**Clinical Librarian Service Search Results**

**Request:** How many masks are required per Covid-19 patient in a 24-hour period on ICU?

**Summary**

We have searched the databases and sources listed at the end of this document and have found a number of evidence-based results. We have organised the results into the following sections: [Guidance](#Guidance) and [Journal Articles](#JournalArticles).

We hope that we have interpreted your request correctly. Please let us know if you would like us to search further.

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**Accessing Articles**

Links are provided where online access to the full text is available. An OpenAthens username and password may be required for online access to articles. You can register for one here: <https://openathens.nice.org.uk/>

Unfortunately there may occasionally be some problems accessing the links provided. In this case the items can be accessed via the Library Journals link: <http://journals.nice.org.uk/>. [Log in to OpenAthens via the link in the top tight-hand corner].

If the full text is not available, you can request an Inter-Library Loan freely and directly via our Inter-Library Loans system: CLIO. Register for CLIO (using your library membership number) at: [https://derbyill.cliohosting.co.uk](https://derbyill.cliohosting.co.uk/). Further information can be found at: <http://www.uhdblibrary.co.uk/ills>.

**Feedback**

Once you have read this report, I would appreciate it if you would complete our online literature search feedback form at:

<https://www.smartsurvey.co.uk/s/LiteratureSearchFeedback20192020/>

This relates to this specific search and will help us to monitor and improve our service. Thank you.

Suzanne Toft Lindsay Snell

Training Librarian (Chartered) Clinical Librarian

[suzanne.toft@nhs.net](mailto:suzanne.toft@nhs.net) [lindsay.snell@nhs.net](mailto:lindsay.snell@nhs.net)

**Current at:** 26 March 2020

**Time taken for search:** 4.5 hours.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Search: How many masks are required per Covid-19 patient in a 24-hour period on ICU? Suzanne Toft and Lindsay Snell. (26 March 2020). Derby, UK: University Hospitals of Derby & Burton NHS Foundation Trust Library and Knowledge Service.

**Disclaimer:** Please note that the information supplied by the Library and Knowledge Service in response to a literature search is for information purposes only.  Every reasonable effort will be made to ensure that this information is accurate, up-to-date and complete. However, it is possible that it may not be representative of the whole body of evidence. No responsibility can be accepted by the Library for any action taken on the basis of this information.

Guidance or information relating to specific drug queries or procedures should be referred to Medicines Information on RDH ext. 85379 or Burton ext. 5168 or 5101. For local UHDB guidelines and policies please refer to the red button on the Trust intranet, or [**https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-main.pl**](https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-main.pl)

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**Guidance**

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1. **Personal protective equipment (PPE) needs in healthcare settings for the care of patients with suspected or confirmed novel coronavirus (2019-nCoV)**

**Authors:** European Centre for Disease Protection and Control

**Date:** 7th February 2020

**See pp. 2-3** PPE estimated needs – 2019-nCoV

<https://www.ecdc.europa.eu/sites/default/files/documents/novel-coronavirus-personal-protective-equipment-needs-healthcare-settings.pdf>

Landing page web address if preferred:

<https://www.ecdc.europa.eu/en/publications-data/personal-protective-equipment-ppe-needs-healthcare-settings-care-patients>​

1. **COVID-19 Guidance for infection prevention and control in healthcare settings**

**Authors:** Issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.

**Published:** 10 January 2020

**Last updated:** 23 March 2020

**See section 5.4 p.17** on when to change aprons and gloves (masks mentioned but no detail of change frequency given)

**See Section 6.3.1** on giving the patient a mask when transferring them around the hospital p.23

**Useful table on p.24 and p.25** mention of using a single mask permanently in cohorted areas, giving suspected patients a mask if it can be tolerated if not in a covid-19 area, changed when moist or damaged.

