Takeaways from the Korea Report

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

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# Key Takeaways:

Tiered classification system:

* Confirmed case – Someone who has been tested and confirmed to have the virus
* Suspected case – Someone who has been in close contact with a confirmed case and develops a fever or respiratory symptoms.
* Patient under investigation (PUI) – Someone who has recently visited an area with an outbreak, and now has a fever or respiratory symptoms, or according to a doctor’s opinion.

Monitoring Suspected Cases & Patients Under Investigation:

* ‘Actively confirming existence/nonexistence of fever or respiratory symptoms twice a day by the subject’
  + If the subject moves, the responsibility passes to the next public health center
* Monitoring via a self-diagnosis app
* Monitor several times a day to make sure patients’ conditions do not suddenly worsen.
  + Advise patients to immediately inform the local public health center if symptoms worsen

Guidelines for Suspected Cases & Patients Under Investigation:

* Cohabitation guidelines
  + If subject lives with others, there is a set of instructions they should follow to minimize risk to cohabitants.
* Guidelines for self-monitoring

Waste disposal for self-isolating individuals:

* Guidelines for individuals to seal and disinfect waste.
* Designated waste bag left on doorstep
* Management personnel will collect and disinfect the waste from the doorstep, then store it in a special area.
* A designated collection/transport company must transport the waste to be incinerated within the day.

Clear path to a hospital:

* If a subject can drive/walk to the hospital on their own, they must wear PPE.
* If a subject requires help getting to a hospital, an ambulance should be provided.

Division of information and responsibilities:

* Patient Discharge:
  + If a patient is released from a hospital and requires further isolation, the local public health center should be informed.

Assume Testing might fail:

* If one test comes back positive, test again.
* If a test comes back negative, but the subject had contact with a confirmed case, isolation must be maintained for 14 days since last contact.
* When determining whether to discharge a patient, the patient should receive two PCR tests, 24 hours apart, that return negative

Screening at ports of entry:

* Monitor for unrecognized mild fever without respiratory symptoms
* Issue quarantine notices for people coming from hotspots, and actively monitor such people

Tracing Contacts:

* Within 24 hours the local health center should:
  + ‘Identify family members (including domestic partners) and close contacts’, and instruct them to self-isolate at home
  + Check if there were potential spread at nursing homes, community facilities, and homeless shelters.
    - Prioritize safety of hospitalized patients and health/social workers

Possible Exposure at a Community facility or Hospital:

* Varying degrees of response depending on type of a facility
  + For example, at a nursing home, temporarily replace workers with substitutes.

Reducing hospital load:

* Discharge symptomatic patients if no fever and improvement of clinical symptoms. Patient should return to self-isolation.

Bed Allocation:

* Prioritize high risk patients
* Separate the hospital into different wards
  + ‘Air-conditioning: Air supply should be sourced 100% from external air, instead of a mixed circulation method combining external air (30%) and internal air (70%)’
* Keep patients separated if possible

Management of the Deceased:

* Bodies should be cremated
  + With family consent, prior to the funeral

# Municipal Taskforce:

## Severity Classification Task Force

* Made up of doctors
* Identifies severity risk of local area

## Bed Allocation Task Force

* Find the availability and capacity of hospital beds, as well as hospital and medical resources in the given region.
* Multiple teams should ‘take a census of’
  + negative pressure rooms
  + single patient rooms,
  + **ICU beds and equipment**
  + Staff across both **public and private hospitals**
  + Institutions capable of extracorporeal membrane oxygenation, (continuous renal replacement therapy, and quantity of available devices
* Plan for immediate deployment of resources should the need arise.