**Additional file 3- Themes list -** Healthcare Provider Guideline

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| Themes / Sub-themes | | | South Korea | | | |
| Verbatum | Translation | | |
| Evaluation and testing | Screening criteria | | 1. 발열 (37.5°C 이상) 또는 호흡기증상 (기침, 인후통 등) 이 있으며 최근 14일 이내 중국 (홍콩, 마카오 포함) 을 방문한 자  2.발열 (37.5°C 이상) 또는 호흡기증상 (기침, 인후통 등)이 있으며 최근 14일 이내 확진환자와 밀접하게 접촉한 자  3. 의사의 소견에 따라 신종 코로나바이러스감염증이 의심되는 자  1) 기타 원인불명의 퍠렴 등으로 의사의 판단으로 입원치료가 필요한 자  2) 신종 코로나바이러스감염증 지역사회 유행국가를 여행한 후 14일 이내에 발열 또는 호흡기 증상(기침, 인후통 등)이 나타난 자  <제공: 코로나바이러스감염증-19 사례정의 및 신고 대상, 중앙방역대책본부, 2020.02.8>  Update version on April 02, 2020 is written in English, original text displayed in the translation section. | 1. Fever (37.5°C) or respiratory symptoms within 14 days after visiting China (including Hong Kong and Macau)  2. Patients with confirmed fever (37.5°C) or respiratory symptoms within 14 days of contact with the confirmed patient during the symptom occurrence period  3. Coronavirus infection is suspected, a clinician's judgement  1) Unknown cause of pneumonia, which requires hospitalization according to clinician's judgement  2) Fever (37.5°C) or respiratory symptoms appear within 14 days of visit to the country, region, or country of occurrence.  <Source: Coronavirus Disease-19, Central Disease Control Headquarters, February 8, 2020>  Updated: April 02, 2020  In accordance with the case definitions provided for in these guidelines, patients classified as suspected cases and Patients Under Investigation (PUI) may get tested.  ○ There is no need to get tested out of simple anxiety. We ask that you trust the expert advice of your physicians.  Suspected Cases  A person who develops a fever or respiratory symptoms (coughing, difficulty breathing, etc.) within 14 days of coming into contact with a confirmed patient  Patients Under Investigation  ① A person who is suspected of having the COVID-19 virus as per doctor’s diagnosis of pneumonia of unknown causes.  ② A person who develops a fever (37.5℃ and above) or respiratory symptoms (coughing, difficulty breathing, etc.) within 14 days of travelling overseas  ③ A person with an epidemiologic link to a collective outbreak of COVID-19 in Korea and develops a fever (37.5℃ and above) or respiratory symptoms (coughing, difficulty breathing, etc.) within 14 days.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters, April 02, 2020> | | |
| Screening center types | | 1. 국민안심병원 국민들이 코로나19 감염 불안을 덜고, 보다 안심하고 진료 받을 수 있는 안전한 병원체계를 구축  2. 드라이브 스루 검사소  3. 워크스루 검사소 (대규모 진료수, 하루 1000명 검사 가능)  <제공: 코로나바이러스감염증-19, 대한민국 방역체계, 중앙방역대책본부, 2020.02.25> | 1. Established Public Relief Hospital System that can protect and provide a safe hospital environment to patient from COVID-19  2. Dive-through screening clinic  3. Walk-through screening clinic (Large clinic for testing 1000 people per day  < Source: Coronavirus Disease-19, Central Disease Control Headquarters, February 25, 2020> | | |
| Screening system | Outpatient appointment guidance | | Original version is written in English, original text displayed in the translation section.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters, February 24, 2020> | Public Relief Hospitals’ provide segregated treatment for non-respiratory and respiratory patients in order to guarantee medical services to patients in general and prevent the virus from spreading.  Public Relief Hospitals are divided into two types – Type A hospitals have separate outpatient treatment areas for general patients and respiratory patients, while Type B hospitals not only have a separate outpatient area for respiratory patients, but also screening centers capable of collecting samples and dedicated wards for respiratory patients.  Also, the Korean government has permitted non-respiratory patients to receive counseling by phone and prescriptions by phone and by proxy to prevent infection within healthcare institutions.  Non-respiratory patients, such as hypertensive patients or patients with heart problems should go to the general outpatient area at a Public Relief Hospital. Patients with mild respiratory symptoms should go see a physician nearby or go to the respiratory outpatient area at a Public Relief Hospital.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters, February 24, 2020> | | |
| Cost support | Cost support (testing and treatment) | | 한국 정부는 국민들이 감염 예방에 적극 협조하고 생계에 지장을 받지 않도록, 확진환자는 입원 · 치료비, 의심환자 등의 진단검사비는 전액 건강보험 또는 국비로 지원합니다. 또한 자가격리자나 입원 대상자에 대해서는 생활지원비 또는 유급휴가비를 지원하고, 사망시에는 장례비를 지급합니다.<제공: 코로나바이러스감염증-19, 환자치료 및 관리, 중앙방역대책본부> | The Korean government is providing aid and compensation to further encourage the public to actively participate in infection prevention and minimize possible losses inflicted by the virus outbreak. Hospitalization and treatment expenses of confirmed cases and diagnostic testing expenses of suspected cases are entirely covered by National Health Insurance or government expenditure. It is also providing aid for living expenses for those put under self-isolation and awaiting hospitalization and paid leave expenses for their employers, providing aid for funeral expenses for deaths as well.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | | |
| Evaluation and testing | Confirmation of COVID-19 | | Original version is written in English, original text displayed in the translation section.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | Testing and screening: Novel Coronavirus genetic testing (PCR), virus separation  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | | |
| Triage protocols | Hospital admission criteria | | Original version is written in English, original text displayed in the translation section.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | To hospitalize patients with severe symptoms and provide appropriate treatment options to other confirmed cases, we are classifying patients based on severity and accommodating them at hospitals and living and treatment support centers accordingly  First, confirmed cases are diagnosed at public health centers, and healthcare specialists in city- and province-level patient management teams classify them based on severity (mild, moderate, severe, and extremely severe).  Moderate, severe, and extremely severe cases are immediately hospitalized for treatment (national infectious disease hospitals and other government-designated institutions for hospitalized treatment).  The Living Treatment Center is a quarantine facility mostly for mild or asymptomatic confirmed patients who have been discharged but find it difficult to get treatment at home. The patient will be monitored twice a day and immediately transported to a health care facility if the symptoms get worse. If the symptoms improve, the patient will be checked out in accordance with standards for lifting the quarantine.  Certain state-run facilities and accommodations in each city and province are designated as Living Treatment Centers and are supplied with medical staff, medical equipment (pulse oximetry device, thermometer, blood pressure monitor, CPR kit, chest X-ray radiograph, etc.), individual relief kits (underwear, toiletries, face masks, etc.), and hygiene kits (thermometer and medical supplies).  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | | |
| Infection control | Healthcare triage isolation | | Original version is written in English, original text displayed in the translation section.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | Public Relief Hospitals  Type A hospitals have separate outpatient treatment areas for general patients and respiratory patients, while Type B hospitals not only have a separate outpatient area for respiratory patients, but also screening centers capable of collecting samples and dedicated wards for respiratory patients.  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | | |
| Visitor access to healthcare facilities | | 방문객 통제  -보호자 외의 병문안 등 방문객 전면 통제  -국민안심병원 입원실, 응급실은 보호자 외의 방문객을 전면 통제  환자 보호자는 불가피한 경우에 1명만 -출입이 가능하고, 출입자 명부 작성 등 절차를 거친 뒤에 입원실 또는 응급실 출입  -보호자는 손씻기, 기침 예절 등 감염예방 수칙 준수토록 안내하고 화장실 안내 및 손세정제 비치.<제공: 코로나바이러스감염증-19,중앙방역대책본부> | Visitor control  - All visitation is strictly controlled, and visitors are restricted when entering a hospital.  - The Public Relief Hospital have full control of all visitors to the inpatient ward or emergency care unit. If it is necessary to enter inpatient ward or emergency care unit, only a guardian can enter.  - Guardians should be guided on how to prevent the infection, such as washing their hands. (hand sanitizer should be ready for use)  < Source: Coronavirus Disease-19, Central Disease Control Headquarters> | | |
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| Themes / Sub-themes | | | **Brazil** | | | |
| Verbatum | | Translation | |
| Evaluation and testing | Screening criteria | | 1. sintomas de infecção respiratória (por exemplo, tosse, coriza, dificuldade para respirar)  2. ou contato com possíveis pacientes com o novo coronavírus (SARS-CoV-2)." (Source: nota tecnica 04/2020[technical note 04/2020])  3. Viagem nos últimos 14 dias para o exterior? (Source: Fluxograma de hosp de referencia para demanda espontanea) | | 1. Symptoms of respiratory infection (for example, cough, runny nose, difficulty breathing)  2. Contact with possible patients with the new coronavirus (SARS-CoV-2).  3. Travel abroad in the last 14 days? | |
| Screening center types | | The Health Ministry issued guidelines towards multiple healthcare facilities of the Brazil's Unified Public Health System (SUS) | | Healthcare facilities from the Brazil's Unified Public Health System (SUS) | |
| Screening system | Outpatient appointment guidance | | Ao agendar consultas ambulatoriais, questione se os pacientes apresentam sintomas de infecção respiratória (por exemplo, tosse, coriza, dificuldade para respirar).  Esses pacientes devem ser orientados, caso seja possível, o adiamento da consulta após a melhora dos sintomas." | | When scheduling outpatient appointments, ask if patients have symptoms of respiratory infection (for example, cough, runny nose, difficulty breathing). These patients should be advised, if possible, to postpone the consultation after the symptoms improve."(Source: nota tecnica 04/2020[technical note 04/2020]) | |
| Cost support | Cost support (testing and treatment) | | Seção II, Art. 196. A saúde é direito de todos e dever do Estado, garantido mediante políticas sociais e econômicas que visem à redução do risco de doença e de outros agravos e ao acesso universal e igualitário às ações e serviços para sua promoção, proteção e recuperação. (Source: CONSTITUIÇÃO DA REPÚBLICA FEDERATIVA DO BRASIL DE 1988)  Art. 3o Os recursos do FNS[Fundo Nacional de Saúde], observado o disposto no art. 2o da Lei no 8.142, de 1990, destinam-se a prover:  I - despesas correntes e de capital do Ministério da Saúde, seus órgãos e suas entidades, da administração direta e indireta, integrantes do SUS;  II - transferências para a cobertura de ações e serviços de saúde destinadas a investimentos na rede de serviços, à cobertura assistencial e hospitalar e às demais ações de saúde do SUS a serem executados de forma descentralizada pelos Estados, pelo Distrito Federal e pelos Municípios;  III - financiamentos destinados à melhoria da capacidade instalada de unidades e serviços de saúde do SUS;  IV - investimentos previstos no plano plurianual do Ministério da Saúde e na Lei Orçamentária Anual;  V - outras despesas autorizadas pela Lei Orçamentária Anual. (Source: DECRETO Nº 3.964, DE 10 DE OUTUBRO DE 2001.) | | Section II, Art. 196. Health is the right of all and the duty of the State, guaranteed through social and economic policies aimed at reducing the risk of illness and other diseases and universal and equal access to actions and services for its promotion, protection and recovery. (Source: CONSTITUTION OF THE FEDERATIVE REPUBLIC OF BRAZIL 1988)  Art. 3 The resources of the FNS [National Health Fund], subject to the provisions of art. 2 of Law 8,142, of 1990, are intended to provide:  I - current and capital expenditures of the Ministry of Health, its organs and entities, of the direct and indirect administration, members of SUS;  II - transfers to cover health actions and services aimed at investments in the service network, healthcare and hospital coverage and other SUS health actions to be carried out in a decentralized manner by the States, the Federal District and the Municipalities;  III - financing aimed at improving the installed capacity of SUS health units and services;  IV - investments provided for in the Ministry of Health's multi-annual plan and in the Annual Budget Law;  V - other expenses authorized by the Annual Budget Law | |