**p.28** lists procedures requiring a mask.

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf>

Landing page:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

# COVID-19 rapid guideline: critical care in adults

# NICE guideline: NG159

# Published date: March 2020

# Last updated: March 2020

**See section 5.3** use of resources

<https://www.nice.org.uk/guidance/ng159/chapter/5-Service-organisation>

1. **Rapidly increasing cumulative incidence of coronavirus disease (COVID-19) in the European Union/European Economic Area and the United Kingdom, 1 January to 15 March 2020**

**Authors:** Pete Kinross, Carl Suetens, Joana Gomes Dias, Leonidas Alexakis, Ariana Wijermans, Edoardo Colzani, Dominique L. Monnet, European Centre for Disease Prevention and Control (ECDC) Public Health Emergency Team

**Received:** 11 Mar 2020; **Accepted:** 16 Mar 2020

<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.11.2000285>

1. **Guidance for health system contingency planning during widespread transmission of SARS-CoV-2 with high impact on healthcare services​**

**Author:** European Centre for Disease Control and Prevention

**Date:** February 2020

**See reference to** PPE and time (4 hours) on p.4.

<https://www.ecdc.europa.eu/en/publications-data/guidance-health-system-contingency-planning-during-widespread-transmission-sars>

1. **Strategies for Optimizing the Supply of N95 Respirators**

**Author:** Center for Disease Control and Prevention (CDC)

**Updated:** February 29, 2020

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>​

1. **The Australian and New Zealand Intensive Care Society (ANZICS) COVID-19 Guidelines**

**Date:** 16 March 2020

**p.19 states** "We recommend against the use of improvised, non-standard PPE, as poorly standardized PPE potentially poses a risk to the user. "

<https://www.health.nsw.gov.au/Infectious/diseases/Documents/anzics-covid-19-guidelines.pdf>

1. **Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19)**

**Author:** World Health Organisation

**Date:** 19 March 2020

<https://apps.who.int/iris/handle/10665/331498>​

1. **Intensive Care Society WhatsApp group**

**Intensive Care Society**

**Listed at:**

<https://www.ics.ac.uk/ICS/COVID-19/COVID19.aspx?hkey=d176e2cf-d3ba-4bc7-8435-49bc618c345a>​

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**Journal Articles**

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1. **A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia (standard version).**

**Author(s):** Jin, Ying-Hui; Cai, Lin; Cheng, Zhen-Shun; Cheng, Hong; Deng, Tong; Fan, Yi-Pin; Fang, Cheng; Huang, Di; Huang, Lu-Qi; Huang, Qiao; Han, Yong; Hu, Bo; Hu, Fen; Li, Bing-Hui; Li, Yi-Rong; Liang, Ke; Lin, Li-Kai; Luo, Li-Sha; Ma, Jing; Ma, Lin-Lu; Peng, Zhi-Yong; Pan, Yun-Bao; Pan, Zhen-Yu; Ren, Xue-Qun; Sun, Hui-Min; Wang, Ying; Wang, Yun-Yun; Weng, Hong; Wei, Chao-Jie; Wu, Dong-Fang; Xia, Jian; Xiong, Yong; Xu, Hai-Bo; Yao, Xiao-Mei; Yuan, Yu-Feng; Ye, Tai-Sheng; Zhang, Xiao-Chun; Zhang, Ying-Wen; Zhang, Yin-Gao; Zhang, Hua-Min; Zhao, Yan; Zhao, Ming-Juan; Zi, Hao; Zeng, Xian-Tao; Wang, Yong-Yan; Wang, Xing-Huan; for the Zhongnan Hospital of Wuhan University Novel Coronavirus Management and Research Team, Evidence-Based Medicine Chapter of China International Exchange and Promotive Association for Medical and Health Care (CPAM)

**Source:** Military Medical Research; Feb 2020; vol. 7 (no. 1); p. 4

**Publication Date:** Feb 2020

**Publication Type(s):** Research Support, Non-u.s. Gov't Practice Guideline Journal Article

**PubMedID:** 32029004

Available at [Military Medical Research](https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-020-0233-6) - from BioMed Central

Available at [Military Medical Research](https://mmrjournal.biomedcentral.com/track/pdf/10.1186/s40779-020-0233-6) - from Unpaywall

