensure front-line implementation. They are also responsible for the bottom-up communication through the group to give input to the decision-making processes.

**Group administrators** are the ones maintaining the teams and ground rules of the groups.
Chapter Two  Practical Know-hows

1. Staff management

• Centralized emergency deployment

In the fight against the pandemic, hospitals need to centralize staff management. The Human Resources task force is given emergency authorization to allocate all hospital staff in a centralized manner.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Supported area</th>
<th>Team</th>
<th>Detailed requirements</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Physician      | Inside the hospital | Core expert panel             | Experienced attending physicians from Infectious Diseases, Respiratory Medicine and ICU | 1. Interpret the Clinical Guidance for COVID-19 Diagnosis and Treatment issued by national authority;  
2. Advise on epidemic prevention and control and formulate hospital diagnosis and treatment processes;  
3. Train clinicians and explain the latest diagnostic criteria;  
4. Discuss critical and difficult COVID-19 cases and decide on treatment plan. |
| Nurse          | Inside the hospital | Clinical advisory team        | Attending physicians from Infection Diseases, Respiratory Medicine and ICU, attending physicians from other specialties with special training | 1.24-hour on-site shift to provide consultation on suspected COVID-19 cases;  
2. Confirmation and exclusion of suspected cases, formulation of treatment plans;  
3. COVID-19 screening for patients in need of emergency surgery/procedure and determination of protective measures;  
4. Decide on whether to discontinue the follow-up. |
| Nurse          | Inside the hospital | Back-up team                  | Medical workers and technicians from all departments                                  | Support fever clinic, isolation wards, sampling station, intensive care unit, etc.  
4-8 hours per shift. |
| Physician      | Outside the hospital | The first emergency-response team | Sufficiently staffed to support at least 2 weeks of work in fever clinic and isolation wards | Work in fever clinic and isolation ward.  
Working time per nursing shift in fever clinic is 4-6 hours.  
Working time per nursing shift in the isolation wards for mild cases is 8-12 hours. |
| Physician      | Outside the hospital | The second emergency-response team | Double the size of the first emergency-response team                                  | Rotate with the first emergency team and support fever clinic and isolation wards for a relatively long period. Back-up support for outpatient and screening teams when they are understaffed. |
| Nurse          | Emergency medicine team | Nurses with experience of working in emergency | Support the emergency medicine department                                            | Support ICU. Working time per nursing shift in ICU is 4-6 hours. |
| Nurse          | ICU team           | Nurses with experience of intensive care | Support ICU. Working time per nursing shift in ICU is 4-6 hours.                      | Support ICU. Working time per nursing shift in ICU is 4-6 hours. |
| Physician      | Teams supporting other hospitals | From relevant specialties including ICU, Infectious Diseases, Respiratory Medicine, Anesthesiology, Cardiology, etc. | Support anti-epidemic efforts                                                        | Support anti-epidemic efforts |
| Nurse          | Teams supporting other hospitals | Mostly ICU nurses, from multiple departments with different experience levels | Hospital infection, inspection, follow-up, epidemiology survey                     | Hospital infection, inspection, follow-up, epidemiology survey |
| Administrator  | Inside the hospital | Teams supporting other hospitals | Medical background                                                                   | Staff and resource allocation, summary and publication of information, staff mental support, donation management, clinical team support and general administrative responsibility, etc. |
| Administrator  | Teams supporting own hospital | Non-medical background         | Staff and resource allocation, summary and publication of information, staff mental support, donation management, clinical team support and general administrative responsibility, etc. | Staff and resource allocation, summary and publication of information, staff mental support, donation management, clinical team support and general administrative responsibility, etc. |
| Administrator  | Outside the hospital | Teams supporting other hospitals | Staff from departments of Clinical Engineering, Medical Administration department, Nursing, Hospital Infection Control and Logistics | Responsible for hospital infection prevention and control, staff management, facility management, material procurement and management, etc. |
**Physician emergency response pipeline**

When the epidemic hits, the fever clinic will be overwhelmed by the sudden surge in patient visits. Hospitals are recommended to establish centralized staff deployment, especially the medical staff pipeline for emergency response. It will help to ensure timely reinforcement to key areas including fever clinic and isolation wards, etc.

**Range of reallocation:** mainly from internal medicine departments. When short of staff, reinforcement can also come from all disciplines of the hospital.

**Principle of reallocation**
1. All reinforcement staff need to undergo and pass standardized training before on board.
2. The reinforcement team in principle will support fever clinic, isolation wards, centralized sampling positions, which require full time dedication.
3. Centralized on-demand scheduling is arranged according to evolving pandemic situation.
4. 4-8 hour each shift is recommended according to intensity of workload. The reinforcement period will usually last for one month.

- **Standardized training**
  Continuous training should be insisted upon medical staff for them to learn and apply the latest guidelines for treatment and diagnosis as well as requirements for disease prevention and control.

1) **Type, target and content of training**

<table>
<thead>
<tr>
<th>Type</th>
<th>Target</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff training</td>
<td>All staff</td>
<td>The latest hospital requirements of COVID-19 prevention and personal protection</td>
</tr>
<tr>
<td>Stratified training</td>
<td>Physicians</td>
<td>The diagnosis and treatment plan, diagnosis and treatment procedure and disease prevention guideline of COVID-19, etc.</td>
</tr>
<tr>
<td></td>
<td>Medical technicians</td>
<td>Operation procedures related to COVID-19</td>
</tr>
<tr>
<td></td>
<td>Nurses</td>
<td>The rules of nursing COVID-19 patients, such as epidemiology survey, visitor management, and the nursing of COVID-19 patients, etc.</td>
</tr>
<tr>
<td></td>
<td>Logistics staff</td>
<td>Training of personal protection against COVID-19, disinfection procedures of healthcare environment, etc.</td>
</tr>
<tr>
<td>Key training</td>
<td>First-line workers of COVID-19 prevention and control, such as medical staff working in nucleic acid sampling and testing, fever clinic and isolation wards.</td>
<td>Targeted training is conducted according to post requirements, including specifically technical standards related to the diagnosis and treatment of COVID-19, operation procedures, personal protection levels and protection procedures, etc.</td>
</tr>
</tbody>
</table>
2) Form of training:
Including online training and on-site training.

Online training: online training is the recommended form of training during the COVID-19 outbreak. Training in the forms of video conferencing or teleconferencing via Apps could minimize unnecessary gatherings.

On-site training: it mainly targets key personnel to equip them with the operational knowledge about SARS-CoV-2 nucleic acid sampling and the procedures to wear PPEs; it also applies to staff who cannot adopt online training.

Recommendation: the on-site training is better held outdoors or in a well-ventilated space; all participants are suggested to maintain ‘social distance’ by keeping at least one meter apart from each other. If available, all participants are recommended to wear surgical masks; personnel with fever or respiratory symptoms are not recommended to attend the training.

• Health safeguards for staff
Well-thought-out health safeguards for front-line health care workers can maintain their physical and mental health and lower the risk of infections among health care workers due to depleted immunity resulted from high work intensity, stress, etc.

√ Priority should be given to front-line health workers in terms of PPE supplies.
√ The shift scheduling mechanism should be optimized by arranging multiple groups rotating for the posts directly engaged with high risk patients, to shorten the duration of each shift so as to preserve health workers’ physical strength.
√ Dedicated consultation areas are established for staff. In case of fever or respiratory symptoms in staff, he/she is entitled to one-stop visit for diagnosis and treatment.
√ Accommodations are arranged uniformly for personnel working in fever clinics, isolation wards and SARS-CoV-2 nucleic acid sampling stations to avoid cross-infection.
√ Psychiatrists are arranged to relieve the tension, fear and anxiety among staff.

• Strategies for epidemiology survey
Staff management
All the hospital staff, including staff on outsourced contracts, students, trainees, doctors in training, etc.
Timely collecting staff epidemiology condition helps to detect positive cases or staff exhibiting fever, respiratory and digestive symptoms. Immediate quarantine and follow-up are recommended in case of any findings.
Staff Screening Process

Staff report health status daily

Screening by department’s epidemiological investigation and quarantine team if department staff needs quarantine

Home/centralized quarantine

Home observation

The department issues quarantine notification and report to Epidemiological Investigation and Quarantine task force of the hospital

Appd.1 "Home Observation" Notification for Staff
Appd.2 "Home/Centralized Quarantine" Notification for Staff

Daily follow-up on department level: symptoms and quarantine compliance, report abnormal cases. Hospital perform random check on follow-up

Appd.3 Quarantine Abnormality Report

Symptomatic?

NO

Department decides to end quarantine

Department issues notification on quarantine termination

Appd.4 "Home observation" Termination Notification
Appd.5 "Home/centralized quarantine" Termination Notification

YES

Medical expert panel assessment

Seek for consultation if needed

Confirmed diagnosis?

NO

YES

Transfer to COVID-19 only hospitals
Remarks

Epidemiology and quarantine supervision mechanisms within a department is recommended. Department heads, head nurses and designated personnel are recommended to oversee the epidemiology survey, management and training of all staff in the department.

Conditions and requirements for quarantine: quarantine could be divided into 3 types, home observation, home quarantine and centralized quarantine. The scope and duration of these three types of quarantine could be defined according to the development of the pandemic as well as local policy.

Home observation: mainly applicable for potentially infected personnel, such as people returning from other areas that are not hard-hit. These people are recommended to reduce the times of going out and their own temperatures are better monitored daily. They must always wear a face mask if they have to go out and be compliant with hand hygiene.

Home quarantine: mainly applicable for personnel who have been in contact with suspected or confirmed COVID-19 patients or returned from the hard-hit areas. Going out is strictly prohibited during quarantine. Such personnel is required to follow the quarantine requirements strictly, such as eating and drinking alone and having isolated space at home. Contact with other family members is better avoided. If the conditions at their homes do not allow such strict rules, they are recommended to be isolated at a site designated by the hospital.

Centralized quarantine: mainly applicable for people in close contact with confirmed patients, people returning from the hard-hit areas and people rotating on high-risk posts such as isolation wards. They are recommended to be isolated in individual rooms of the sites designated by the hospital. They are advised against going out and contacting with other people. Daily monitoring of temperature is necessary.

Staff are recommended to make daily health report via smart phone Apps or by filling in the printed “Health Screening Form”.

(Appendix 6 Employee Health Screening Form)
• Management of patients and their escorts

1) Outpatient screening
Convenient and precise epidemiological survey

At the entrance, patients and their escorts will have their temperature measured with the “Epidemiological Screening Form” completed. They need to present this form before consultation, hospitalization, examination, etc. This form is only valid till the end of that day.