| Evaluation and testing | Confirmation of COVID-19 | | CASOS CONFIRMADOS POR CRITÉRIO LABORATORIAL:caso suspeito de SG ou SRAG com teste de:Biologia molecular (RT-PCR em tempo real, detecção do vírus SARS-CoV2, Influenza ou VSR):oDoença pelo Coronavírus 2019:com resultado detectável para SARS-CoV2.oInfluenza:com resultado detectável para Influenza.oVírus Sincicial Respiratório:com resultado detectável para VSR.Imunológico (teste rápido ou sorologia clássica para detecção de anticorpos):oDoença pelo Coronavírus 2019:com resultado positivo para anticorpos IgM e/ou IgG. Em amostra coletada após o sétimo dia de início dos sintomas.POR CRITÉRIO CLÍNICO-EPIDEMIOLÓGICO:caso suspeito de SG ou SRAG com:Histórico de contato próximo ou domiciliar, nos últimos 7 dias antes do aparecimentodos sintomas, com caso confirmado laboratorialmente para COVID-19 e para o qual não foi possível realizar a investigação laboratorial específica.CASO DESCARTADO DE DOENÇA PELO CORONAVÍRUS 2019 (COVID-2019)Caso suspeito de SG ou SRAG com resultado laboratorial negativo para CORONAVÍRUS (SARS-COV-2 não detectável pelo método de RT-PCR em tempo real), considerando a oportunidade da coletaOUconfirmação laboratorial para outro agente etiológico. (Source: Diretrizes para Diganóstico de Tratamento da COVID-19) | | CASES CONFIRMED BY LABORATORY CRITERIA: suspected case of SG or SRAG with a test of: Molecular biology (RT-PCR in real time, detection of SARS-CoV2, Influenza or VSR): o Coronavirus 2019: with detectable result for SARS- CoV2.oInfluenza: with detectable result for Influenza. Respiratory Syncytial Virus: with detectable result for RSV. • Immunological (rapid test or classic serology for antibody detection): o Coronavirus 2019: with positive result for IgM and / or IgG antibodies. In a sample collected after the seventh day of symptom onset. BY CLINICAL-EPIDEMIOLOGICAL CRITERIA: suspected case of SG or SRAG with: History of close or home contact, in the last 7 days before the onset of symptoms, with a laboratory confirmed case for COVID-19 and for which it was not possible to carry out the specific laboratory investigation. DISCARDED DISEASE BY CORONAVIRUS 2019 (COVID-2019) Suspected case of SG or SRAG with negative laboratory result for CORONAVIRUS (SARS-COV-2 not detectable by the RT- Real-time PCR), considering the opportunity of collecting OR laboratory confirmation for another etiologic agent. (Source: COVID-19 Treatment Diagnostic Guidelines) | |
| Triage protocols | Hospital admission criteria | | Realizar avaliação médica pós coleta (Source:Fluxograma para atendimento e detecção precoce de COVID-19 em hospital de referência para indivíduos por demanda espontânea) | | Perform post-collection medical evaluation | |
| Infection control | Healthcare triage isolation | | Identifique um espaço separado e bem ventilado que permita que os pacientes sintomáticos em espera fiquem afastados e com fácil acesso a suprimentos de higiene respiratória e higiene das mãos.  Estes pacientes devem permanecer nessa área separada até a consulta ou encaminhamento para o hospital (caso seja necessária a remoção do paciente).  (Source: nota tecnica 04/2020[technical note 04/2020]) | | Identify a separate, well-ventilated space that allow symptomatic waiting patients to stay away [from each other] and easily access to respiratory hygiene and hand hygiene supplies. These patients should remain in that separated area until consultation or referral to the hospital (if removal of the patient is necessary). | |
| Visitor access to healthcare facilities | | Considerando-se a pandemia da Covid-19 e com o objetivo de garantir segurança no atendimento aos pacientes, a integridade dos acompanhantes, visitantes e trabalhadores do serviço de saúde, assim como a prevenção de infecções, orienta-se: •Em serviços de saúde estabelecidos como referência ou retaguarda para atendimento aos pacientes com Covid-19, suspender as visitas sociais a estes pacientes. Caso o serviço não possua fluxo diferenciado para circulação dos demais pacientes e acompanhantes, recomenda-se a suspensão de todas as visitas. •Caso o serviço de saúde opte por manter uma rotina de visitas, deve-se reduzir a circulação das pessoas, o número de visitantes e estabelecer horários para sua realização, além de designar sala de espera ampla e ventilada separada dos demais atendimentos. •Conversar com a família sobre a possibilidade de se manter um único acompanhante para o paciente durante o período de internação sendo este com idade entre 18 e 59 anos, sem doenças crônicas ou agudas. Ressalta-se que acompanhantes com faixa etária de risco maior para a Covid-19 ou com antecedentes de doenças crônicas/imunossupressão não devem estar na condição de acompanhantes. •Proibir acompanhantes para os pacientes com síndrome gripal (exceto em condições previstas por lei: crianças, idosos e portadores de necessidades especiais). •Evitar a entrada de acompanhantes/visitantes com sintomas respiratórios. •Recomenda-se evitar visitas e acompanhantes a pacientes em unidade de terapia intensiva (UTI); Revezamentos de acompanhantes somente se necessário. •Visitantes ou acompanhantes deverão evitar contato direto com o paciente. Caso seja necessário e haja possibilidade de contato com fluidos corporais, deverão ser fornecidas luvas e orientar higiene das mãos sempre que tocar o paciente.•Solicitar a saída do acompanhante do quarto/enfermaria em caso de procedimentos geradores de aerossol. •Seguir rigorosamente as principais medidas preventivas do Ministério da Saúde: lavar as mãos com água e sabão, na sua ausência, usar álcool em gel a 70%; cobrir nariz e boca com lenço descartável ao tossir ou espirrar – quem não o tiver, deve usar o antebraço como barreira, e não as mãos, para evitar tocar em locais que possam contaminar outras pessoas; evitar aglomerações; manter os ambientes bem ventilados; e não compartilhar objetos pessoais.Importante: Cada serviço de saúde tem autonomia para orientações específicas, considerando suas características próprias e as recomendações supracitadas de acordo com as orientações da Comissão de Controle de Infecção Hospitalar (CCIH). (Source:Protocolo de Manejo Clinico da COVID-19 na Atenção Especializada) | | Considering the Covid-19 pandemic and with the objective of guaranteeing safety in patient care, the integrity of the companions, visitors and health service workers, as well as the prevention of infections, is oriented: • In health services established as a reference or rearguard for care for patients with Covid-19, suspend social visits to these patients. If the service does not have a different flow for circulation of other patients and companions, it is recommended to suspend all visits. • If the health service chooses to maintain a routine of visits, it is necessary to reduce the circulation of people, the number of visitors and establish timetables for their performance, in addition to designating a large and ventilated waiting room separate from other services. • Talk to the family about the possibility of keeping a single companion for the patient during the hospitalization period, aged between 18 and 59 years, without chronic or acute illnesses. It should be noted that companions with a higher risk age group for Covid-19 or with a history of chronic diseases / immunosuppression should not be in the condition of companions. • Prohibit companions for patients with the flu syndrome (except under legal conditions: children, the elderly and people with special needs). • Avoid the entry of companions / visitors with respiratory symptoms. • It is recommended to avoid visits and companions to patients in the intensive care unit (ICU); Accompanying relays only if necessary. • Visitors or companions should avoid direct contact with the patient. If necessary and there is a possibility of contact with body fluids, gloves and hand hygiene should be provided whenever the patient is touched • Request the companion to leave the room / ward in case of aerosol generating procedures. • Strictly follow the main preventive measures of the Ministry of Health: wash your hands with soap and water, in your absence, use 70% gel alcohol; cover nose and mouth with disposable handkerchief when coughing or sneezing - those who do not have it should use their forearms as a barrier, not their hands, to avoid touching places that could contaminate other people; avoid agglomerations; maintain well-ventilated environments; and not sharing personal objects. Important: Each health service has autonomy for specific guidelines, considering its own characteristics and the above recommendations according to the guidelines of the Hospital Infection Control Commission (CCIH).  (Source: COVID-19 Clinical Management Protocol in Specialized Care) | |
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| Themes / Sub-themes | | | **China** | | | |
| Verbatum | Translation | | |
| Evaluation and testing | Screening criteria | | 1. 流行病学史  1）发病前14天内有武汉市及周边地区，或其他有病例报告社区的旅行史或居住史  2）发病前14天内与新冠病毒感染者（核酸检测阳性）有接触史  3）发病前14天内曾接触过来自武汉市及周边地区，或来自有病历报告社区的发热或有呼吸道症状的患者  4）聚集性发病。两周内在小范围内，如家庭，办公室，学校班级等场所，出现两例及以上发热和呼吸道症状的病历。  2. 临床表现  1）发热或呼吸道症状  2）具有新型冠状病毒肺炎影像学特征  3）发病早期白细胞总数正常或降低， 淋巴细胞计数减少  \*有流行病学史中的任何一条，且符合临床表现中的任意两条。或无明确流行病学史，符合临床表现中的三条。  《国家卫生健康委办公厅》印发《新型冠状病毒肺炎防控方案》第六版 | Epidemiological History  1. Have travel history to Wuhan and its surrounding areas, or to communities which have infected cases reported within 14 days before the onset of the disease  2. Have a history of contact with those infected with Covid-19 (those with a positive NAT result) within 14 days before the onset of the disease;  3. Have a history of contact with patients with respiratory symptoms or fever within 14 days before the onset of the disease  4. Disease clustering (2 or more cases with fever and/or respiratory symptoms occur at such places as homes, offices, school classrooms, etc. within 2 weeks).  Clinical Manifestations  1. Have fever or respiratory symptoms.  2. The patient has the following CT imaging features of COVID-19: multiple patchy shadows and interstitial changes occur early, particularly at the lung periphery. The conditions further develop into multiple ground-glass opacities and infiltrates in both lungs. In severe cases, the patient may have lung consolidation and rare pleural effusion;  3. The white blood cells count in the early stage of the disease is normal or decreased, or the lymphocyte count decreases overtime.  \* Coincide with one item of epidemiological section and at least with two items of clinical section; Or match all three items of clinical section and no item of epidemiological section.  Source: <COVID-19 prevention and control plan> given by the General Office of the National Health Commission (6th edition) | | |
| Screening center types | | 1. 当地医院，社区诊所，军队医院  2. 当地疾病防控中心  3. 第三方测试机构 | 1. Healthcare Facilities (Public hospitals, Community hospitals, Military hospitals)  2. Local Quarantine Station and Center for Disease Control  3. Third Testing Organization | | |
| Screening system | Outpatient appointment guidance | | (1)原则上尽可能少去或不去医院,除非必须立即就医的急症、危重症患者。如果必须去就医,应就近选择能满足需求的、门诊量较少的医疗机构;如果必须去医院,公众只做必须的、急需的医疗检查和医疗操作,其他项目和操作尽可能择期补做;如果可以选择就诊科室,尽可能避开发热门诊、急诊等诊室。  (2)若需前往医院,尽可能事先网络或电话了解拟就诊医疗机构情况,做好预约和准备,熟悉医院科室布局和步骤流程,尽可能减少就诊时问。  (3)前往医院的路上和在医院内,患者与陪同家属均应该全程佩戴一次性使用医用口罩。  (4)如果可以,应避免乘坐公共交通工具前往医院。  (5)随时保持手卫生,准备便携含酒精成分的免洗手消毒剂。在路上和医院时,人与人之间尽可能保持距离(至少1米)。  (6)若路途中污染了交通工具,建议使用含氯消毒剂和过氧乙酸消毒剂,对所有被呼吸道分泌物或体液污染的表面进行消毒。  (7)尽量避免用手接触口、眼、鼻,打喷嚏或咳嗽时用纸巾或肘部遮住口、鼻。  (8)接触医院门把手、门帘、医生白大衣等医院物品后,尽量使用手部消毒液,如果不能及时手部消毒,不要接触口、眼、鼻。医院就诊过程中,尽可能减少医院停留时间。  (9)患者返家后,立即更换衣服,流水认真洗手,衣物尽快清洗。  (10)若出现可疑症状(包括发热、干咳、乏力、鼻塞、流涕、咽痛、肌痛和腹泻等症状),根据病情及时就诊,并向接诊医师告知过去2周的活动史。  <中国疾病预防控制中心> <http://www.chinacdc.cn/jkzt/crb/zl/szkb_11803/> | 1. Generally, avoid visiting hospital as possible as you can, unless emergency occurs. Choose the nearby medical care center with fewer traffic, if medical service required. Only take the essential and necessary medical services in hospital, supplementary tests and complementary treatments shall be implemented in future. Make appointment with specialty if possible, avoid visiting the ER and fever clinics for help.  2. Make appointment online or make a phone call to get the knowledge of the hospital situation ahead of arrival. Be familiar with the hospital layout and visit procedure for the purpose of diminish the total time of visit.  3. Both the patient and company must wear face mask on the way to the hospital, and during the hospital visit.  4. Avoid taking public transportation to go to hospital, if possible.  5. Carry the alcohol-based hand sanitizer to keep good hand hygiene anytime. Keep at least 1-meter distance with others while on the road and in hospital.  6. If the vehicle gets contaminated, disinfect the surface that has been contaminated by body fluids or discharge, via using either chlorine-containing disinfectant or peracetic acid disinfectants.  7. Do not touch your mouth, eyes and nose by hands. Use elbow or tissue to cover your mouth when you sneeze.  8. Use hand sanitizer after touching the door noob, curtain and doctor's white coat in hospital. If you cannot sanitize hands, do not touch your face. Diminish the total time of staying in hospital.  9. Change cloth, wash hands carefully after the patient get back home. Laundry the contaminated cloth asap.  10. If any suspicious symptoms occur (include fever, dry cough, fatigue, nasal congestion, running nose, sore throat, muscle pain, diarrhea, etc.), visit hospital in time and report your activity history of past 2 weeks to your doctor.  Source: <Chinese Center for Disease Control and Prevention>  <http://www.chinacdc.cn/jkzt/crb/zl/szkb_11803/> | | |
| Cost support | Cost support (testing and treatment) | | 国家医疗保障局、财政部联合印发《关于做好新型冠状病毒感染的肺炎疫情医疗保障的通知》,明确规定对确诊为新型冠状病毒肺炎患者发生的医疗费用,实施综合保障,个人负担部分由财政给予补助。《关于做好新型冠状病毒感染的肺炎疫情医疗保障作的补充通知》要求,疑似患者(含异地就医患者)发生的医疗费用,个人负担部分由就医地制定财政补助政策并安排资金,实施综合保障,中央财政视情况给予适当补助.  <国家财政部>，<国家财政局>联合印发  <http://www.gov.cn/xinwen/2020-01/30/content_5473177.htm> | National Healthcare administration and National Treasury jointly post the <Notice about the Covid-19 epidemic medical care>. It explicitly stipulates that the medical cost for individual payment can be subsidized by authority, once the patient be confirmed infection. <Supplementary Notice about the Covid-19 epidemic medical care> requires that the medical cost for individual payment can be subsidized base on the subsidy policy of local area, for all suspicious patients. And the central government will attribute appropriately.  <National Healthcare Security Administration> & <National Treasury> post jointly  <http://www.gov.cn/xinwen/2020-01/30/content_5473177.htm> | | |
