Korea Report Book Cover

From the Korea Report and The Korea Report Appendix (Unofficial 1.0 English Version)

John Friedman Updated March 12th, 2020

# Quick Summary:

# Quick Tags for Stakeholders:

* (ADM) – For local administrators
* (DOC) – For health workers
* (HOS) – For health centers
* (TST) – For testing centers
* (EPI) – For epidemiologists
* (\*) – Quick summaries

# Korea Report

## Section 1:

* Pg. 7-8: Central Disease Control Headquarters (CDCH) Departments (GOV) (\*)
* Pg. 9: background on coronavirus (\*)
* Pg. 10: Coronavirus Disease 2019 (COVID-19) Related Information (\*)

## Section 2:

* Pg. 11: Response protocols (GOV) (\*)
* Pg. 12: Implementation protocol (GOV)
* Pg. 14-15: Division of Organization responsibilities (ADM)
* Pg. 15-16: Municipal COVID-19 Immediate Response Task Force (ADM)
* Pg. 17: Municipal COVID-19 Patient Management Task Force (ADM)

## Section 3: Case Definitions and Management Methods

* Pg. 18: Case definitions (\*) (EPI) (DOC)
* Pg. 19: Cases subject to reporting (\*)
* Pg. 19: laboratory testing fee subsidy
* Pg. 19: Close Contact Definitions (\*) (EPI) (DOC) (HOS)

### Management (Surveillance) Methods

* Pg. 20: Subject Monitoring (HOS)
* Pg. 20: Health Education (HOS)
* Pg. 20-21: Quarantine/Isolation Measures (\*) (HOS)
* Pg. 21: Clarification of high-risk group

## Section 4: Responding to Suspected Cases and Patients Under Investigation (PUI)

* Pg. 22: Suspected Case Flowchart (EPI) (HOS)
* Pg. 23: Patient Under Investigation (PUI) Flowchart (EPI) (HOS)
* Pg. 23 (Duplicate of Pg. 20 guidelines): Health education (ADM)
* Pg. 24: Principal agents for each step in managing suspected cases/PUI (ADM) (HOS)
* Pg. 24: basic guidance regarding transportation, health education (HOS)
* Pg. 24: However, if preemptive isolation is required among PUI due to pneumonia of unknown etiology or other reasons, health insurance will be applied to the hospital room fees for the isolation in addition to the testing costs
* Pg. 24-25: Laboratory test priority (ADM)

### Suspected Cases:

* Pg. 25: Recognition of symptoms of suspected case (HOS)
* Pg. 25-26: Reporting the suspected case (HOS)
* Pg. 26: Determine hospital isolation or home isolation depending on whether the patient belongs to high-risk groups and/or severity of symptoms (by Municipal COVID-19 epidemiologic investigator and Patient Management Task Force) (HOS)
* Pg. 26: Home isolation notification (HOS)
* Pg. 27: Guide to hospital isolation (HOS)
* Pg. 27-28: Discharge and Isolation Release of Suspected Cases (HOS)

### Patients Under Investigation (PUI)

* Pg. 28: Screening at Port of entry (HOS)
* Pg. 29: Reporting PUI (HOS)
* Pg. 30: Measures to Be Taken by Healthcare Facilities for PUI (HOS)

### Management of Screenees at COVID-19 Screening Centers (Public Health Centers):

* Pg. 30: Patient Admission (HOS)
* Pg. 30-31: Patient Evaluation (HOS)
* Pg. 31: Response Guidelines (HOS)

## Section 5: Response Guideline for Confirmed Cases

### Reporting Confirmed Cases and Deaths

* Pg. 32: Reporting (HOS)

### Isolation of Confirmed Cases

* Pg. 32-33: Isolation of Confirmed Cases (HOS)
* Pg. 33-35: Cases Not Requiring Hospital Isolation (HOS)
* Pg. 35: If hospital care/treatment is needed or expected for the home-isolated person (HOS)

### Epidemiological Investigation

* Pg. 35: case investigation (HOS) (EPI)
* Pg. 35-39: Contact Tracing (HOS) (EPI)
* Pg. 40-41: Work standards for health workers who have had contact with COVID-19 (HOS) (ADM)
* Pg. 41-43: Coronavirus Disease 2019 (COVID-19) practical guidance for healthcare facilities (ADM) (HOS)
* Pg. 43: Response Task Force daily report (ADM)
* Pg. 43-44: Facility management after exposure (ADM)
* Pg. 44: Transfer of patients due to closure of healthcare facility (ADM)
* Pg. 44-45: Data management (ADM)

### Release from Isolation

* Pg. 45: Criteria for Releasing Confirmed Cases From Isolation (\*) (HOS)
* Pg. 45-46: Discharge and management of the hospitalized and isolated patient (HOS)
* Pg. 46-47: Release from home isolation (HOS)
* Pg. 47: Close Contact Quarantine Release Criteria (HOS)

### Epidemic Control Measures

* Pg. 47-48: Measures (ADM)
* Pg. 48: Distribution of Forms Related to Epidemic Control Measures According to Relevant Regulations

## Section 6: Bed Allocation and Transfers

* Pg. 49: overview (\*)
* Pg. 49: If a soldier is infected
* Pg. 39: hospital guidelines for Severely ill patients, General ward, Patients awaiting hospitalization (HOS)
* Pg. 50: Patient Transportation (DOC)
* Pg. 50-51: Patient Transfer (DOC)

## Section 7: Management of Deceased Persons

* Pg. 52: Purpose
* Pg. 52: Principles
* Pg. 52-53: Scope and Responsibilities (HOS) (ADM)
* Pg. 53: Imminent Death guidelines (HOS)
* Pg. 53-54: Death (ADM)
* Pg. 54: Cremation and Funeral (ADM)
* Pg. 54-55: Responsibilities of local administration for death process (ADM)

## Section 8: Laboratory Testing Management

### Specimen Collection

* Pg. 56: Specimen Collection Site (ADM)
* Pg. 56-58: Specimen Type and Packaging (DOC)
* Pg. 59: Specimen collection precautions (DOC)
* Pg. 59: Who tests specimens for coronavirus (ADM)

### Specimen Transport

* Pg. 59: Specimen Transport Management (DOC)
* Pg. 59: Storage Conditions During Specimen Transport (DOC)
* Pg. 60: Precautions When Transporting Specimen (DOC)

### Conducting Tests

* Pg. 60: who processes the tests of quarantined patients (TST)
* Pg. 60: who processes the tests determine scope of infection (TST)
* Pg. 60: Guideline to perform second test, if patient tests positive (TST)

### Reporting Test Results

* Pg. 61: Reporting Test Results (TST)

## Section 9: Environmental Management

* Pg. 62: General Principles of Disinfection (DOC)
* Pg. 62-63: Preparation Before Disinfection (DOC)
* Pg. 63: Precautions During Disinfection (DOC)
* Pg. 64-65: Precautions After Disinfection (DOC)
* Pg. 65: Local administration disinfection measures (ADM)

## Forms:

* Pg. 67-90: forms

## Disclaimer & Contributors:

* Pg. 91