If concerns about certain patients’ recent travels are raised, we would use one-click quick search on www.gov.cn to check their domestic and overseas itinerary of the past 14 days to identify their stay and travel history in hard-hit areas.

2) Screening and management of emergency patients

Screening at emergency:
√ Patients with unstable vital signs and in need of immediate resuscitation: when receiving the patient, nurses are expected to conduct medical and epidemiological assessment. If a patient is epidemiological positive or uncertain, resuscitation will be conducted in separate rooms in Area A with level III protection; if a patient is epidemiological negative, resuscitation will be conducted with level II protection.

√ Patients not in immediate mortal danger: suspected patients will be transferred through special transportation channel and hospitalized in negative pressure wards. Level III protection will be applied. If negative pressure wards are not available, patients will be transferred to isolation wards or isolation ICUs depending on patients’ condition. Unsuspected cases will be treated following routine ER process.

3) Surgery/procedure patient management

SARS-CoV-2 nucleic acid sampling + chest CT are prioritized for the patients scheduled for surgery/procedure.

The “Surgery/procedure Patient SARS-CoV-2 Screening Information Reconfirmation Form” will be completed before surgery and brought to the operating theatre. And the surgery team should strengthen personal protection in the operating theatre.

COVID-19 negative patients could undergo regular surgeries. For suspected/confirmed COVID-19 patients, specified transfer route, negative pressure operating theatre, and sterilizable flow sensor anesthesia machine are better to be arranged, and the surgery team should conduct surgeries under level III protection.

4) Management of hospitalized patients and their escorts

One escort pass for each patient who is allowed to have one designated escort. The passes can only be used by the owners themselves. The change of escort requires a change of escort pass. The escort can only go in and out of wards with the pass.

Designated escort needs daily temperature monitoring and epidemiology survey conducted by the corresponding department, with the same method as outpatient diagnostic survey being applied and recorded in the SAHZU Inpatient Escort Daily Checklist (Appendix 8).
Patient follow-up

Follow-up patients indicate personnel deemed by experts according to their specific conditions in need of being included in the patient follow-up group after visiting the fever clinic.

Follow-up procedure:

1. **Clinical Advisory Team**
2. **Epidemiological Investigation and Quarantine task force**
3. **Secretary of Patient follow-up**
4. **Follow-up team**
5. **Patient**

**Follow-up procedure:**

- Fever Clinic
- Physician
- Follow-up responsibilities
- Data checking and follow-up
- Follow-up result collection
- Follow-up termination
- Communicating feedback
- Follow-up termination

Standardized follow-up spreadsheet (Appendix 9)

**How do patients establish quick contact with the hospital?**

**Special Hotline:** The hotline is set up by follow-up center with designated person covering this line to answer and collect inquiries of patients waiting to be admitted, contact supervising physicians, and give feedbacks to patients and their family members.

**Care for medical staff and their families**

The pandemic has a great impact on the work and personal life of staff, including commuting, limited material supply, inability to tend for families due to quarantine, etc. The hospital can establish a communication mechanism to collect and summarize the challenges faced by staff and play a significant role in coordinating resources and solving problems.

We provide the following support to the front-line medical staff:

- Nutrient-rich meals are provided to make sure the staff has daily intake of fresh vegetables, fruits, quality proteins and milk.
- If the couple both work at the front-line, staggered shifts will be arranged.
- Birthday celebration will be held to boost morale.
- Hospital will visit and comfort staff families (with their consent), and provide them with material support within the hospital’s capability.
2. Space management

To isolate COVID-19 confirmed patients, suspected patients and non-COVID-19 patients from each other to prevent cross-infection, sufficient space management could be conducted by the hospital.

• Management of specialized areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Space setting principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever clinic</td>
<td>The fever clinic is set up in a relatively independent area at the hospital entrance.</td>
</tr>
<tr>
<td>Respiratory medicine clinic</td>
<td>Relatively independent space is set up to isolate suspected COVID-19 patients from other patients.</td>
</tr>
<tr>
<td>Isolation wards</td>
<td>The isolation wards are set up near the fever clinic with two independent one-directional passageways, one for staff and one for patients.</td>
</tr>
<tr>
<td>Catering area</td>
<td>People should be one meter apart when waiting in line and avoid sitting face-to-face with each other.</td>
</tr>
<tr>
<td>Other outpatient clinic and emergency</td>
<td>People should be one meter apart when waiting in line; one-directional circulation passageways should be set up separately for patients and staff; one doctor receives one patient in one single room.</td>
</tr>
</tbody>
</table>

• Space routing

1) Fever clinic:

Spaciousness:
An additional fever clinic diagnostic and treatment area immediately could be set up based on the anticipation of COVID-19 development.

Separate entrances for different categories of patients:
Separate consultation and waiting areas are set for patients from hard-hit areas. The consultation rooms of fever clinic are further divided with clear signs for patients without epidemic history (regular consultation room) and patients with epidemic history (designated consultation room).

One-stop:

Sterile area functions: shower, hand-washing, toilet, office work, expert discussion, resting for person on duty, changing clothes, donning protective equipment, etc.

Semi-contaminated area functions: a buffer area for staff going from contaminated areas to sterile areas with functions including hand-washing, removing personal protective equipment, storing medical wastes and recycle washing and disinfection supplies.

Contaminated areas functions: patient diagnostic and examination areas, concentrated medical consultation rooms, sample collection rooms, imaging examination rooms, laboratories, and pharmacies. These areas have all been installed with negative pressure equipment or air disinfection machine.

2) Isolation wards

Full consideration in advance: it is difficult to predict the number of patients that need to be received at the early stage of the epidemic. Our hospital set up fever clinics, isolation units and intensive care units, which can be activated to cope with the changing situation of the epidemic.

When there is an outbreak, regular wards can be transformed into isolation wards.
3) Passageways

The hospital passageways are divided into two types: outer and inner passageways.

Outer passageway: Passageways directly connecting the inside and outside of the hospital. Staff manning the outer passageway will take the temperatures and conduct epidemiological screening for all personnel going through the outer passageway.

Inner passageway: Passageways connecting different buildings inside the hospital. Traffic between different buildings should be controlled, with staff work badge, patient wristbands, and escort pass checked in these passageways according to the functions of different buildings.

The Building Chief Mechanism

We assigned a designated building chief in each building.

The building chiefs are fully responsible for personnel protection and control, check-in and check-out, temperature screening, face mask wearing, disinfection and quarantine, etc.

3. Medical procedure management

As the outbreak unfolds, the diagnostic and treatment services opened at the hospital could be updated accordingly.

1) Evaluation for infection risks

Suspension of diagnosis and treatment operations that generate much aerosol is recommended during the COVID-19 pandemic. For example, routine operations in Dentistry (tooth implantation, teeth cleaning and tooth extraction), ENT (rhinoscopy and laryngoscopy), pulmonary function test, endoscopy (bronchoscopy, gastrointestinal endoscopy), breath test (Helicobacter pylori). Specialty services could be only provided under emergency.

2) Silo management

A specialized diagnostic and treatment area inside the fever clinic could be set up for patients with positive results of epidemiological investigation. Pharmacies, nucleic acid test sampling station and dedicated CT scanner could be equipped to limit patient movement.

Isolation wards could be set up to receive patients who needs to be isolated after COVID-19 nucleic acid tests; the negative pressure wards are used to receive suspected and confirmed patients.

3) Priority to “Internet + healthcare”

The “internet + healthcare” model could be leveraged during the prevention and control of the pandemic, providing online medical consultation, telemedicine and diagnostic services, etc.
4. Hospital infection management

- Infection control at hospital isolation areas

The infection control of isolation areas is implemented strictly according to the isolation technical regulations, technical guidance for SARS-CoV-2 infection prevention and control, as well as prevention and control protocol, which aims to prevent staff from being infected and cross-infection among patients while avoiding transmission.

1) Adaptable conditions:
Fever clinic, isolation observation unit, isolation unit and isolation ICU.

Fever clinic: consultation rooms designated to screen suspected cases, treat patients with fever (ear temperature at or above 37.5°C without severe underlying diseases).

Isolation observation unit: wards designated to hospitalize patients that are COVID-19 positive and have serious specialty diseases, and sufficiently equipped for isolation and medical protection.

Isolation unit: wards designated to suspected patients waiting for screening result and stable cases confirmed with COVID-19, and sufficiently equipped for isolation and medical protection.

Isolation ICU: wards designated to critical patients who either waiting for screening result or already confirmed with COVID-19, and sufficiently equipped for isolation and medical protection.

2) Layout and set up:
Take the isolation observation unit of SAHZU's Jiefang Campus as an example.

**Isolation Ward**

1. Regular wards could be temporarily transformed as isolation wards to meet the principal of shortest outdoor transport distance and minimal contact.

2. The personnel flow direction in isolation areas should conform to the principal of “two passageways in three areas”; meaning contaminated area, semi-contaminated area, sterile area, staff passageway and patient passageway.

**Fever Clinic**

1. Fever clinic could be arranged in a separate place. Patients are screened and triaged at the entrance. The diagnostic and treatment areas inside the clinic could be further divided into areas for suspected patients and regular feverish patients.

2. Patient registration, diagnostics, examination, tests, medicine collection, admission and discharge should all be completed in the fever clinic.
3) Management of work:
- Staff working in the isolation area are required to receive strict training and assessed for their infection control knowledge and skills before on board.
- Each area should have an infection control supervisor to oversee the implementation of control measures.
- Staff are allocated in a reasonable manner to avoid fatigue. Accommodation for healthcare workers could be arranged. (Please refer to personnel management: protection of staff health)
- Daily temperature and symptom of staff are monitored to allow immediate report should any discomfort occurs.

4) Patient management:
- Patient education about COVID-19 prevention and protection measures, such as how to wear face masks, wash hands and cough properly, could be conducted.
- Suspected or confirmed patients shall be isolated in single rooms in a timely manner, for whom visitors and escorts should not be allowed.

5) Disinfection management
- The cleaning and disinfection of the air, object surfaces, medical instruments, diagnostic and treatment materials should be conducted strictly according to requirements.
- All materials cannot be taken out of contaminated areas before being disinfected.

6) Transport management:
- Patients could be accompanied by designated personnel if examination outside the wards are required, and they could be transferred through designated routes or using designated elevators. All these places shall be evacuated in advance.
- Test samples of SARS-CoV-2 could be transported by designated personnel and in designated vehicles and sealed boxes. The handover records shall be completed.
- The transportation needs prevention and protection throughout the whole process with disinfection procedures conforming regulations.

7) Medical waste management:
- Medical waste from isolated areas should be collected, transported and disposed according to requirements.