| Evaluation and testing | Confirmation of COVID-19 | | 符合疑似病例标准的基础上， 具备以下病原学证据之一，可以确诊：  1. 实时荧光RT-PCR 检测新型冠状病毒核酸阳性。  2. 病毒基因测序， 与已知的新型冠状病毒高度同源  《国家卫生健康委办公厅》印发《新型冠状病毒肺炎防控方案》第六版 | Confirmation Criteria:  1. The Real-Time fluorescence- PCR shows positive result on Covid-19 nucleic acid  2. Virus gene sequencing. The result is highly homologous with Covid-19 gene sequence.  Source: <COVID-19 prevention and control plan> given by the General Office of the National Health Commission | | |
| Triage protocols | Hospital admission criteria | | Not indicated on the government guidelines.  This information is not indicated on the guideline, however, a published article, which cited all different resources from government information, mentioned ‘Chinese policy makers decided against home isolation of patients with mild to moderate COVID-19’.  Graphical user interface, text, application, email  Description automatically generated  Source: <Chen, S., Zhang, Z., Yang, J., Wang, J., Zhai, X., Bärnighausen, T., & Wang, C. (2020). Fangcang shelter hospitals: a novel concept for responding to public health emergencies. *The Lancet*.> | | | |
| Infection control | Healthcare triage isolation | | 1）医疗机构应设相对独立的发热门诊，医院入口处有发热门诊专用单向通道且有明显标识；  2）人员流向按照“三区两通道”原则，设有污染区、潜在污染区、清洁区，分区明确，污染区与潜在污染区之间设置两个缓冲区；  3）设置独立污物通道；设置可视传递间进行办公区（潜在污染区）向隔离病房（污染区）的单向物品传递；  4）应制定医务人员穿脱防护用品的流程、按区域步骤制作流程图和配置穿衣镜，严格遵守行走路线；  5）配备感染防控技术人员督导医务人员防护用品的穿脱，防止污染；  6）在污染区的所有物品未经消毒处理，不得带离污染区域。  7）设置独立的检查室、化验室、留观室、抢救室、药房、收费处等；  8）设置预检分诊处，对患者做好初步筛查；  9）对诊疗区域进行分区：有流行病学接触史且伴有发热及或呼吸道症状，进入新冠疑似区域；无明确流行病学接触史的进入普通发热患者区域。  10）疑似患者和确诊患者分病区安置；  11）疑似患者单人单间，病室内配备有独立卫生间等生活设施，确保患者活动范围固定于隔离病室内；  12）确诊患者可同病室安置，床间距≥1.2米，病室内配备有独立卫生间等生活设施，确保患者活动范围固定于隔离病室内。  <新冠肺炎防治手册> 浙江大学医学院附属第一医院临床经验 | (1) Healthcare facilities shall set up a relatively independent fever clinic including an exclusive one-way passage at the entrance of the hospital with a visible sign;  (2) The movement of people shall follow the principle of "three zones and two passages": a contaminated zone, a potentially contaminated zone and a clean zone provided and clearly demarcated, and two buffer zones between the contaminated zone and the potentially contaminated zone;  (3) An independent passage shall be equipped for contaminated items; set up a visual region for one-way delivery of items from an office area (potentially contaminated zone) to an isolation ward (contaminated zone);  (4) Appropriate procedures shall be standardized for medical personnel to put on and take off their protective equipment. Make flowcharts of different zones, provide full-length mirrors and observe the walking routes strictly;  (5) Infection prevention and control technicians shall be assigned to supervise the medical personnel on putting on and removing protective equipment so as to prevent contamination;  (6) All items in the contaminated zone that have not been disinfected shall not be removed.  (7) Set up an independent examination room, a laboratory, an observation room, and a resuscitation room;  (8) Set up a pre-examination and triage area to perform preliminary screening of patients;  (9) Separate diagnosis and treatment zones: those patients with an epidemiological history and fever and/or respiratory symptoms shall be guided into a suspected COVID-19 patient zone; those patients with regular fever but no clear epidemiological history shall be guided into a regular fever patient zone.  (10) Suspected and confirmed patients shall be separated in different ward areas;  (11) Suspected patients shall be isolated in separated single rooms. Each room shall be equipped with facilities such as a private bathroom and the patient's activity should be confined to the isolation ward;  (12) Confirmed patients can be arranged in the same room with bed spacing of not less than 1.2 meters (appx 4 feet). The room shall be equipped with facilities such as a bathroom and the patient's activity must be confined to the isolation ward.  Source: Liang, Tingbo. "Handbook of COVID-19 prevention and treatment." *The First Affiliated Hospital, Zhejiang University School of Medicine. Compiled According to Clinical Experience* (2020). | | |
| Visitor access to healthcare facilities | | 谢绝家属探视和陪护，患者可携带电子通信设备与外界沟通 | Family visits and care shall be declined. Patients should be allowed to keep  electronic communication devices to facilitate interactions with others; | | |
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| Themes / Sub-themes | | | **U.S.A.** | | | |
| Evaluation and testing | Screening criteria | | As of March 24th  Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever (may be subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).  Priorities for testing include (in order from biggest priority to least):  1. Ensuring optimal care for all hospitalized patients with symptoms and systematic healthcare workers who have been exposed to maintain the integrity of the healthcare system  2. Ensure that those who are at highest risk of complications of infection are rapidly ID'd and appropriately triaged (patients 65+ with symptoms, patients with underlying conditions)  3. As resources allow, test individuals with symptoms in communities with rapid spread and increasing hospital cases  4. Individuals without symptoms  Source: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html | | | |
| Screening center types | | As of April 5th  1. Healthcare Facilities (public health, commercial, and healthcare system/academic laboratories using an Emergency Use Authorization authorized test)  2. Drive Through Screening Clinics  Source: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-testing-sars-cov-2 | | | |
| Screening system | Outpatient appointment guidance | | As of March 19th  1. When scheduling appointments for routine medical care (e.g., annual physical, elective surgery), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever )  2. When scheduling appointments for patients requesting evaluation for a respiratory infection or COVID-19, use nurse directed triage protocols to determine if appointment is necessary or if patient can be managed from home.  3. If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection and to take appropriate preventive actions (e.g., follow triage procedures, wear a facemask upon entry and throughout their visit).  Additional Considerations:  -Cancel group healthcare activities (e.g., group therapy, recreational activities).  -Postpone elective procedures, surgeries, and non-urgent outpatient visits.  Update April 13th:  When scheduling appointments for routine medical care (e.g., annual physical, elective surgery), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop fever or symptoms of COVID-19 on the day they are scheduled to be seen. Advise them that they should put on their own cloth face covering, regardless of symptoms, before entering the facility.  Additional Considerations:  Implement alternatives to face-to-face triage and visits.  Cancel group healthcare activities (e.g., group therapy, recreational activities).  Postpone elective procedures, surgeries, and non-urgent outpatient visits.  Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html | | | |