**Abstract:** In December 2019, a new type viral pneumonia cases occurred in Wuhan, Hubei Province; and then named "2019 novel coronavirus (2019-nCoV)" by the World Health Organization (WHO) on 12 January 2020. For it is a never been experienced respiratory disease before and with infection ability widely and quickly, it attracted the world's attention but without treatment and control manual. For the request from frontline clinicians and public health professionals of 2019-nCoV infected pneumonia management, an evidence-based guideline urgently needs to be developed. Therefore, we drafted this guideline according to the rapid advice guidelines methodology and general rules of WHO guideline development; we also added the first-hand management data of Zhongnan Hospital of Wuhan University. This guideline includes the guideline methodology, epidemiological characteristics, disease screening and population prevention, diagnosis, treatment and control (including traditional Chinese Medicine), nosocomial infection prevention and control, and disease nursing of the 2019-nCoV. Moreover, we also provide a whole process of a successful treatment case of the severe 2019-nCoV infected pneumonia and experience and lessons of hospital rescue for 2019-nCoV infections. This rapid advice guideline is suitable for the first frontline doctors and nurses, managers of hospitals and healthcare sections, community residents, public health persons, relevant researchers, and all person who are interested in the 2019-nCoV.

**Database:** Medline

1. **Critical Care Utilization for the COVID-19 Outbreak in Lombardy, Italy: Early Experience and Forecast During an Emergency Response.**

**Author(s):** Grasselli, Giacomo; Pesenti, Antonio; Cecconi, Maurizio

**Source:** JAMA; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32167538

Available at [JAMA](https://jamanetwork.com/journals/jama/articlepdf/2763188/jama_grasselli_2020_vp_200049.pdf) - from Unpaywall

**Database:** Medline

1. **COVID-19 and Italy: what next?​**

**Authors:** Remuzzi, A; Remuzzi G.

**Source:** Lancet,

**Date:** 13th March 2020

The spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has already taken on pandemic proportions, affecting over 100 countries in a matter of weeks. A global response to prepare health systems worldwide is imperative. Although containment measures in China have reduced new cases by more than 90%, this reduction is not the case elsewhere, and Italy has been particularly affected. There is now grave concern regarding the Italian national health system’s capacity to effectively respond to the needs of patients who are infected and require intensive care for SARS-CoV-2 pneumonia. The percentage of patients in intensive care reported daily in Italy between March 1 and March 11, 2020, has consistently been between 9% and 11% of patients who are actively infected. The number of patients infected since Feb 21 in Italy closely follows an exponential trend. If this trend continues for 1 more week, there will be 30000 infected patients. Intensive care units will then be at maximum capacity; up to 4000 hospital beds will be needed by mid-April, 2020. Our analysis might help political leaders and health authorities to allocate enough resources, including personnel, beds, and intensive care facilities, to manage the situation in the next few days and weeks. If the Italian outbreak follows a similar trend as in Hubei province, China, the number of newly infected patients could start to decrease within 3–4 days, departing from the exponential trend. However, this cannot currently be predicted because of differences between social distancing measures and the capacity to quickly build dedicated facilities in China.

<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30627-9/fulltext>

1. **Challenges to the system of reserve medical supplies for public health emergencies: reflections on the outbreak of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) epidemic in China.**

**Author(s):** Wang, Xu; Zhang, Xiaoxi; He, Jiangjiang

**Source:** Bioscience Trends; Mar 2020; vol. 14 (no. 1); p. 3-8

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32062645

Available at [Bioscience trends](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32062645) - from EBSCO (MEDLINE Complete)

Available at [Bioscience trends](https://www.jstage.jst.go.jp/article/bst/14/1/14_2020.01043/_pdf) - from Unpaywall