• Disinfection procedures at the isolation areas of hospital.
1) Objective: To clean and remove pathogenic microbes on transmission medias to achieve a hazard-free treatment.
2) Requirement: All measures should be implemented in accordance with local COVID-19 prevention and control plan.
3) Adaptation conditions: Fever clinics, isolation observation units, isolation units, isolation ICUs
4) Disinfection procedures:

Cleaning and disinfection process for confirmed/suspected COVID-19 patients

Notes:
1. Terminal disinfection should be conducted twice and 10 minutes apart. Wait for 30 minutes for disinfectant to work before wiping with clean water.
2. When cleaning object surface, do it from top to bottom, from inside to outside and from mildly to severely polluted area.
3. Before cleaning, first remove all contaminant (blood, secretion, vomit and excretion) and then perform disinfection.
4. Before removing blood, process secretion, vomit and excretion, process with 5000-10000mg/L chlorine containing disinfectant or disinfecting wet/dry wipes with high intensity for 30 minutes.
5. Recommended disinfectant are chlorine containing disinfectant or 75% alcohol. For disinfection of equipment, please refer to the instruction book.
• **Personal protection management**

Personal protective equipment tends to be scarce during the outbreak. The hospital could formulate protection levels according to the different risk levels of occupational exposure to guide staff on the correct use of medical supplies in order to minimize infection risks.

1) **Requirements:**
PPE supplies could be used appropriately according to different requirements during the outbreak.

2) **Applicable conditions:**
Different risk groups within the hospital for COVID-19 prevention and control.

3) **Protection requirements of different levels:**

<table>
<thead>
<tr>
<th>Protection levels</th>
<th>Protective Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I Protection</td>
<td>Disposable working hat, Disposable surgical mask, work uniform, Disposable latex gloves, Hand sanitizer, Disposable isolation gown</td>
</tr>
<tr>
<td>Level II Protection</td>
<td>Disposable working hat, N95 respirator, work uniform, Disposable latex gloves, Hand sanitizer, Disposable isolation gown, Disposable shoe covers/working shoes, Goggles/face shield (if needed)</td>
</tr>
<tr>
<td>Level III Protection</td>
<td>Disposable working hat, N95 respirator, work uniform, Disposable latex gloves, Hand sanitizer, Disposable coverall, Disposable shoe covers, Goggles/face shield/positive pressure headgear</td>
</tr>
</tbody>
</table>

Pic: from left to right, the medical staff is under level I protection, level II protection and level III protection respectively.
### Personal protection requirements of different posts during the COVID-19 epidemic

<table>
<thead>
<tr>
<th>Posts</th>
<th>Work content or areas</th>
<th>Protection levels</th>
<th>Disposable surgical masks</th>
<th>N95 respirator</th>
<th>Goggles/ face shield/ positive pressure headgear</th>
<th>Working hat</th>
<th>Work uniform</th>
<th>Disposable isolation gown</th>
<th>Disposable coverall</th>
<th>Disposable latex gloves</th>
<th>Disposable protection shoe/ work shoes</th>
<th>Hand sanitizer</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special clinics</td>
<td>Respiratory outpatient clinic, pediatric outpatient clinic, infectious disease outpatient clinic, ENT outpatient clinic, oral medicine outpatient, pulmonary function room</td>
<td>Level 2</td>
<td>●</td>
<td>☆</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Emergency</td>
<td>Triage of emergency patients; treatment and care of patients; cleaning and medical waste disposal; treatment and care of critical patients; nursing (such as tracheotomy, intubation and sputum suction)</td>
<td>Level 2</td>
<td>●</td>
<td>☆</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Fever clinic</td>
<td>Regular fever diagnostic and treatment area</td>
<td>Level 2</td>
<td>●</td>
<td>●</td>
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<tr>
<td></td>
<td>Epidemiological history positive specific area diagnostic room</td>
<td>Level 3</td>
<td>●</td>
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<td>● Double layer</td>
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<tr>
<td></td>
<td>Sampling and examination of suspected/ confirmed patients</td>
<td>Level 3</td>
<td>●</td>
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<td>● Double layer</td>
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<tr>
<td>General unit/ICU</td>
<td>Diagnostic, treatment and nursing of patients in single room quarantine (medical observation)</td>
<td>Level 2</td>
<td>●</td>
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<tr>
<td></td>
<td>Diagnostic, treatment and nursing of patients in single room quarantine (suspected/ confirmed)</td>
<td>Level 3</td>
<td>●</td>
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<td>● Double layer</td>
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<tr>
<td></td>
<td>Procedures that might produce aerosol such as respiratory tract sample collection, trachea intubation, tracheotomy, noninvasive ventilation and sputum suction etc. for regular patients.</td>
<td>Level 2</td>
<td>●</td>
<td>●</td>
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<td></td>
<td>Procedures that might produce aerosol such as respiratory tract sampling, trachea intubation, tracheotomy, noninvasive ventilation and sputum suction etc. for suspected/confirmed patients</td>
<td>Level 3</td>
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<td>● Double layer</td>
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</tr>
<tr>
<td>Quarantine units</td>
<td>Treatment and nursing of suspected/confirmed patients, disposal of medical waste, operations that might produce splash and aerosol involving blood, body fluids and vomits</td>
<td>Level 3</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>● Double layer</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Posts</td>
<td>Work content or areas</td>
<td>Protection levels</td>
<td>N95 respirator</td>
<td>Goggles/ face shield/ positive pressure head- gear</td>
<td>Working hat</td>
<td>Work suit</td>
<td>Disposable isolation gown</td>
<td>Disposable coverall</td>
<td>Disposable latex gloves</td>
<td>Disposable protection shoe cover/ work shoes</td>
<td>Hand sanitizer</td>
<td>Remarks</td>
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<tr>
<td>Clinical laboratory</td>
<td>COVID-19 virus nucleic acid test</td>
<td>Level 3</td>
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<td>Double layer</td>
<td></td>
<td>Add Positive pressure head-gear</td>
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<tr>
<td></td>
<td>Collection and transport of COVID-19 samples</td>
<td>Level 2</td>
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<tr>
<td></td>
<td>Examine suspected/ confirmed patients</td>
<td>Level 3</td>
<td></td>
<td>✦</td>
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<td></td>
<td>surgical gown/ isolation gown</td>
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<td>Double layer</td>
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<tr>
<td></td>
<td>Surgery for regular patients</td>
<td>Level 1</td>
<td>≡</td>
<td>✦</td>
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<tr>
<td></td>
<td>Perform surgery on suspected/confirmed patients</td>
<td>Level 3</td>
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<td>Double layer</td>
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<td></td>
<td>Examine regular patients</td>
<td>Level 2</td>
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<td></td>
<td>Examination for suspected/confirmed patients</td>
<td>Level 3</td>
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<tr>
<td></td>
<td>Cleaning for suspected/confirmed patients</td>
<td>Level 3</td>
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<td>+long sleeve extra thick latex gloves</td>
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<tr>
<td></td>
<td>Collection of medical waste (medical waste of suspected/ confirmed patients)</td>
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<td>+long sleeve extra thick latex gloves</td>
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<td>Set up independent area for storage</td>
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<td>CSSD</td>
<td>Level 2</td>
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<tr>
<td></td>
<td>Transportation of key department (emergency, fever clinic, respiratory outpatient clinic)</td>
<td>Level 2</td>
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<td></td>
<td>Transport suspected/ confirmed</td>
<td>Level 3</td>
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<td>Double layer</td>
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<tr>
<td></td>
<td>Fever clinic</td>
<td>Level 2</td>
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<td></td>
<td>Regular corpses</td>
<td>Level 1</td>
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<td></td>
<td>Suspected/confirmed corpses</td>
<td>Level 3</td>
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<td></td>
<td>+long sleeve extra thick latex gloves</td>
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</tbody>
</table>

Remarks: ● indicates mandatory choices, ☆ indicates choices according to exposure risks
4) Wearing and removing PPEs

**Donning of PPEs**

1. Begin wearing PPE
2. Wash hands
3. Work uniform
4. Medical protective mask
5. Hat
6. Goggles
7. Gloves (first layer)
8. Isolation gown/coverall
9. Shoe cover
10. Gloves (second layer)
11. Finish

Sterile area
Doffing of PPEs

At the end of shift, start removing PPE

- **Contaminated area**
  - Remove outer glove and face shield (if there is)
  - Hand hygiene
  - Remove disposable isolation gown or coverall, shoe cover and inner glove
    - Hand hygiene

- **Semi-Contaminated area**
  - Remove goggles
    - Hand hygiene
  - Remove disposable hat
    - Hand hygiene

- **Buffer area**
  - Remove medical protective masks
  - Rinse the hands
  - Enter sterile area after changing mask
• Inspection on patient service processes

1) Objective
The hospital could conduct timely inspection and provide guidance for the implementation of infection control requirements for COVID-19, while preventing cross-infection within the hospital as much as possible to make sure that the medical services are performed steadily during the pandemic.

2) Requirements
Targeted inspection is recommended in accordance with the technical guide and prevention plan for SARS-CoV-2 prevention and control.

3) Applicable areas
Hospital-wide

4) Form
Members of the inspection group: hospital leadership, Infection Control Department, Nursing Department, Medical Administration Department, etc.
Special Inspection Form for Disinfection and Quarantine during COVID-19 Pandemic (Key Unit, General Unit) (Appendix 10)

5. General mobilization of material security
When the pandemic is raging, medical protective materials might be consumed quickly. And the lives of medical staff and patients tend to be severely affected due to shortage of emergency medical equipment. One of the pressing tasks for the hospital to control the pandemic is to make reasonable allocation and raise materials as soon as possible.