| Cost support | Cost support (testing and treatment) | | Coronavirus Preparedness and Response Appropriations Act  -Signed into law on March 6, 2020  -Provides $8.3 billion in total funding  -$2.2 billion to the CDC to prevent, prepare for, and respond to coronavirus  Source: https://www.cdc.gov/cpr/readiness/funding-covid.htm | | | |
| Evaluation and testing | Confirmation of COVID-19 | | As of April 7th:  Test positive (currently 95 public health labs using CDC developed rRT-PCR test, commercial manufacturers now producing own tests) (CDC situation summary and Cases/Testing in US)  (as of March 14, 2020, public health laboratories using CDC assay are no longer required by FDA to submit samples to CDC for confirmation.)  Update as of April 14th:  Reported case counts and death counts on CDC website updated to include both confirmed and probably cases. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020: (https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/Interim-20-ID-01\_COVID-19.pdf)  Confirmed case: person had confirmatory laboratory evidence  Probable case: person either  a.) met clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19  OR b.) met presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence  OR c.) met vital records criteria with no confirmatory laboratory testing performed for COVID-19).    Definition of confirmed and probable: https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html  Source: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> | | | |
| Triage protocols | Hospital admission criteria | | As of March 30th:  Patients with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and many patients will be able to manage their illness at home. The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and the ability of the patients to self-isolate at home. Patients with risk factors for severe illness should be monitored closely given the possible risk of progression to severe illness in the second week after symptom onset.  Some patients with COVID-19 will have severe disease requiring hospitalization for management. Complications of severe COVID-19 include pneumonia, hypoxemic respiratory failure/ARDS, sepsis and septic shock, cardiomyopathy and arrhythmia, acute kidney injury, and complications from prolonged hospitalization including secondary bacterial infections.  Inpatient management of COVID-19 revolves around the supportive management of the most common complications of severe COVID-19: pneumonia, hypoxemic respiratory failure/ARDS, shock, multiorgan failure, and the complications associated with prolonged hospitalization including secondary nosocomial infection, thromboembolism, gastrointestinal bleeding, and critical illness polyneuropathy/myopathy.  Update as of April 3rd:  Patients with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and many patients will be able to manage their illness at home. The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and the ability of the patient to self-isolate at home. Patients with risk factors for severe illness should be monitored closely given the possible risk of progression to severe illness in the second week after symptom onset.  Some patients with COVID-19 will have severe disease requiring hospitalization for management. Inpatient management revolves around the supportive management of the most common complications of severe COVID-19: pneumonia, hypoxemic respiratory failure/ARDS, sepsis and septic shock, cardiomyopathy and arrhythmia, acute kidney injury, and complications from prolonged hospitalization including secondary bacterial infections, thromboembolism, gastrointestinal bleeding, and critical illness polyneuropathy/myopathy  Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html> | | | |
| Infection control | Healthcare triage isolation | | As of March 19th:  Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.  Consider establishing triage stations outside the facility to screen patients before they enter.  Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.  Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.  In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.  Additional considerations: Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.  Update April 13th  1. Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage personnel and potentially infectious patients.  2. Consider establishing triage stations outside the facility to screen individuals before they enter.  3. Isolate patients with symptoms of COVID-19 in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.  4. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.  In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.  Additional considerations: Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever patients with fever or COVID-19 symptoms can seek evaluation and care.  Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> | | | |
| Visitor access to healthcare facilities | | March 19th:  -Visitors must be passively screened for symptoms of acute respiratory illness before entering the healthcare facility  -post visual alerts advising visitors not to enter facility when ill  -inform visitors about appropriate PPE and hand hygiene according to current facility visitor policy (limiting surfaces touched, use PPE while in patient's room)  -limit visitors to the most vulnerable patients (e.g. oncology and transplant wards)  -encourage use of alt. mechanisms for patient/visitor interactions (video-call applications)  -visitors should not be present during aerosol generating procedures or other specimen collection procedures  -visitors should be instructed to only visit the patient room and should not go to other locations in facility  Update April 13th  -Limit visitors to the facility to only those essential for the patient’s physical or emotional well-being and care (e.g., care partners)  -Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.  -Limit points of entry to the facility and visitation hours to allow screening of all potential visitors.  -Actively assess all visitors for fever and COVID-19 symptoms upon entry to the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility.  -Establish procedures for monitoring, managing, and training all visitors, which should include:  ---All visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their visit to the patient’s room or other area designated by the facility.  ---Informing visitors about appropriate PPE use according to current facility visitor policy.  -If visitation to patients with COVID-19 occurs, visits should be scheduled and controlled to allow for the following:  ---Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.  ---Facilities should provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.  ---Visitors should not be present during AGPs or other procedures.  ----Visitors should be instructed to only visit the patient room. They should not go to other locations in the facility.  Source: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> | | | |