**Abstract:** On December 31, 2019, the Wuhan Municipal Health Commission announced an outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), China is now at a critical period in the control of the epidemic. The Chinese Government has been taking a series of rapid, comprehensive, and effective prevention and control measures. As the pandemic has developed, a fact has become apparent: there is a serious dearth of emergency medical supplies, and especially an extreme shortage of personal protective equipment such as masks and medical protective clothing. This is one of the major factors affecting the progress of epidemic prevention and control. Although China has made great efforts to strengthen the ability to quickly respond to public health emergencies since the SARS outbreak in 2003 and it has clarified requirements for emergency supplies through legislation, the emergency reserve supplies program has not been effectively implemented, and there are also deficiencies in the types, quantity, and availability of emergency medical supplies. A sound system of emergency reserve supplies is crucial to the management of public health emergencies. Based on international experiences with pandemic control, the world should emphasize improving the system of emergency reserve medical supplies in the process of establishing and improving public health emergency response systems, and it should promote the establishment of international cooperative programs to jointly deal with public health emergencies of international concern in the future.

**Database:** Medline

1. **Conserving Supply of Personal Protective Equipment—A Call for Ideas**

**Author:** Bauchner, H.

**Source:** JAMA.

**Published online:** March 20, 2020.

<https://jamanetwork.com/journals/jama/fullarticle/2763590>

This is a crowdsourcing via comments article.

1. **Minimise nosocomial spread of 2019-nCoV when treating acute respiratory failure**

**Author(s):** Cabrini L.; Landoni G.; Zangrillo A.

**Source:** The Lancet; 2020; vol. 395 (no. 10225); p. 685

**Publication Date:** 2020

**Publication Type(s):** Letter

**PubMedID:** 32059800

Available at [The Lancet](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2FS0140-6736(20)30359-7) - from ClinicalKey

Available at [The Lancet](http://www.thelancet.com/article/S0140673620303597/pdf) - from Unpaywall

**Database:** EMBASE

1. **COVID-19: a novel coronavirus and a novel challenge for critical care**

**Author(s):** Arabi Y.M.; Murthy S.; Webb S.

**Source:** Intensive Care Medicine; 2020

**Publication Date:** 2020

**Publication Type(s):** Article

**PubMedID:** 32125458

Available at [Intensive care medicine](https://link.springer.com/content/pdf/10.1007/s00134-020-05955-1.pdf) - from Unpaywall

**Database:** EMBASE

* **Correction to: COVID-19: a novel coronavirus and a novel challenge for critical care.**

**Author(s):** Arabi, Yaseen M; Murthy, Srinivas; Webb, Steve

**Source:** Intensive Care Medicine; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Published Erratum

**PubMedID:** 32189010

Available at [Intensive care medicine](https://link.springer.com/content/pdf/10.1007/s00134-020-06009-2.pdf) - from Unpaywall

**Abstract:** The original version of this article unfortunately contained a mistake.

**Database:** Medline

1. **Critical care crisis and some recommendations during the COVID-19 epidemic in China**

**Author(s):** Xie J.; Qiu H.; Tong Z.; Guan X.; Du B.; Slutsky A.S.

**Source:** Intensive Care Medicine; 2020

**Publication Date:** 2020

**Publication Type(s):** Article

**PubMedID:** 32123994

Available at [Intensive care medicine](https://link.springer.com/content/pdf/10.1007/s00134-020-05979-7.pdf) - from Unpaywall

**Database:** EMBASE

1. **Coronavirus Disease 2019 (COVID-19): A critical care perspective beyond China**

**Author(s):** Rello J.; Tejada S.; Userovici C.; Arvaniti K.; Pugin J.; Waterer G.

**Source:** Anaesthesia Critical Care and Pain Medicine; 2020

**Publication Date:** 2020

**Publication Type(s):** Editorial

**PubMedID:** 32142972

Available at [Anaesthesia, critical care & pain medicine](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.accpm.2020.03.001) - from ClinicalKey

Available at [Anaesthesia, critical care & pain medicine](https://doi.org/10.1016/j.accpm.2020.03.001) - from Unpaywall

**Database:** EMBASE

1. **COVID-19: A critical care perspective informed by lessons learnt from other viral epidemics**

**Author(s):** Ling L.; Joynt G.M.; Lipman J.; Constantin J.-M.; Joannes-Boyau O.

**Source:** Anaesthesia Critical Care and Pain Medicine; 2020

**Publication Date:** 2020

**Publication Type(s):** Editorial

**PubMedID:** 32088344

Available at [Anaesthesia, critical care & pain medicine](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.accpm.2020.02.002) - from ClinicalKey