• Medical equipment guarantee
Non-communicable diseases hospitals usually have insufficient reserves for clinical diagnosis and treatment of COVID-19 and disinfection & sterilization medical equipment. The following table lists relevant medical equipment that might be in short supply due to the pandemic, including that for screening, diagnostic treatment, life support, disinfection & sterilization and others.
## COVID-19 diagnosis & treatment and disinfection & sterilization medical equipment

<table>
<thead>
<tr>
<th>Serial number</th>
<th>Equipment name</th>
<th>Shortage under pandemic</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stethoscope</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Thermometer</td>
<td></td>
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<tr>
<td>3</td>
<td>Sphygmomanometer</td>
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<tr>
<td>4</td>
<td>Oxygen flowmeter</td>
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<tr>
<td>5</td>
<td>Oxygen saturation monitor</td>
<td></td>
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<tr>
<td>6</td>
<td>Air disinfection machine</td>
<td>√</td>
<td>Equipped in each isolation ward</td>
</tr>
<tr>
<td>7</td>
<td>Crash cart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Defibrillator</td>
<td></td>
<td>Equipped in each ward</td>
</tr>
<tr>
<td>9</td>
<td>Monitor</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>Micro-injection pump</td>
<td></td>
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<tr>
<td>11</td>
<td>Sputum elimination machine</td>
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<tr>
<td>12</td>
<td>Non-invasive ventilator</td>
<td>√</td>
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<tr>
<td>13</td>
<td>Invasive ventilator</td>
<td>√</td>
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<tr>
<td>14</td>
<td>CRRT</td>
<td>√</td>
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<td>15</td>
<td>ECMO</td>
<td>√</td>
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<td>16</td>
<td>Designated CT</td>
<td>√</td>
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<tr>
<td>17</td>
<td>PCR machine</td>
<td>√</td>
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<tr>
<td>18</td>
<td>Nucleic acid detector</td>
<td>√</td>
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<tr>
<td>19</td>
<td>Ultraviolet disinfection machine</td>
<td></td>
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<tr>
<td>20</td>
<td>Hydrogen peroxide disinfection machine</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Anesthesia machine, ventilator circuit disinfection machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Infrared thermal imager</td>
<td></td>
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<tr>
<td>23</td>
<td>Forehead thermometer</td>
<td>√</td>
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</tr>
</tbody>
</table>
• **Material allocation principle**

√ By referencing inventory and actual use, priorities could be given to isolation wards, fever clinics, sampling & test stations and other positions with higher risk.

√ Supply priority of materials with high protection level could be given to high-risk areas, and avoid material waste due to excessive protection in other areas.

√ In principle, it is not suggested to use materials with insufficient protection level in high-risk areas in the attempt to avoid medical personnel infection.

• **Power from society**

With current infectious diseases, medical supplies are consumed extremely fast. Raising medical protection materials and preparing for a long-term battle become an important task for hospitals.

Hospital could formulate donation information. Donation channel, contact information and types of acceptable materials could be publicized to the society at the earliest convenience.

**Acceptable donation materials:** see Appendix 11 List of Acceptable Donation Materials

**Management of donated materials:**

The donated materials could be uniformly received and assigned by the hospital, and allocated according to the risk level based on needs, in an efficient, orderly and transparent manner.

Establish a list of material donation and money acceptance so that there are accounts to check and fine management is employed.

Hospital could express appreciation to donors in time.

Once the pandemic is over, the remaining donated materials could be taken as hospital assets and included in daily management.
6. Telemedicine and relevant online support

- **Online diagnosis and treatment service**

By combining off-line medical resources and medical institutions and the Internet, hospitals might be able to provide medical and healthcare consultation to the masses safely and orderly. Online service could also help screen out potential COVID-19 patients from ordinary patients, mitigate the anxiety and panic among the public, and assist patients who need but cannot come on-site due to the epidemic, as well as provide online pharmacy service to patients with chronic or common diseases.

Take SAHZU e-Hospital as an example, the portal provides the following service during the epidemic:

**Online consultation**

√ **Features:**

- **Professional and targeted solution:** set up COVID-19 special consultation channel on the SAHZU e-Hospital Portal;
- **Multiple portal access:** mobile APP, website and telephone, etc.
- **Interdepartmental and multi-disciplinary care:** physicians, specialty nurses and pharmacists are encouraged to volunteer for online consultation;
- **Professional support team:** including IT team and service team for experts and customers inside hospital.

√ **Tailored consultation service for patients with different demands:**

**Target: Patients with suspicion of catching COVID-19 themselves**

Main service provider: General Practitioner

**FAQs:**

1. How do I know whether I have COVID-19?
2. When people physically around me are diagnosed with COVID-19, how do I know if I am considered as having a history of close contact with them?
3. Under what situation should I go to a doctor?
4. What kind of mask should I wear?
5. What prevention measures should be adopted at home?

**Target: People developing anxiety, insomnia and other psychological problems due to the spread of COVID-19.**

Main service provider: Psychiatrists

**FAQs:**

1. How to cope with anxiety and panic arisen from COVID-19?
2. How to cope with the epidemic’s impact on pre-existing psychiatric conditions?
3. What to do if I develop temporary insomnia and depression?

**Target: Patients with other medical conditions and concerns about going to hospital due to the epidemic.**

Main service provider: a team of experts drafted from clinical departments
FAQs:
1. Is hospital visit necessary when family members, especially children, develop certain physical symptoms?
2. Patients with chronic diseases regularly consult with physicians on their medical condition and medication plan.

Online pharmacy service
√ Features:
Physicians and pharmacists work in shifts to provide timely response to online requests.
Convenient medicine pick-up service that includes door-to-door delivery or medicine pick-up at designated pharmacies is offered.

√ Diseases recommended for online medicine top-up:
Common and chronic diseases, including hypertension, diabetes, coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease (COPD), chronic liver disease, Parkinson's disease, rheumatoid arthritis, certain categories of tumor patients, etc.

• Telemedicine service
Shortage of medical supplies is a massive challenge during the outbreak. We might make full use of telemedicine platform to overcome distance to provide quality medical care to hard-hit and remote areas in order to alleviate the shortage of medical experts across the country.

√ If medical institutions fall into the following categories, remote consultation is recommended, which allows medical resource sharing.

<table>
<thead>
<tr>
<th>Applicable scenario</th>
<th>Suitable users</th>
<th>Infrastructure</th>
<th>Network parameters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bottleneck in the treatment of critical or difficult cases and the need for expert input</td>
<td>Domestic and overseas medical institutions in need of group consultation on (COVID-19) typical or critical and difficult cases.</td>
<td>Hi-Fi video conference system (including app and devices)</td>
<td>Up-link 2Mbps Down-link 2Mbps</td>
</tr>
<tr>
<td>When multidisciplinary recommendation on treatment is needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

√ If your medical institution falls into the following categories, tele-education platform is recommended for remote education and discussion of typical or difficult cases:

<table>
<thead>
<tr>
<th>Applicable scenario</th>
<th>Suitable users</th>
<th>Infrastructure</th>
<th>Network parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>When frontline medical staff needs knowledge of epidemic prevention and control and skill training</td>
<td>Domestic and overseas medical institutions in need of communication about prevention and treatment of COVID-19</td>
<td>Output/input terminals: · Hi-Fi audio and video conference system · Laptop · Mobile phone</td>
<td>2Mbps</td>
</tr>
<tr>
<td>When educational discussion on typical or difficult cases is needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When communication or discussion of COVID-19 prevention and treatment with medical institutions at home and abroad is needed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. IT-enabled administration

To minimize gathering and physical contact as well as to better cope with emergencies during the pandemic, information technology is recommended to standardize work flow, change communication mode and improve administrative efficiency in the prevention and control of COVID-19.

- Web conference

Web conference system or audioconference facility could enable online conference regardless of physical constraints and help to avoid gathering and physical contact.

1) Types of conference:

Hospital level: situation briefing, government policy notification, epidemic prevention and control strategy and routine hospital meeting.

Department level: hospital policy notification, department work allocation and implementation, etc.

Online education: online courses and educational rounds.

2) Devices:

Smart phone, Pad, PC and meeting room console, etc.

- Working during pandemic

Given the extraordinary COVID-19 situation, it is recommended that flexible working hours could be adopted and staff is recommended to work from home. It helps to ensure smooth functioning of medical institutions under the premise of reasonable cost control.

Recommended safeguard measures for office environment: good ventilation; central air-con is ill-advised; partition raised between work stations to avoid face-to-face contact; in an open office, staff are recommended to wear masks during office hours.

Staff who can work off-site are encouraged to work from home to lower the risk of cross infection and achieve economizing of PPE; audioconference, video conference and OA system are employed to allow staff to take part in meetings and to handle routine work at any time.
8. Coordinated prevention and control effort by government departments and hospitals

As an open public place, the hospital might need to take rigorous measures and work in coordination with government agencies including the CDC on the prevention and control. Such coordination is indispensable for the containment of infection by public gatherings.

• Coordination on information sharing:

According to local rules or regulations, epidemic information might need to be reported to the government timely. Hospitals might have to communicate, follow and implement government orders and keep the information flowing.

• Coordination on epidemiology survey:

√ If local CDCs are responsible for epidemiology survey of confirmed/suspected cases and screening of close contacts, hospitals usually are expected to prepare personnel, CCTV footage as well as archives on relevant materials in place.

√ Local CDCs pass down policy and orders via local COVID-19 Steering Committees and organize multi-disciplinary efforts in centralized/home quarantine of close contacts of confirmed/suspected cases.

√ Local COVID-19 Steering Committees work in conjunction with designated hospitals to transfer confirmed cases and cured cases and direct post-discharge management of COVID-19 patients.

√ Hospitals could invite local CDCs to provide guidance for on-site instruction of epidemiology survey and epidemic prevention and control.

√ The SARS-CoV-2 is highly infectious, even during the incubation period. Therefore, we recommend strict home medical observation for close contacts of confirmed cases during the incubation period (detailed requirements and duration can be the same as that of centralized quarantine). We recommend coordinated effort among local communities in managing these patients to minimize possibility of infections caused by social gathering.
Chapter Three   On the Frontline in Wuhan

Since the COVID-19 outbreak, we have sent 171 healthcare staff to Wuhan where they took the full responsibility to operate a makeshift Intensive Care Units (ICUs). Experience from the front-line is laid out in this chapter.

1. Advantage of the single-organization ICU
Makeshift ICUs in Wuhan came in two models based on the staff composition: a single-organization ICU, where the staff are from one hospital, versus a joint ICU, where staff from different hospitals work together.

The single-organization ICU team bears advantages of:

1. There are few barriers in communication, management and task assignment among the staff as they had been working in the same organization.

2. Being with familiar colleagues helps staff work with higher productivity and less anxiety and stress as they throw themselves in a new environment with an influx of severe COVID-19 patients.

3. Continuous and integral care for the severe and critical cases is better ensured and clinical challenges are readily addressed within the care group, or the entire care team, or the MDT between the field (Wuhan) and the headquarters (Hangzhou).

4. If intensive care, infectious diseases, respiratory medicine, and cardiology are well represented in a team, we could get away with the consumption of staffing and supplies in the special squad settings.
2. Team assembly

2.1 Team structure

Based on the number of beds allocated, we try our best to assign one doctor and three nurses for each bed whose backgrounds are primarily intensive care and emergency, respiratory medicine and infectious diseases. Besides, infection control specialists, medical engineers, logistical support staff and administrators (coordinators) join the team. When available, the psychologist is a valuable member as well.

Selecting group leaders: physicians experienced in hospital management are recommended.

2.2 Grouping of healthcare providers

A senior intensivist serves as the director of this makeshift ICU, while a senior nurse with intensive care background becomes the nursing director. They have a general picture of how every patient is doing and provide overall guidance to the care team. Meanwhile, they work closely with the medical team leaders and coordinators to make decisions for the entire team.