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| Themes / Sub-themes | | | **UK** | | | |
| Evaluation and testing | Screening criteria | | There is no community testing of the public for SARS2-COV as of April 9th, 2020.  COVID-19 symptoms criteria for screening and reporting.  2.1 Patients who meet the following criteria (inpatient definition)  requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)  and have either clinical or radiological evidence of pneumonia or acute respiratory distress syndrome or influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing  Note: Clinicians should consider testing inpatients with new respiratory symptoms or fever without another cause or worsening of a pre-existing respiratory condition.  2.2 Patients who meet the following criteria and are well enough to remain in the community  new continuous cough and/or high temperature  Individuals with cough or fever should now stay at home. Those staying at home are not prioritized for testing.  Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.  Alternative clinical diagnoses and epidemiological risk factors should be considered.  <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection> Accessed 1st April 2020 @16:45Hrs | | | |
| Screening center types | | Testing is confined to NHS facilities and pop up drive through sites such as Chesington World of Adventures (Theme Park) in Surrey.  These facilities are not open to the public but are reserved for NHS staff and their household member who are symptomatic only.  22nd April No change in screening criteria  <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection> Accessed 27th April 2020 @12:25Hrs | | | |
| Screening system | Outpatient appointment guidance | | Outpatient appointments are to be virtual via phone clinics or video clinics where appropriate.  COVID patients are instructed not to present at hospital (there are no outpatient clinics for COVID patients 09 April 2020). Patients with COVID symptoms are instructed to self-isolate at home.  22nd April No change  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf> Accessed 27th April 2020 @12:00 Hrs | | | |
| Cost support | Cost support (testing and treatment) | | The UK Government has committed £5 Billion to address coronavirus with a pledge to fund the NHS with whatever it needs. **22nd April update** All healthcare expenses relating to COVID19 are covered by the NHS as they have been since the beginning of the pandemic.  <https://www.nhs.uk/using-the-nhs/nhs-services/visiting-or-moving-to-england/visitors-who-do-not-need-pay-for-nhs-treatment/> Accessed 27th April 2020 @12:39Hrs | | | |
| Evaluation and testing | Confirmation of COVID-19 | | A COVID19 positive test post swabbing (PCR) is required to be considered. Clinical symptoms and CxR findings alone are not enough.  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-management-of-persons-admitted-to-hospita-v1-19-march-2020.pdf> | | | |
| Triage protocols | Hospital admission criteria | | Only patients who meet the following criteria are admitted 2.1 Patients who meet the following criteria are only tested once they are on a ward as an inpatient. Currently the NHS Trusts are still trying to work to the National four hour target to be admitted from the ED. (This depends on availability of beds, delays in patients not being stable enough to transfer, a duty of Pt and internal communication issues). (inpatient definition)  • requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)  and  • have either clinical or radiological evidence of pneumonia  or  • acute respiratory distress syndrome  or  • influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing  Note: Clinicians should consider testing inpatients with new respiratory symptoms or fever without another cause or worsening of a pre-existing respiratory condition. (Patients are not swabbed prior to admission and a bed on a ward, swabbing is not performed in the ED.)  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/clinical-management-of-persons-admitted-to-hospita-v1-19-march-2020.pdf> Accessed 1st April 2020 @16:00 Hrs | | | |
| Infection control | Healthcare triage isolation | | Clinicians should:  implement infection prevention and control measures whilst awaiting test results, including isolation and cohorting of patients in line with your Trust seasonal influenza operational plan  assess individuals in a single occupancy room  wear personal protective equipment (PPE) - as a minimum, this should be a fluid resistant surgical mask, single use disposable apron and gloves and eye protection if blood and or body fluid contamination to the eyes or face is anticipated. If a patient meeting the case definition undergoes an aerosol generating procedure, then a FFP3 respirator, long-sleeved disposable fluid-repellent gown, gloves, and eye protection must be worn; refer to infection prevention and control (IPC) guidance and PPE guidance  ask the patient to wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if they are in a clinical or communal area or are being transported if the patient can tolerate it. The aim of this is to minimize the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A FRSM should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable. 3.1 Isolation  Ensure the patient is placed in respiratory isolation or within a specified cohort bay and the PPE described in the infection prevention and control guidance is worn by any person entering the room.  Ensure that the patient, potentially contaminated areas, and waste are managed as per the infection prevention and control guidance.  <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection> | | | |
