Administrative controls related to Covid-19
- Experience and lessons learned from TB hospital in China

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COVID-19 epidemic trend in China

Data from https://news.sina.cn/zt_d/yiqing0121
Health system response

CDCs
- Data report, collection and analysis
- Epidemiological survey
- Environmental disinfection
- Education and guidance to public

Hospital
- Patients diagnosis and treatment
  - Suspect screening & testing
- Medical support to special settings

Community
- Contact management
- Quarantine support
- Active screening for risk population
Main approaches of administrative control

• Update IPC regulation and document
• Train medical staff
• Various measures to minimize or stop transmission in the facility
Main approaches of administrative control

➢ Upgrade current and develop new IPC regulation, document and material in the context of Covid-19 pandemic.
Main approaches of administrative control

➢ Training to all staff on new IPC requirement during Covid-19 outbreak. (Mandatory for all health workers)
Administrative measures to minimize transmission in the facility

- Primary screening and testing
- Temporary isolation for patients waiting for confirmation
- Medical Observation for high risk population

Screening hospital

- Treatment for severe cases
- Designated Hospitals for Covid-19

Mobile Cabin Hospitals

- Treatment for mild cases

Quarantine sites
**Administrative measures to minimize transmission in the facility**

- **Screening hospital:**
  - Majority are not non-Covid-19 patients (including TB for some hospitals)
  - People actively seek for screening (i.e. with fever or presumptive symptom)

- **Mobile Cabin Hospital:**
  - Confirmed Covid-19 patients (mild)
  - Highly suspected for Covid-19 and need medical care

- **Covid-19 designated hospital:**
  - Confirmed Covid-19 patients (most are severe)
  - Some other patients (including TB for some hospitals)

- **Quarantine site:**
  - Risk population: close contacts of a confirmed case, coming from high prevalence area, etc.

*Principle: early identify and separate patients at different risks*
Administrative measures to minimize transmission in the facility
Taking screening hospital as an example: Beijing Chest Hospital

- Grade IIIA hospital mainly focus on TB and lung cancer
- Total 612 bed, 300 for TB
- 15,000 inpatients/year
- 30,000 outpatients/year

- Nationwide training
- National web-based TB consultation & training Platform
- WHO CC for TB Research and Training

- 8 research departments
- CFDA certificated GCP sites for TB & lung cancer
- Leading China national TB Clinical trial Consortium (CTCTC)

- National clinical center supporting NTP
- Disease control for TB and lung cancer for Beijing resident
Administrative measures to minimize transmission in the facility

- Primary screening at the main entrance of the hospital:
  - Temperature and symptom screening
  - Health-QR-Code (Cell phone App) checking
Administrative measures to minimize transmission in the facility

• Create different pathway for patients with normal and abnormal temperature & Health-QR-Code status.
• HCWs go through a separate entrance with staff ID.
Administrative measures to minimize transmission in the facility

• Set-up a Fever Clinic for secondary screening
  • Separate from main building.
  • Beds for patients waiting for results.
  • HCWs fully equipped with PPE.

• Confirmation at fever clinic
  • Axillary thermometer
  • NAT (Nucleic Acid Test)
  • Epidemiological survey
  • Chest CT Scan
  • Antibody IgG & IgM
  • Blood Routine
Administrative measures to minimize transmission in the facility

• Keep person-to-person distance

Keep 1 meter distance

Separate seats at waiting area
Administrative measures to minimize transmission in the facility

- Minimize number of normal TB patients visiting hospital.
- Use online consultation system and digital medicine platform for TB patient follow-up.
- After on-line consultation, prescribe and deliver anti-TB drugs to the patients.
In Summary

Primary Screening at Hospital Entry

- Body temperature
- Symptom
- Health-OR-Code

Fever Clinic
- Strict IPC measures including PPE
- Prioritized tests
- Separate wards for patients waiting results
- Early referral to designated hospital once confirmed

Normal OPD
- Minimize F-U visit
- Social distance
- Ventilation & UV
- PPE
Experience learned from TB in terms of infection prevention and control (IPC)?

• Similar measures in terms of airborne infection prevention and control.
• TB hospitals are more experienced on working with communicable diseases.
  • Sense, knowledge and skill on airborne infection prevention and control
  • Relatively sufficient supply and storage for PPE
  • Routine refresh training and rehearsal on IPC
• Since COVID-19 is unknown to most of doctors and hospitals, experience and lessons from TB greatly benefit COVID-19 designated hospitals.
• More attention is paid and more intensive IPC measures are taken.
Main lessons learned from this outbreak in terms of infection prevention and control (IPC)?

- IPC should be addressed as a daily routine, not only when there is an outbreak.
- Doctors and nurses should have a sense of IPC in their daily clinical practice, especially medical staff working at general hospitals or working in non-communicable disease departments (e.g., Ophthalmology Department).
- Hospitals should have basic preparation for IPC including personal protective equipment (PPE) supply, routine refresher training to their staff, and back-up plan for potential outbreaks.
Thank you!
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