The staff is assigned to medical and nursing groups based on their years of practice and expertise to ensure the specialties and skillsets are well represented in each group. Preferably, staff from the same department or specialty are allocated to the same group. When coming to and getting off work, all the members of the team could proceed together. A leader is designated in each care group, and each patient is assigned to the group leader for optimal continuity of care and care plan modification whenever the patient's condition requires.

Staff work four to six hours and stay for six to eight hours (including time to don and doff PPEs) in the hospital per day to balance among staff safety, continuity of patient care and protective supply consumption.

2.3 Essentials in management

Communication:

The decision-makers meet every day to discuss the patients’ clinical course, staff, supply inventory and government policies on the epidemic control and generated daily reports. When needed, the meeting also involves all the group leaders or the entire care team.

The meeting is held on the Internet-based platform, e-mail, or audio call to reduce congregation.

When the care for the critical and severe cases exceeds the ICU care capacity, we discuss with the local hospital administrators and local health authorities for the proper strategy of care.
Infection control practice of staff:

√ Accommodations: door handles, counters, toilet seats, and other frequently used surfaces are disinfected at least once daily with 75% alcohol or chloride solution of 500 mg/L. The windows are kept open for twice, each lasting at least one hour, to increase air circulation. Assigning only one person in one room is strongly recommended. The central air conditioner is not recommended.

√ Staff always wear a surgical mask when they leave their rooms. Do not touch eyes, face, nose or mouth with unwashed hands, and perform hand hygiene after touching surfaces in public areas.

√ Stay at least one meter apart. Do not congregate or eat together. Observe respiratory etiquette.

√ Do not visit colleagues back in the hotel room and use a telephone or video call instead for a discussion. When face-to-face communication is needed, do so outside the room wearing masks and one meter apart from each other.

√ Make a report and request to the group leader if one needs to go out during off-hours.

√ Follow the schedules and plans to ensure safety, and turn to the group leader when one finds anything unclear.

√ Take the temperature in the morning and evening, and report to the group leader immediately if one feels unwell.

√ Always be mindful of patient privacy.

Standard-based training

Training and evaluation are carried out as planned. There are daily scheduled training and additional ones as the situation requires.

Staff is oriented on a series of topics before taking care of patients, such as ICU layout, infection control procedures, electronic medical record system, and facilities of the inpatient wards.

Additional training is provided whenever appropriate, such as laws, regulations and government policies, care protocol, nursing protocol, rehabilitation procedure, prone ventilation, the use and disinfection of advance life support equipment, and discharge and referral processes.
3. Ward set-up

3.1 Criteria of air for isolation-competent ICU: set up with negative pressure with a frequency of air exchanges at or above 20 times per hour.

- Negative pressure equipment: It involves air compressor and vacuum systems;
- Medical air: Ensure adequately powered wall oxygen;
- Disinfection equipment: Air disinfecter, air purifier, hospital bed disinfector, spray bottles, etc.
- Equipment for emergency care: Adequate numbers of crash carts, oxygen cylinders, cardiac monitors, electrocardiographs, defibrillators, infusion pumps, intubation kits, portable negative pressure units, non-invasive ventilators, invasive ventilators, hemodialyzers, ECMO (Extracorporeal membrane oxygenation), etc.
- Medications for emergency care.

3.2 When bed capacity is overwhelmed with severe cases, regular wards could be repurposed into makeshift ICUs. For optimal patient care and safety, recommendations are as follow:

Preferred sites: Buildings or patient floors that allow the “three zones and two accesses” principle (clean, buffer, and contaminated zones; staff and patient accesses);

Ward air ventilation: Increased ventilation is achieved with open windows or ventilation machines. Avoid using centralized air conditioner;

Beds are 1.5 meters apart at least;

Beds are equipped with electricity outlets, oxygen, cardiac monitor, ventilator, and other essential devices;

Adequate numbers of air disinfectors are available to ensure air and surface disinfection.

The functional layout of makeshift isolation-competent ICUs is shown in the following diagram.
3.3 Medical equipment and supplies guaranteed when the field team works closely with the headquarters.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive ventilator</td>
<td>Vital sign monitor</td>
</tr>
<tr>
<td>Non-invasive ventilator</td>
<td>Video laryngoscope and intubation scope</td>
</tr>
<tr>
<td>High-flow oxygen therapy machine</td>
<td>Air disinfector</td>
</tr>
<tr>
<td>Defibrillator</td>
<td>Portable ultrasound</td>
</tr>
<tr>
<td>ECMO</td>
<td>Infusion system</td>
</tr>
</tbody>
</table>

Medical equipment for the field medical team

SAHZU

Donation → Government allocation → Eligible for medical use?

Yes → Medical Engineering Dept. documents the supply → Dispensing → Distribute per risk level

Fever clinic, Isolation ward, ICU

No → Pass them to non-medical organizations

Emergency purchase

medical teams in Wuhan

Shortage of PPE or medical equipment/supplies → Medical engineers → Reallocation from local hospitals or government of Wuhan

Real-time communication

Yes → Needs met?

Maintain inventory

No → Supplied by SAHZU Medical Engineering Dept.

Flowchart of the coordinated mechanism for medical equipment and supplies provision
4. Staff precaution

Given that it is more likely to get infected in a high-prevalence region than a low one, and that the risk in ICU is particularly alarming, we decided to adopt staff precaution above the regular infection control standards.

The “three zones and two accesses” defined

Principles of repurposing the designated and makeshift hospitals: exhibition centers, factory plants, and hospitals can be redesigned for COVID-19 response where wind direction, ventilation system, and sewage treatment are eligible. Accesses and functions are designated to reduce cross-infection, including patient entrance, staff entrance, clean zone, semi-contaminated zone, contaminated zone, buffer zone, supply delivery route, and waste disposal route. Disinfection and cleaning procedures are specified for each zone.
Standard operation procedures defined from accommodation to clinical care, guaranteed with mutual supervision

When setting off work, staff wear masks, leave their rooms, take the elevators dedicated for healthcare providers (so that they do not meet other hotel guests) to the first floor, enter the “clean zone” (a tent abutting the hotel gate) to take off clothes, and move to the “buffer zone” (in the next tent) to put on clothes for the commute.

After arriving at the clean zone of the hospital, staff enters the staff locker room to take off clothes for commute, wash hands, put on hospital scrubs, medical masks, caps, goggles, gloves, and protective gowns. Then they put on surgical masks, shoe covers, and another pair of gloves. When needed, they put on one more cap, shoe cover, isolation gown, face shield, and the third pair of gloves.

During this supervised donning process, every two staff members work in pairs to supervise each other, in addition to the supervision by the group leader and infection control nurse. Errors will be immediately corrected once identified.

These hazmat-suited health professionals arrive at the first floor via the designated elevator, enter the contaminated zone through the external passage (buffer zone) and take the designated elevator to the ICU. They are rechecked by infection control nurses before entering the ICU.

The health care workers go through “four zones” when leaving the medical area:
First, the contaminated zone. Right outside the ICU, health care workers remove their exterior gowns, face shields, surgical masks, caps, the exterior shoe covers and gloves in this zone. Hand hygiene is practiced after each step.

Second, the semi-contaminated zone. Via the dedicated passageway, staff removes their protective gowns, interior shoe covers, and goggles, except for masks. When taking off the gown, they are required to peel the hood of the gown inside-out off backward slowly to avoid contamination. As always, hand hygiene is required between steps.

Third, the buffer zone on the skybridge. Staff change their medical protective masks to surgical masks and wash hands and enter the shower room to remove the hospital scrub and take a shower when they also clean mouth, nose and the external ear.

Fourth, the clean zone. Staff put on clean clothes and enter the clean zone after a shower.

Commute back to the accommodation: chartered coaches are used for commute. Before entering the hotel, health care workers take off clothes in the “buffer” tent and move to the “clean” tent to put on clean clothes.

Precautions based on risk levels

Appendix 12. ICU Infection Control Checklist, Oncology Center, Wuhan Union Hospital (by SAHZU Medical team)
Supervised infection control practice where staff work in pairs; key points for infection control summarized in rhymes.

Two infection control nurses work in pairs during each shift to monitor health care workers putting on and removing PPEs and check infection control measures. The nurses inspect every step taken by health care workers and ancillary workers to identify and correct loophole in the process.

Key points of infection control practice in the ICU are summarized, which involve intubation, sputum suction, swab sampling, venipuncture, cleaning, and disinfection, as well as PPE removal.

Always take higher level of precaution for higher-risk procedures.

For example, in tracheotomy, intubation, sputum suctioning, health providers wear extra precaution of positive pressure respirator.

Safety needles are used for the collection of venous or arterial blood, or body fluid, and medication administration. In this way, the needle automatically retracts to reduce occupational exposure to infection risk.

5. Hospital Management

Shift handover: Critical COVID-19 patients usually experience complicated and fast-changing conditions. To meet their needs, the model of “online + written shift handover” is recommended to ensure timely and complete information communication and improved quality of care.
**The Value of High Flow Nasal Cannula (HFNC) Oxygen Therapy**

HFNC oxygen therapy, as one of the fundamental but crucial treatment methods, can be relatively effective on patients who do not require endotracheal intubation or invasive ventilation yet.

1. **Duration**: For COVID-19 patients, especially severe and critical cases, HFNC oxygen therapy is usually no shorter than 2 weeks with the potential to be prolonged to 1 month. It can help to reduce the need for intubation and prevent complications such as VAP and DVT.

2. **Infection control**: No extra precaution is required for healthcare staff. If the resource availability permits, surgical face masks can be used on patients to reduce the expiratory flow.

3. **Special focus**: Oxygenation and the changes in respiratory rate should be monitored closely. If deterioration continues, mechanical ventilation should be considered to prevent life-threatening development due to delayed intubation.

If the signs of respiratory failure persist or progressively deteriorate and at least two of the following criteria are met, intubation is applied: (1) respiration rate > 40 bpm; (2) no improvement in high respiratory load; (3) excessive airway secretion; respiratory acidosis (pH< 7.35); (4) SpO2<90% for at least 5min (technical machine failure excluded).
Fluid volume assessment is an important part of the treatment and assessment of critical COVID-19 patients. Since the ICU resources could be sparse, monitoring strategies such as invasive blood pressure monitoring, CVP, PiCCO, and Swan-Ganz catheterization may not be viable. To minimize the workload and stress on the healthcare staff, limit the infection induced by invasive procedures and downgrade the exposure risks of the staff, PoCUS can be an ideal tool for accurate assessment of the volume status of critical patients.