Available at [Anaesthesia, critical care & pain medicine](https://doi.org/10.1016/j.accpm.2020.02.002) - from Unpaywall

**Database:** EMBASE

1. **Escalating infection control response to the rapidly evolving epidemiology of the Coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong.**

**Author(s):** Cheng, Vincent C C; Wong, Shuk-Ching; Chen, Jonathan H K; Yip, Cyril C Y; Chuang, Vivien W M; Tsang, Owen T Y; Sridhar, Siddharth; Chan, Jasper F W; Ho, Pak-Leung; Yuen, Kwok-Yung

**Source:** Infection Control and Hospital Epidemiology; Mar 2020; p. 1-24

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32131908

Available at [Infection control and hospital epidemiology](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/52513ACC56587859F9C601DC747EB6EC/S0899823X20000586a.pdf/div-class-title-escalating-infection-control-response-to-the-rapidly-evolving-epidemiology-of-the-coronavirus-disease-2019-covid-19-due-to-sars-cov-2-in-hong-kong-div.pdf) - from Unpaywall

**Abstract:** BACKGROUND To describe the infection control preparedness for Coronavirus Disease (COVID-19) due to SARS-CoV-2 [previously known as 2019-novel coronavirus] in the first 42 days after announcement of a cluster of pneumonia in China, on 31 December 2019 (day 1) in Hong Kong. METHODS A bundle approach of active and enhanced laboratory surveillance, early airborne infection isolation, rapid molecular diagnostic testing, and contact tracing for healthcare workers (HCWs) with unprotected exposure in the hospitals was implemented. Epidemiological characteristics of confirmed cases, environmental and air samples were collected and analyzed. RESULTS From day 1 to day 42, forty-two (3.3%) of 1275 patients fulfilling active (n=29) and enhanced laboratory surveillance (n=13) confirmed to have SARS-CoV-2 infection. The number of locally acquired case significantly increased from 1 (7.7%) of 13 [day 22 to day 32] to 27 (93.1%) of 29 confirmed case [day 33 to day 42] (p<0.001). Twenty-eight patients (66.6%) came from 8 family clusters. Eleven (2.7%) of 413 HCWs caring these confirmed cases were found to have unprotected exposure requiring quarantine for 14 days. None of them was infected and nosocomial transmission of SARS-CoV-2 was not observed. Environmental surveillance performed in a patient with viral load of 3.3x106 copies/ml (pooled nasopharyngeal/ throat swab) and 5.9x106 copies/ml (saliva) respectively. SARS-CoV-2 revealed in 1 (7.7%) of 13 environmental samples, but not in 8 air samples collected at a distance of 10 cm from patient's chin with or without wearing a surgical mask. CONCLUSION Appropriate hospital infection control measures could prevent nosocomial transmission of SARS-CoV-2.

**Database:** Medline

1. **Estimating the reproductive number and the outbreak size of Novel Coronavirus disease (COVID-19) using mathematical model in Republic of Korea.**

**Author(s):** Choi, Sunhwa Choi; Ki, Moran

**Source:** Epidemiology and Health; Mar 2020; p. e2020011

**Publication Date:** Mar 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32164053

Available at [Epidemiology and health](http://europepmc.org/search?query=(DOI:10.4178/epih.e2020011)) - from Europe PubMed Central - Open Access

Available at [Epidemiology and health](http://www.e-epih.org/upload/pdf/epih-e2020011-AOP.pdf) - from Unpaywall