| Visitor access to healthcare facilities | | Our preference at this point is that we have no visitors coming to our hospitals.  We will, however, consider visitors on compassionate grounds for seriously ill patients or those receiving end-of-life care only in agreement with each individual ward. 22 April 2020 Visitor access to COVID-19 patients varies from NHS Trust to NHS Trust. The latest NHS England guidance states that hospital visiting is "suspended with immediate effect and until further notice", but it lists several exceptions.  It says in certain circumstances one visitor - who must be an immediate family member or carer - is allowed to visit a hospital patient.  The circumstances include:  If the patient is receiving end-of-life care, If the visitor is the birthing partner of a woman in labor, If the visitor is a parent or "appropriate adult" visiting a child patient, If the visitor is supporting someone with a mental health issue such as dementia, a learning disability or autism, where not being present would cause the patient to be distressed, The guidance applies to all inpatient, diagnostic and outpatient areas.  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0030_Visitor-Guidance_8-April-2020.pdf> | | | |
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| Themes / Sub-themes | | | **Haiti** | | | |
| Verbatum | | | Translation |
| Evaluation and testing | | Screening criteria | Toute personne avec un antécédent de fièvre ou une fièvre supérieure ou égale à 38 de- grés Celsius et de la toux avec une apparition dans les 10 der- niers jours avec ou sans critères d’hospitalisation. Antécédents de voyage dans des pays (zones) affectés au CO- VID-19 durant les 14 jours pré- cédant l’apparition des symp- tômes de grippe  Ou A été en contact avec un cas confirmé de COVID-19. Au niveau des institutions tout patient avec une infection aigue des voies respiratoires su- périeures (IVRS) d’au moins cinq jours, ne répondant pas au traitement usuel, dont l’état de santé se détériore avec tendance à développer une pneumonie ou broncho-pneumonie et dont les antécédents révèlent qu’il a été en contact avec une personne malade ou qu’il vient d’un pays où le COVID-19 a été confirmé sera considérée comme suspect. Chez ces patients suspects deux échantillons seront pris: un prélèvement nasopharyngé et oro-pharyngé. Updated as of 4/20/20: Toute personne présentant une fièvre supérieure ou égale à 38 degrés Celsius, ou antécédent de fièvre, acompagnée de toux avec ou sans dificultés respiratoires, céphalée, courbatureset/ouéventuelement ayant eu contact avec un cas confirmé de COVID-19.  Ou Toute personne présentant une altération subite du gout (agueusie) oudel’odorat (anosmie)  Ou Toute personne chez qui un personnel de santé (Médecin ou infirmière...) pose undiagnostic de COVID-19.  Ou Toute personne en provenance d’une zone à risque avec des symptômes compatibles à la COVID-19 | | | Anyone with a history of fever or fever greater than or equal to 38°C and cough with onset within the last 10 days with or without criteria for hospitalization. Travel history in countries (zones) assigned to COVID 19 during the 14 days preceding the onset of flu symptoms  Or Has been in contact with a confirmed case of COVID-19 with a history of fever or have a fever greater than 38°C and a cough within the last 10 days. At the institutional level, any patient with an acute upper respiratory infection (URTI) of at least five days, who does not respond to usual treatment, whose state of health deteriorates with a tendency to develop pneumonia or broncho- pneumonia and whose history indicates that he has been in contact with a sick person or that he comes from a country where COVID-19 has been confirmed will be considered suspicious. In these suspect patients two samples will be taken: a nasopharyngeal and an oropharyngeal sample. Updated as of 4/20/20: Anyone with fever greater than or equal to 38 degrees Celsius, or history of fever, accompanied by cough with or without respiratory difficulties, headache, body aches and / or possibly having had contact with a confirmed COVID-19. Or Anyone with sudden changes in taste (ageusia) or smell (anosmia). Or Anyone with a health staff (doctor or nurse, etc.) diagnosed with COVID-19. Or Anyone from a risk area with symptoms compatible with COVID-19 |
| Screening center types | Not indicated | | | The government guideline is not indicated this information, however, acceding to other resources, some hospital does the screening test. |
| Screening system | | Outpatient appointment guidance | Not indicated | | | Not indicated (or unavailable) for the general population. There is some guidance for those with HIV/AIDS. Haiti has a high number of individuals suffering from HIV/AIDS |
| Cost support | | Cost support (testing and treatment) | Not indicated | | | World Bank's Board of Executive Directors approved a US$20 million grant for the Haiti COVID-19 Response Project. Other international and private organizations have donated money or promised to do so. The government in Haiti estimated that more than 37 million will be needed to respond to COVID |
| Evaluation and testing | | Confirmation of COVID-19 | Un cas confirmé est un cas suspect dont l’examen de laboratoire par PCR (effectué sur prélèvement naso-pharyngé et oro-pharyngé) ou l’examen sérologique a mis en évidence la présence d’anticorps dirigé contre le virus ou l’identification du Virus SRAS-COV-2 | | | A confirmed case is a suspect case whose laboratory examination by PCR (carried out on nasopharyngeal and oropharyngeal specimen) or serological examination revealed the presence of antibodies directed against the virus or the identification of SARS-COV-2 virus |
| Triage protocols | | Hospital admission criteria | Not indicated | | | This information is not indicated anywhere on the government website. Keep in mind that more than 60% of health care in Haiti is provided by private actors so the government website may not have this information since private actors may establish different criteria. |
| Infection control | | Healthcare triage isolation | Deux groupes de centres d’isolement sont prévus pour la prise en charge Clinique : Des centres d’isolement de niveau 1, pour la PEC des cas les plus simples (59 centres de niveau 1, totalisant une capacité installée de 577 lits seront installés dans les 10 dé- partements sanitaires du pays). Des centres d’isolement de niveau 2 pour la PEC des cas compliqués. | | | Two groups of isolation centers are planned for clinical care: Level 1 isolation centers, to support the simplest cases (59 level 1 centers, totaling an installed capacity of 577 beds will be installed in the 10 health departments in the country). Level 2 isolation centers for the support of complicated cases. |
| Visitor access to healthcare facilities | Les visites des malades seront réduites au minimum possible et se feront avec un port de masque qui est obligatoire pour tout visiteur. | | | Patient visits will be reduced to the minimum possible and will be done with a mask that is mandatory for all visitors. |
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