### 6. Sophisticated nursing care

**Mixed nursing skills for higher competence and efficiency**

√ The nursing teams can be organized based on their years of experience and competence in different services such as intensive care, infectious diseases, respiratory treatment, wound care, and infection control. Nurses with similar clinical backgrounds are assigned to the same team if possible.

√ Mixed-skill teams can be grouped to take care of patients with clearly defined roles and task assignments.

√ The nursing staff performs their due responsibilities to support patients’ needs while ensuring human resources management.

### Standard nursing strategies

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Close monitoring based on the level of nursing care</td>
<td>Level-1 nursing care: Monitor HR, R, BP, and SpO2 based on the conditions but at least once/shift.</td>
</tr>
<tr>
<td>Monitor temperature at Q4H.</td>
<td>Use the measuring cup, digital scale, drainage bag, and other tools if available to measure and document patient’s ins &amp; outs.</td>
</tr>
</tbody>
</table>
## Nursing Quality

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAP prevention</td>
<td>Elevate the bed head by 30° and mark the position with a protractor.</td>
</tr>
<tr>
<td></td>
<td>Maintain the pressure of the airway balloon at 25–30 CMH2O. Monitor and document the balloon pressure once every 4 hours.</td>
</tr>
<tr>
<td></td>
<td>Clear the subglottic secretion promptly.</td>
</tr>
<tr>
<td></td>
<td>Develop individualized respiratory rehabilitation exercises based on the patient’s respiration and lung function.</td>
</tr>
<tr>
<td>Skin management</td>
<td>Turn the patient regularly. Use bed cushion and turning wedge. Choose pressure relief pad, hydrocolloid, foam, and Sanyrene for dressing.</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>Regular rehab: respiration, extremity, and core muscle exercise. Special rehab: oxygen therapy, airway clearance therapy, and respiratory muscle rehabilitation.</td>
</tr>
<tr>
<td>Patient information communication</td>
<td>Shift handover documentation on critical and severe patients. Daily log on new ICU admissions on each shift.</td>
</tr>
<tr>
<td>Oxygen therapy and respiratory support</td>
<td>Apply the lung-protective mechanical ventilation strategy to reduce ventilator-associated lung injury: low tidal volume (6–8 ml/kg IBW) and limited plateau pressure (≤30 CMH2O).</td>
</tr>
<tr>
<td></td>
<td>Ventilator and circuit management: 1. For invasive ventilation, heat and moisture exchanger with bacteria filtration is preferred to reduce water condensation. 2. Disposable circuits and exhalation valves are recommended. Viral filters are used on both the inspiration and expiration cycles and are changed ONLY when contaminated or during mechanical failure. 3. Interruption of the ventilator should be avoided. Turn the ventilator into the standby mode if the machine has to be halted from operation.</td>
</tr>
<tr>
<td>Individualized nursing</td>
<td>Develop diet plans. Perform timely daily hygiene care. Provide daily necessities.</td>
</tr>
<tr>
<td>Nursing care during convalescent plasma administration</td>
<td>1. Assist the signing of informed consent. 2. Follow the aseptic techniques and blood transfusion protocols. 3. Closely monitor the vitals, consciousness and skin conditions of the patient, especially during the first 15-20 minutes after the transfusion starts. Slow administration to finish the transfusion within 1-4 hours is preferred. 4. Handle the blood bag properly after the transfusion. The empty blood bags are put in double-layered yellow medical waste bags. Keep documentation. Ensure that the information of both the donor and the patient can be traced.</td>
</tr>
<tr>
<td>Prone ventilation</td>
<td>Consider prone ventilation for at least 12 hours per day when staffing allows.</td>
</tr>
<tr>
<td>Psychological assessment and intervention</td>
<td>The Patient Health Questionnaire-4 (PHQ4) is recommended for sufficient psychological assessment on every patient to identify their needs and problems. Keep communicating with patients with artificial airways through eye contact, touching, nodding, handshaking, thumbs-up gestures and even writing boards and pictures to provide emotional support and encouragement.</td>
</tr>
</tbody>
</table>
7. Psychological support

To support the frontline staff’s morale and mental health, psychiatrists were assigned to our Wuhan medical teams, responsible for providing closed-loop mental health management and consultation at different stages and on different levels.

Daily Health Self-report

Self-assessment on body temperature, physical conditions, sleep, and mental status could be required to be reported by the healthcare staff to ensure early identification and intervention for physical and/or psychological issues.

The patterns of mental status changes can also be concluded from individual cases to indicate specific interventions, including:

√ Online mental health lectures and consultation for the team;
√ “Balint Online” program providing psychological consultation to individuals in need;
√ Psychological interventions for staff required to be quarantined.

In addition to online psychological consultations, flexible, supportive psychological therapy, cognitive behavioral therapy, relaxation therapy, mindfulness-based cognitive therapy, hypnotherapy, and music therapy can also be delivered to the frontline team through audio, video and VR means for timely and effective support.

“0-1-2-3” Psychological Prescription

0: Empty your burden - zero stress.
1: Focus on one mission - clinical care.
2: Seek support in two ways - yourself and your organization.
3: Always remember the three things: Accept yourself. Change yourself. Let yourself be part of the team.
Chapter Four  Global Sharing for Pandemic Response

Virus knows no boundaries. We have been working with the rest of the world to share our first-hand clinical and containment experience against the COVID-19 epidemic in the hope of improving the disease prevention and treatment capacity and effectively bringing the epidemic in check through joint efforts.

1. Audience-specific information sharing

<table>
<thead>
<tr>
<th>Target audience</th>
<th>Shared information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government authorities</td>
<td>Importance of the infection source control; means of cutting off community transmission paths; information technology tools; key criteria of population epidemiological screening.</td>
</tr>
<tr>
<td>State-level associations (e.g. board members of the COV-ID-19 Emergency Response Committee)</td>
<td>Evidence-based information related to the novel coronavirus; suggestions on healthcare personnel protection.</td>
</tr>
<tr>
<td>Hospital leadership (e.g. COO of a hospital)</td>
<td>Modification of physical space in hospitals; patient triage methods; guidance on the healthcare personnel PPE use; allocation of medical resources and supplies.</td>
</tr>
<tr>
<td>Clinical physicians (e.g. doctors specialized in intensive care, infectious disease doctors other relevant clinical services)</td>
<td>Experience in clinical diagnosis and treatment, including the criteria of case confirmation, admission/discharge criteria, the efficacy of anti-viral drugs, clinical features of disease progression, adjuvant treatment, and nursing care.</td>
</tr>
<tr>
<td>General public</td>
<td>Importance of social distancing, public education on COVID-19 (e.g. virus transmission routes, symptoms)</td>
</tr>
</tbody>
</table>

2. Diverse communication channels

Video conference has become the main way of communication among healthcare organizations around the world.

For our hospital, we also attended the television interviews, including the ones conducted by national televisions and broadcasters, to share the information of COVID-19 to the general audience.
Other platforms such as the Global MediXchange for Combating COVID-19 (GMCC) have also been utilized for online live learning sessions to share knowledge and response experience globally. In our case, email correspondence has also served as an important pathway of information sharing to explain the use of ventilators.

**Frequently Asked Questions**

**Clinical Care**

Is there any specific clinical feature before mild COVID-19 cases progress into the severe stage?

What is your experience in oxygen therapy and respiratory support?

For what kind of patients should we consider immune therapy? What is the timing of intervention?

**Management**

How to reduce the infection rate among healthcare staff?

How to expand the coverage of RT-PCR screening?

What kind of patients can receive chemotherapy during the outbreak?

**Resources supply**

How to ensure resources supply when there is a shortage of PPEs?

What types of ventilator products are recommended for clinical use?

**General public**

Why is social distancing so important?

When should self-quarantine be implemented?

Will the virus disappear when the weather gets warmer?
3. Whole-process communication: an example of the online video conference

Launch the request online

Discuss and decide the time and topics of the meeting

Initiate online video conference to exchange

Continue offline communication

4. Contact information

International Affairs Office, SAHZU
Tel: +86-571-87315108
E-mail: iao_sahzu@zju.edu.cn
Website: http://en.z2hospital.com/

Scan the QR code to consult with our doctors on SAHZU Doctors
Scan the QR code to consult with our doctors by DingTalk
Appendixes

Appendix 6-10 are subject to future adjustment following the ongoing development of the pandemic.

Appendix 1. "Home Observation" Notification for Staff

The Second Affiliated Hospital Zhejiang University School of Medicine

“Home Observation” Notification for Staff

Dear,__________________

Due to the following situation, you are under “home observation”.

☐ Symptom-free personnel returning to Hangzhou from non-epidemic area using public transportation.

☐ Symptom-free personnel ending shifts in Fever Clinic/Isolation Ward.

Requirements of home observation are as follows:

1. Duration: __________ days

2. Requirements:
   
   1) Restrained outdoor activities during the period. If there has to be outdoor activities, wear mask and comply with hand-hygiene at all moments.
   
   2) Avoid mass gathering, including dinning together or parties.
   
   3) Keep shared space like corridor and living room well ventilated. Thorough ventilation should be conducted for more than 30 minutes once every 4 hours.
   
   4) Drink profusely and take enough sleep.
   
   5) During the observation period, if you are informed by the police that you have used the same transportation vehicle with confirmed or suspected cases, please inform your department immediately and follow the instruction of the police, CDC and your community.
   
   6) If you have any discomfort, including fever or respiratory symptoms, visit fever clinic in a timely manner (wear mask and do not use public transportation).
   
   7) Measure and record body temperature every day after waking up and before dinner. Designated staff of your department will contact you. If you need consultation, please tell the follow-up staff, who will contact physician.
   
   8) Make sure that you can be reached by phone. If there weren’t any discomfort during the period, the department will inform you when the observation period is terminated. If there were any abnormalities, please tell the follow-up staff truthfully.

Thank you for your cooperation!