**Abstract:** Objectives Since the first novel coronavirus disease (COVID-19) patient was diagnosed on 20-Jan, about 30 patients were diagnosed in Korea until 17-Feb. However, 5,298 more patient were confirmed until 4-Mar. The purpose is to estimate and evaluate the effectiveness of preventive measures using mathematical modeling. Methods Deterministic mathematical model(SEIHR) has been established to suit the Korean outbreak. The number of confirmed patients in Daegu and North Gyeongsang Province (Daegu/NGP), the main area of outbreak, were used. The first patient's symptom onset date was assumed on 22-Jan. We estimate the reproduction number(R), and the effect of preventive measures, assuming that the effect has been shown from 29-Feb. or 5-Mar.ResultsThe estimated R in Hubei Province was 4.2655, while the estimated initial R in Korea was 0.5555, but later in Daegu/NGP, the value was between 3.4721 and 3.5428. When the transmission period decreases from 4 days to 2 days, the outbreak finished early, but the peak of the epidemic has increased, and the total number of patients has not changed much. If transmission rate decreases about 90% or 99%, the outbreak finished early, and the size of the peak and the total number of patients also decreased. Conclusion To early end of the COVID-19 epidemic, efforts to reduce the spread of the virus such as social distancing and mask wearing are absolutely crucial with the participation of the public, along with the policy of reducing the transmission period by finding and isolating patients as quickly as possible through efforts by the quarantine authorities.

**Database:** Medline

1. **Novel Coronavirus disease 2019 (COVID-19): The importance of recognising possible early ocular manifestation and using protective eyewear.**

**Author(s):** Li, Ji-Peng Olivia; Lam, Dennis Shun Chiu; Chen, Youxin; Ting, Daniel Shu Wei

**Source:** The British Journal of Ophthalmology; Mar 2020; vol. 104 (no. 3); p. 297-298

**Publication Date:** Mar 2020

**Publication Type(s):** Editorial

**PubMedID:** 32086236

Available at [The British journal of ophthalmology](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fbjo.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbjophthalmol-2020-315994) - from BMJ Journals - NHS

Available at [The British journal of ophthalmology](https://bjo.bmj.com/content/bjophthalmol/104/3/297.full.pdf) - from Unpaywall

**Database:** Medline

1. **Applications of google search trends for risk communication in infectious disease management: A case study of COVID-19 outbreak in Taiwan**

**Author(s):** Husnayain A.; Fuad A.; Su E.C.-Y.

**Source:** International Journal of Infectious Diseases: IJID: official publication of the International Society for Infectious Diseases; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Article

**PubMedID:** 32173572

Available at [International journal of infectious diseases: IJID : official publication of the International Society for Infectious Diseases](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.ijid.2020.03.021) - from ClinicalKey

Available at [International journal of infectious diseases: IJID : official publication of the International Society for Infectious Diseases](https://doi.org/10.1016/j.ijid.2020.03.021) - from Unpaywall

**Abstract:** OBJECTIVE: An emerging outbreak of COVID-19 has been detected in at least 26 countries worldwide. Given this pandemic situation, robust risk communication is urgently needed particularly in affected countries. Therefore, this study explored the potential use of Google Trends (GT) to monitor public restlessness toward COVID-19 epidemic infection in Taiwan. METHOD(S): We retrieved GT data for the specific locations of Taiwan nationwide and subregions using defined search terms related to coronavirus, handwashing, and face masks. RESULT(S): Searches related to COVID-19 and face masks in Taiwan increased rapidly, following the announcements of Taiwan' first imported case and reached its peak as local cases were reported. However, searches for handwashing were gradually increased in period of face masks shortage. Moreover, high to moderate correlations between Google relative search volume (RSV) and COVID-19 cases were found in Taipei (lag-3), New Taipei (lag-2), Taoyuan (lag-2), Tainan (lag-1), Taichung (lag0), and Kaohsiung (lag0). CONCLUSION(S): In response to the ongoing outbreak, our results demonstrated that GT could potentially define the proper timing and location for practicing appropriate risk communication strategies to the affected population. Copyright © 2020. Published by Elsevier Ltd.

**Database:** EMBASE

1. **Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review**

**Author(s):** Adhikari S.P.; Meng S.; Wu Y.-J.; Ye R.-X.; Wang Q.-Z.; Sun C.; Zhou H.; Mao Y.-P.; Sylvia S.; Rozelle S.; Raat H.