Informed person
Signature: __________________________ Date: __________________________

Head of Department’s Epidemiological Investigation and Quarantine team
Signature: __________________________ Date: __________________________
Appendix 2. "Home /Centralized Quarantine" Notification for Staff

The Second Affiliated Hospital Zhejiang University School of Medicine

“Home/Centralized Quarantine” Notification for Staff

Dear ____________________________

To protect your health and public health and safeguard social and public health security, according to Law of the People's Republic of China on prevention and control of infectious diseases and respiratory infectious disease prevention and control requirement, you are under □ home quarantine □ centralized quarantine. Recruitment of the quarantine are as follows:

1. Duration: ____________ days

2. Requirements:
   1) You are strictly banned from going out during home/centralized quarantine.
   2) Personnel under quarantine or medical observation at home need to be under strict isolation in a well-ventilated room. Eating, drinking and other activity need to be done under strict isolation. If it is not possible at home, you must go to designated area for centralized isolation. Frequently ventilate the isolation room by opening the windows; door of the isolation room needs to be always closed. Before opening the door to shared space, open your window and ventilate the room first.
   3) Keep shared space like corridor and living room at your home well ventilated. Thorough ventilation should be conducted for more than 30 minutes once every 4 hours.
   4) Do not use central air-conditioning. Do not use carpets in your rooms and the living room.
   5) Mask is not required when you are in the isolation room. Don't leave the isolation room at will. When you must leave the room, wear surgical mask, wash or disinfect your hands before leaving the room. Wash hands between masks.
   6) Minimize your contact with family members. Keep at least 1 meter away from them in the downwind direction.
   7) Use separate set of daily supplies to avoid cross infection. People under quarantine should use disposable tableware if available. Otherwise, use designated tableware and drinking cup. Disinfect them after use by boiling it for more than 15 minutes or dish sterilizer.
   8) Clean and disinfect items after use. Wash, wipe or spray 1000mg/L chlorine containing disinfectant or 75% alcohol on tables and chairs every day after use, and wipe again with water after at least 30 minutes.
   9) Wash clothes, linen, bath towel or face towel in 60-90℃ hot water. Dry thoroughly in machine.
   10) Household waste and disposable masks should be sealed in disposable plastic bag and disposed as unrecyclable waste.
   11) If the quarantined personnel is diagnosed or suspected as COVID-19 patient, the isolation room need thorough and complete terminal disinfection after the patient is transferred. (It will be done by professionals).
   12) Have adequate rest and sufficient nutrition. Avoid using public bathroom. If you must share bathroom, use it at a designated time period and keep the room well ventilated. Rub the surface that your body touches with disinfectants like alcohol.
   13) Practice cough etiquette. Cover your mouth and nose with paper towel when coughing. Don’t spit on the ground. Put the paper towel in a designated waste bin with cover after use.
   14) Measure body temp every morning and evening. When feeling fever, measure and record body temperature immediately. If you have acute respiratory symptoms like fever, cough and short of breath, visit fever clinic immediately (wear surgical mask and do not use public transportation).
   15) Make sure that you can be reached by phone. Designated staff of the department will contact you. If you need consultation, please tell the follow-up staff, who will contact physician.
   16) By the end of the quarantine, medical expert panel will refer to the follow-up report and decide whether you can come out of quarantine.
   17) Stop breast feeding if you are diagnosed or suspected as a COVID-19 patient.

Thank you for your cooperation!

Informed person
Signature: ____________________________ Date: ____________

Head of Department's Epidemiological Investigation and Quarantine team
Signature: ____________________________ Date: ____________
Appendix 3. Quarantine Abnormality Report

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Staff ID</th>
<th>Category</th>
<th>Tel.</th>
<th>Quarantine status</th>
<th>Quarantine address</th>
<th>Quarantine Type</th>
<th>Reason of quarantine</th>
<th>Date of quarantine starting</th>
<th>Date of quarantine ending</th>
<th>Have been to epidemic area over the past 14 days?</th>
<th>Cough, sore throat, etc. in the previous 14 days?</th>
<th>Result of nucleic acid test</th>
<th>Summary of quarantine (if applicable)</th>
<th>Summary of follow-up (brief medical history)</th>
</tr>
</thead>
</table>

Notes: 1. Quarantine cases include: new home observation, new quarantine, new-contracted quarantine, apply for termination of quarantine by expert panel, automatic termination of quarantine by the department.
2. Ways of quarantine: 1) home observation: personnel returning to Hangzhou via public transportation over the past 14 days who is not at home; 2) home quarantine: staff who have contacted suspected COVID-19 patients, staff returning to Hangzhou from epidemic area (Hubei, Wuhan, etc.) over the past 14 days; 3) centralized quarantine: staff who have been in close contact with confirmed patients and are now under collective quarantine.

Appendix 4. “Home Observation” Termination Notification

The Second Affiliated Hospital Zhejiang University School of Medicine

“Home observation” Termination Notification

Dear __________________________

Due to the following situation, you are under “home observation”.

☐ Symptom-free personnel returning to Hangzhou from non-epidemic area using public transportation.

☐ Symptom-free personnel ending shifts in Fever Clinic/Isolation Ward.

To protect your health and public health, you were put under “home observation” from 2020/__/__/ to 2020/__/__/.

During the “home observation”, no abnormality was found. The “home observation” is terminated starting from today. You are allowed to return to work. Make sure that you abide by regulations and wear masks when going out. If there were any abnormality, contact the departmental Quarantine and Daily Monitor Team.

Thank you for your understanding and cooperation during the “home observation”

Informed person
Signature: __________________________ Date: __________________________

☐ Head of Department’s Epidemiological Investigation and Quarantine team
☐ Member of Epidemiological Investigation and Quarantine task force
Signature: __________________________ Date: __________________________
Appendix 5. “Home/Centralized Quarantine” Termination Notification

The Second Affiliated Hospital Zhejiang University School of Medicine

“Home/centralized quarantine” Termination Notification

Dear ________,

To protect your health and public health, you were put under ____ days of “home/centralized quarantine” from 2020/__/__ to 2020/__/___. As reviewed by the hospital expert panel, you have met the requirements of termination of “home/centralized quarantine”. The quarantine is terminated starting from today. If there were anything unclear or if you have any discomfort, please contact the department. Make sure that you abide by regulations and wear masks when going out.

Thank you for your cooperation!

Informed person (signature):

Date:

☐ Head of Department’s Epidemiological Investigation and Quarantine team
☐ Member of Epidemiological Investigation and Quarantine task force

Signature:

Date:
Appendix 6. Employee Health Screening Form (Printed Version)

Employee Health Screening Form (Printed Version)

Please complete the form timely and truthfully every day, tick √ in ☐, sign and report. And department director /head nurse keeps it in the archives.

1. Current health condition (single choice)
   ☐ Healthy ☐ With fever, cough and other symptoms ☐ Others

2. Current city: _____ City _____ District

3. Current location: __________________________

4. Are you under medical observation today? (Single choice)
   ☐ No ☐ At home ☐ Home quarantine ☐ Centralized isolation

5. If you are under medical observation, please fill in the deadline MMDD

6. If you are under medical observation, please fill in the medical observation address:

7. Where have you been today? (Multiple choices)
   ☐ Hospital ☐ Home ☐ Other

8. What kind of transportation do you take today? (Multiple choices)
   ☐ No transportation taken ☐ Self-driving/Bicycle/Electric motorbike ☐ Taxi/Internet taxi ☐ Bus
   ☐ Airliner/Train ☐ Other

9. Body temperature ____________ (please fill in if you have fever, not required)

10. Have you returned to Hangzhou from outside Zhejiang Province in the last 48 hours? (Single choice)
    ☐ No ☐ Yes

11. In the past 14 days: Have you had close contact with personnel from Wuhan and surrounding areas or foreign countries and regions with severe epidemics? Do you have travel or residence history in other communities with reported cases? Have you had contact with patients with fever or respiratory symptoms from the above areas? Do you have a history of contact with people infected with the new coronavirus? (Single choice)
    ☐ No ☐ Yes

12. Has anyone in your family returned to Hangzhou from abroad in the last 14 days? If yes, does the family currently have fever, respiratory or other symptoms? (If any, please select [Other] and describe in detail)
    ☐ No ☐ Other: ____________________________

13. Is there any family under home quarantine? (Single choice)
    ☐ No
    ☐ Yes, the family members have been effectively isolated, and other family members have not gone out to work
    ☐ Yes, the family members have been effectively separated, and other family members have gone out to work
    ☐ Other

14. Is there any person with fever in your family or colleagues? (If any, please select [Other] and describe in detail)
    ☐ No ☐ Other: ____________________________

Personal signature ____________________________

__________ YYMMDD
Appendix 7. Outpatient/Emergency Patient Screening Form (2020.3.9 version)

Outpatient/Emergency Patient Screening Form (2020.3.9 version)

Dear patients:
In order to prevent Coronavirus Disease 2019 (COVID-19) from spreading, please provide below information truthfully. Any misinformation may lead to legal consequences.

1. Patient Personal Information
Name: ______________________ Medical Record No.: ______________________
Passport No.: ______________________
Current Addr.: ______________________ Province: ______________________ City: ______________________ District: ______________________
Neighborhood: ______________________ Community: ______________________
Patient’s Cell Number: ______________________
Emergency Contact: ______________________

2. Travel History and Condition of the Patient
(please provide below information truthfully. Patient’s treatment plan may rely on this information.
Please tick in the box before the answer that suits patient condition. Thank you for your cooperation.)

1) Have you traveled to or resided in Wuhan or neighboring cities, or domestic neighborhood that has reported confirmed cases before, or epidemic countries or regions outside China, in the past 14 days?
☐ Yes  ☐ No

2) Have you used any public transportation (flight, train, coach bus, ship etc.) departing from or passing by key epidemic areas in the past 14 days?
☐ Yes  ☐ No

3) Have you had contact with confirmed COVID-19 patients in the past 14 days?
☐ Yes  ☐ No

4) Have you had contact with people with fever and/or respiratory symptoms coming from Wuhan or neighboring cities, or domestic neighborhood that has reported confirmed cases, or epidemic countries or regions outside China, in the past 14 days?
☐ Yes  ☐ No

5) Are there 2 or more people having fever and/or showing respiratory symptoms around you (in your family, office, school class, factory workshop, etc.) in the past 14 days?
☐ Yes  ☐ No

6) Have you had fever in the past 14 days?
☐ Yes  ☐ No

   If you had fever, your body temperature was ___℃.
   (If you didn’t take your temperature, please write “unknown”)

   ☐ Yes  ☐ No

   If you had fever, have you taken any medication to manage the fever?

7) Have you had any below symptoms in the past 14 days? Please tick in the box.
☐ Cough  ☐ Sore throat  ☐ Running nose  ☐ Nasal congestion
☐ Chest tightness  ☐ Chest pain  ☐ Gasping after exertion  ☐ Shortness of breath
☐ Fatigue  ☐ Muscle soreness and/or aches  ☐ Headache  ☐ Diarrhea

3. Information of Accompanying Person
(please provide below information truthfully. Please tick in the box.)
☐ Name: ______________________ Chinese Citizen ID No./Passport No.: ______________________
☐ If the patient is accompanied to the hospital, please fill and tick
☐ Accompanying person is positive in all above screening questions.
☐ Accompanying person is negative in all above screening questions.
☐ No accompanying person

Notice: For your own health, if your condition fits the consultation criteria of fever clinic, please wear a face mask and follow the guidance to the fever clinic.

Patient/Patient Family Signature: ______________________
Time: ________________________

Triage Signature: ______________________
Time: ________________________

Doctor Signature: ______________________
Time: ________________________

1. Patients must keep good care of the form and hand it to their consultation doctor. If multiple consultations are needed, a photo of the form can be presented to the next triage nurse and consultation doctor after initial consultation. Patients will be asked to refill the form if he/she fails to present the form or photo.
2. Consultation doctors must check the form. If any mistake is identified, please ask the patient to refill the form. Signatures from the patient and doctor is a must. The form will be archived.
### Appendix 8. SAHZU Inpatient Escort Daily Checklist  (20200302 version)

**SAHZU Inpatient Escort Daily Checklist  (20200302 version)**

In order to actively prevent and control COVID-19 and cross-infection and effectively safeguard public health and safety, the head nurse and charge nurse shall manage the escort who should be cooperative. **One form for each escort and checked daily. Fill in the following truthfully, thank you!**

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Time</th>
<th>Escort ID is consistent with the escort pass</th>
<th>Escort body temperature</th>
<th>Escort Are there any respiratory or other symptoms</th>
<th>Escort signature</th>
<th>Charge nurse signature / employee number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ No ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Nasal congestion ☐ Chest tightness ☐ Chest pain ☐ Fatigue ☐ Asthma after exercise ☐ Dyspnea ☐ Muscle soreness ☐ Headache ☐ Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ No ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Nasal congestion ☐ Chest tightness ☐ Chest pain ☐ Fatigue ☐ Asthma after exercise ☐ Dyspnea ☐ Muscle soreness ☐ Headache ☐ Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ No ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Nasal congestion ☐ Chest tightness ☐ Chest pain ☐ Fatigue ☐ Asthma after exercise ☐ Dyspnea ☐ Muscle soreness ☐ Headache ☐ Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
<td>☐ No ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Nasal congestion ☐ Chest tightness ☐ Chest pain ☐ Fatigue ☐ Asthma after exercise ☐ Dyspnea ☐ Muscle soreness ☐ Headache ☐ Diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: the department is responsible for implementing, registering and uniformly managing this form.

### Appendix 9. Follow-up checklist

<table>
<thead>
<tr>
<th>Date of hospital visit</th>
<th>Campus of hospital visit</th>
<th>Time</th>
<th>Name</th>
<th>Medical record number</th>
<th>Age</th>
<th>Gender</th>
<th>Residential address</th>
<th>Contact number</th>
<th>Epidemiology history</th>
<th>Body temperature (Tmax)</th>
<th>Clinical symptoms</th>
<th>Signs</th>
<th>Examination &amp; test results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>nCOV results</th>
<th>Whorcbouts update</th>
<th>Follow up</th>
<th>Followup result</th>
<th>Medical record number</th>
<th>Body temperature taken 4 times a day (record specific temperature)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptoms (filling yes for those with symptoms, none for asymptomatic)</th>
<th>Home quarantine precaution education explained term by term and ask whether they implement strictly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 10. Special Inspection Form for Disinfection and Isolation during COVID-19 pandemic (Key Unit)

**Special Inspection Form for Disinfection and Isolation during COVID-19 Pandemic (Key Unit)**

**Evaluation time:** YYYYMMDDHH  
**Evaluated by:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Content</th>
<th>Inspection results</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Employees wear masks properly in the hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Implement hand hygiene properly (palm, back, cross, bow, thumb, fingertip, wrist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Reusable items, instruments and equipment are disinfected after each use for each person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cover mouth and nose with tissues, handkerchiefs, sleeves or elbows when coughing or sneezing, and be compliant with hand hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Doctors master diagnostic criteria and screening key points for suspected cases (spot check 3 doctors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Medical staff knows the key inquiry points of patient epidemiology history: whether there is travel or residence history in the epidemic area in the past 14 days; those who have contacted fever patients with respiratory symptoms from epidemic area or communities with reported cases in the past 14 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Ward escort management regulations: for each patient, one escort at most. Check the name and ID number on the escort pass are the same as the person (spot check 2-5 escort pass in each ward)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Patient/Accompanying person Screening Information Form is completed (spot check 2 patients/2 escort in each ward)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>In and out registration is available at each building or ward entrance, and strictly managed by a designated person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Surroundings are clean, medical wastes are disposed properly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Check the CT examination process of fever patients: the prescribing doctor contacts radiology department, and the nursing worker of the radiology department takes the patient to the specific CT machine room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Reconfirm patient screening information before surgery/procedure, and check screening form</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:** Daily inspection covers at least 4-5 general units
### Appendix 11. Donation List

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Medical specifications (conforming or higher)</th>
<th>Manufacturer / Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. coverall</td>
<td>Coverall (with color adhesive tape, meeting Type 4, 5, 6 levels)</td>
<td>Chinese standard GB19082-2001 or GB19082-2009 United States ASTM:F1671-87A EU EN4126+Type4 EN14605 and above Japan JIS T 8122; JIS T 8115 JIS T 8060; JIS T 8061 JIS T 8033</td>
<td>3M: 4565, 4570 DuPont: 1422A, or Tyvek800/600/500expert Tychem 2600 Fukelei: Medical disposable protective clothing AMN 428ETS UVEX 4B</td>
</tr>
<tr>
<td>3. Disposable surgical gown Or isolation gown</td>
<td>Waterproof material</td>
<td></td>
<td>It is recommended that products with relevant medical device registration certificates be given priority</td>
</tr>
<tr>
<td>4. Medical surgical mask</td>
<td>Disposable medical surgical masks (requiring separate packaging) Particle passing rate&gt; 55% Fluidresistant&gt; 120mmhg</td>
<td>GB YY-0469-2011 US ASTM:F2100-II (level 2&amp;3) EU/EN14683 = typeII</td>
<td>It is recommended that products with medical device registration certificates be given priority</td>
</tr>
<tr>
<td>5. Protective face shield, protective shoe cover</td>
<td>Cover the entire facial area; protective shoe cover is waterproof and able to cover till the knee</td>
<td>No relevant standards</td>
<td></td>
</tr>
<tr>
<td>6. Medical protective Goggles</td>
<td>Medical protective Goggles (fully covering, anti-fog)</td>
<td>Chinese standard GB/T 14866 or level two and above level medical goggles: compatible with myopic glasses, with wide vision field, must be splash-proof, sealed around, anti-fog</td>
<td>3M: 1621AF (anti-fog)</td>
</tr>
</tbody>
</table>

* According to the requirements of the Chinese Medical Products Administration, for imported products without medical device registration certificates, the marketing certificate and inspection report for products from overseas companies shall be provided, and product quality safety commitment made. The product is only used as an emergency for this epidemic.
Appendix 12. ICU Infection Control Checklist, Oncology Center, Union Hospital, Wuhan (by SAHZU Medical Team)

ICU Infection Control Checklist
Oncology Center, Union Hospital, Wuhan
(by SAHZU Medical Team)

<table>
<thead>
<tr>
<th>No.</th>
<th>Criteria</th>
<th>Score</th>
<th>Findings</th>
<th>Improvement suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wear and remove PPEs correctly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>PPE use is supervised. Peer observation is performed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Shift handover is performed as required in designated areas.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environment is clean, and objects are stored in designated areas.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Patient rooms are kept closed and ventilated through windows. Air circulating fans are on.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Air disinfection machines are used appropriately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Equipment and machines are put in fixed areas and kept clean.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Hand hygiene facilities are accessible. Hand hygiene is correctly performed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Disinfectant solution is adequate, and is mixed and used correctly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>The cleaning and disinfection of the environment is performed as per the protocol. Both routine and terminal disinfections are well performed when needed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Standard precaution and proper personal protection measures are adopted during clinical activities. No practices with infection risk is observed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>VAP prevention measures are implemented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>CLABSI prevention measures are implemented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>CAUTI prevention measures are implemented.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Sharps injury prevention measures are implemented. Occupational exposure is checked.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Housekeepers can correctly prepare the disinfection solution and perform environmental decontamination and disinfection.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Vomitus is handled appropriately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Bed units are kept clean. Linen is handled appropriately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Bed units are disinfected.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Medical waste is handled correctly.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

5 for each item. Partially met is 3. Not met is 0.
References:


11. Prevention and Control Guidance for Home Quarantine and Medical Observation of COVID-19 (Interim)


13. ICD Coding Guideline for COVID-19 Cases
The Second Affiliated Hospital Zhejiang University School of Medicine (SAHZU) is located in Hangzhou, China, where the 2016 G20 Summit was held. Originally founded in 1869 by the British Church Missionary Society, SAHZU is often considered as the cradle of western medicine in the province. SAHZU was recognized by the Ministry of Health as the first tertiary care hospital in China, and became the first Joint Commission International–accredited Academic Medical Center in the world. It homes National Medical Centers of Excellence recognized by National Health Commission. It is ranked by the Nature Index among top 100 hospitals in the world.

The hospital has two campuses with a total of 3,200 beds and about 6000 employees, including 3,000 physicians and researchers in 50 clinical departments, many of which are national clinical departments or disciplines approved by National Health Commission. SAHZU has become the role model for Chinese hospitals in the field of transcatheter valve intervention (“Hangzhou Solution”), the micro-incision cataract surgery, the diagnosis and treatment of colorectal cancer, and the management of severe burns. With almost 6 million outpatients, 190,000 inpatients, and 150,000 surgeries, SAHZU is one of the most efficient general public hospitals in China. While being famous for its superb rescue and treatment skills in major diseases and its quality outcome, the hospital is also a pioneer in telemedicine in China. During 2016 Hangzhou G20 Summit, SAHZU was the only designated health care service provider for presidential delegation of the United States and many other countries. And it attracts numerous foreign physicians with its ACGME (the Accreditation Council for Graduate Medical Education in the United States)–recognized international joint physician training programs and FRCP (the Federation of Royal College of Physician in the United Kingdom)–accredited education.

Over the past 150 years, SAHZU has become China’s biggest medical research pipeline, with several disease-specific research institutes, that has the research capacity from benchside to bedside. Via Guangji Innovation Club, it is establishing efficient collaborations among hospitals, academic institutions, government, industry, and venture capitals.

In its pursuit of safeguarding people’s health, SAHZU always put the needs of patients and customers first while remaining truthful to its founding mission of saving lives and spreading benevolence. It is vigorously exploring and innovating, striving to be the destination hospital for more patients.
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The needs of patients and customers come first.

The photograph was taken in the Second Affiliated Hospital Zhejiang University School of Medicine located in Hangzhou, China in early 20th century. The scene captures Dr. David Duncan Main, a British physician and the first Hospital president, greeted a pediatric patient with reciprocal humility and respect. It symbolizes the hospital's core value today: “The Needs of Patients and Customers Come First.”