**Source:** Infectious Diseases of Poverty; Mar 2020; vol. 9 (no. 1)

**Publication Date:** Mar 2020

**Publication Type(s):** Review

**PubMedID:** 32183901

Available at [Infectious diseases of poverty](https://idpjournal.biomedcentral.com/articles/10.1186/s40249-020-00646-x) - from BioMed Central

Available at [Infectious diseases of poverty](http://europepmc.org/search?query=(DOI:10.1186/s40249-020-00646-x)) - from Europe PubMed Central - Open Access

Available at [Infectious diseases of poverty](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=145298&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=2049-9957&volume=9&issue=1&spage=29) - from ProQuest (Health Research Premium) - NHS Version

Available at [Infectious diseases of poverty](https://www.ncbi.nlm.nih.gov/pubmed/32183901) - from PubMed

Available at [Infectious diseases of poverty](https://idpjournal.biomedcentral.com/track/pdf/10.1186/s40249-020-00646-x) - from Unpaywall

**Abstract:** Background: The coronavirus disease (COVID-19) has been identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China beginning in December 2019. As of 31 January 2020, this epidemic had spread to 19 countries with 11 791 confirmed cases, including 213 deaths. The World Health Organization has declared it a Public Health Emergency of International Concern. Method(s): A scoping review was conducted following the methodological framework suggested by Arksey and O'Malley. In this scoping review, 65 research articles published before 31 January 2020 were analyzed and discussed to better understand the epidemiology, causes, clinical diagnosis, prevention and control of this virus. The research domains, dates of publication, journal language, authors' affiliations, and methodological characteristics were included in the analysis. All the findings and statements in this review regarding the outbreak are based on published information as listed in the references. Result(s): Most of the publications were written using the English language (89.2%). The largest proportion of published articles were related to causes (38.5%) and a majority (67.7%) were published by Chinese scholars. Research articles initially focused on causes, but over time there was an increase of the articles related to prevention and control. Studies thus far have shown that the virus' origination is in connection to a seafood market in Wuhan, but specific animal associations have not been confirmed. Reported symptoms include fever, cough, fatigue, pneumonia, headache, diarrhea, hemoptysis, and dyspnea. Preventive measures such as masks, hand hygiene practices, avoidance of public contact, case detection, contact tracing, and quarantines have been discussed as ways to reduce transmission. To date, no specific antiviral treatment has proven effective; hence, infected people primarily rely on symptomatic treatment and supportive care. Conclusion(s): There has been a rapid surge in research in response to the outbreak of COVID-19. During this early period, published research primarily explored the epidemiology, causes, clinical manifestation and diagnosis, as well as prevention and control of the novel coronavirus. Although these studies are relevant to control the current public emergency, more high-quality research is needed to provide valid and reliable ways to manage this kind of public health emergency in both the short- and long-term. Copyright © 2020 The Author(s).

**Database:** EMBASE

1. **Early lessons from the frontline of the 2019-nCoV outbreak.**

**Author(s):** Zhang, Hong

**Source:** Lancet (London, England); Feb 2020; vol. 395 (no. 10225); p. 687

**Publication Date:** Feb 2020

**Publication Type(s):** Letter

**PubMedID:** 32059798

Available at [Lancet (London, England)](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2FS0140-6736(20)30356-1) - from ClinicalKey

Available at [Lancet (London, England)](http://www.thelancet.com/article/S0140673620303561/pdf) - from Unpaywall

**Database:** Medline

1. **The Coronavirus Disease 2019 (COVID-19).**

**Author(s):** Hageman, Joseph R

**Source:** Pediatric Annals; Mar 2020; vol. 49 (no. 3); p. e99

**Publication Date:** Mar 2020

**Publication Type(s):** Editorial

**PubMedID:** 32155273

Available at [Pediatric annals](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=145298&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=0090-4481&volume=49&issue=3&spage=e99) - from ProQuest (Health Research Premium) - NHS Version

**Database:** Medline

1. **COVID-19 infection epidemic: the medical management strategies in Heilongjiang Province, China.**

**Author(s):** Wang, Hongliang; Wang, Sicong; Yu, Kaijiang

**Source:** Critical Care (London, England); Mar 2020; vol. 24 (no. 1); p. 107

**Publication Date:** Mar 2020

**Publication Type(s):** Research Support, Non-u.s. Gov't Editorial

**PubMedID:** 32188482

Available at [Critical care (London, England)](https://ccforum.biomedcentral.com/articles/10.1186/s13054-020-2832-8) - from BioMed Central

Available at [Critical care (London, England)](http://europepmc.org/search?query=(DOI:10.1186/s13054-020-2832-8)) - from Europe PubMed Central - Open Access

Available at [Critical care (London, England)](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32188482) - from EBSCO (MEDLINE Complete)

Available at [Critical care (London, England)](http://gateway.proquest.com/openurl?ctx_ver=Z39.88-2004&res_id=xri:pqm&req_dat=xri:pqil:pq_clntid=145298&rft_val_fmt=ori/fmt:kev:mtx:journal&genre=article&issn=1364-8535&volume=24&issue=1&spage=107) - from ProQuest (Health Research Premium) - NHS Version

**Database:** Medline

1. **Directives concretes a l'intention des equipes de soins intensifs et d'anesthesiologie prenant soin de patients atteints du coronavirus 2019-nCoV**

***[Practical recommendations for critical care and anesthesiology teams caring for novel coronavirus (2019-nCoV) patients]***

**Author(s):** Wax R.S.; Christian M.D.

**Source:** Canadian Journal of Anesthesia; 2020

**Publication Date:** 2020

**Publication Type(s):** Review

**PubMedID:** 32052373

Available at [Canadian journal of anaesthesia = Journal canadien d'anesthesie](https://link.springer.com/content/pdf/10.1007/s12630-020-01591-x.pdf) - from Unpaywall

**Abstract:** A global health emergency has been declared by the World Health Organization as the 2019-nCoV outbreak spreads across the world, with confirmed patients in Canada. Patients infected with 2019-nCoV are at risk for developing respiratory failure and requiring admission to critical care units. While providing optimal treatment for these patients, careful execution of infection control measures is necessary to prevent nosocomial transmission to other patients and to healthcare workers providing care. Although the exact mechanisms of transmission are currently unclear, human-to-human transmission can occur, and the risk of airborne spread during aerosol-generating medical procedures remains a concern in specific circumstances. This paper summarizes important considerations regarding patient screening, environmental controls, personal protective equipment, resuscitation measures (including intubation), and critical care unit operations planning as we prepare for the possibility of new imported cases or local outbreaks of 2019-nCoV. Although understanding of the 2019-nCoV virus is evolving, lessons learned from prior infectious disease challenges such as Severe Acute Respiratory Syndrome will hopefully improve our state of readiness regardless of the number of cases we eventually manage in Canada. Copyright © 2020, Canadian Anesthesiologists' Society.

**Database:** EMBASE

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**Databases searched:**

* + **Evidence-Based Reviews:** The Cochrane Library, UpToDate, DynaMed.
  + **Guidance:** NICE Guidance.
  + **Healthcare Databases:** MEDLINE, EMBASE, CINAHL.
  + **Other:** Google, World Health Organization (WHO), Department of Health and Social Care, Public Health England, Evidence for Policy and Practice Information and Co-ordinating Centre.

**Local Guidance:** Local guidance has not been searched as part of this literature search. However, local guidelines, policies and procedures are available via the red button on the intranet.

**Search Terms:**

|  |  |
| --- | --- |
| ***Subject Headings*** | ***Free Text Words*** |
| exp "CORONAVIRUS INFECTIONS"/ | amount |
| exp "INTENSIVE CARE UNITS"/ | critical care |
| exp MASKS/ | covid-19 |
| exp "PERSONAL PROTECTIVE EQUIPMENT"/ | Fluid OR FP3 |
| exp "RESPIRATORY PROTECTIVE DEVICES"/ | mask |
|  | novel coronavirus |
|  | number |
|  | quantity |
|  | SARS-COV-2 |

**Search Limits:** No limits

**Search Date:** 26/03/2020

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