Name: Luis Castrillo
Position: EUSEM President
Country: Spain
Declining figures

Daily confirmed COVID-19 cases and deaths, Europe

The confirmed counts shown here are lower than the total counts. The main reason for this is limited testing and challenges in the attribution of the cause of death.

Source: European CDC – Situation Update Worldwide – Last updated 29th April, 11:30 (London time)  
OurWorldInData.org/coronavirus • CC BY
Are curves declining

Total confirmed COVID-19 cases: how rapidly are they increasing?

The number of confirmed COVID-19 cases is lower than the number of total cases. The main reason for this is limited testing.
Differences in management

Total COVID-19 tests per 1,000 people, Apr 28, 2020

Norway: 30.61
Italy: 30.55
Switzerland: 29.64
Denmark: 28.8
Austria: 26.8
Portugal: 23.1
Spain: 22.15 (Apr 23, 2020)
Czech Republic: 21.13 (Apr 27, 2020)
Belgium: 18.93 (Apr 26, 2020)
United States: 16.9 (Apr 27, 2020)
South Korea: 11.87
Turkey: 11.24
United Kingdom: 8.39
Hungary: 6.95
Ecuador: 2.74 (Apr 27, 2020)
Japan: 1.19 (Apr 27, 2020)
India: 0.52

Sources collated by Our World in Data

OurWorldInData.org/coronavirus • CC BY

For example, there are substantial differences across countries in terms of the units, whether or not all labs are included, the extent to which pending tests are included and other aspects. Details for each country can be found at the linked page.
WEBINAR COVID-19:
Sharing experiences of high COVID-19 impact countries.

Name: Said LARIBI, MD, PhD
Position: Chair EUSEM Research network and Head of the Emergency Department
Country: Tours, France
France: Situation on April 29, 2020

- Total confirmed cases: 128,442
- Hospitalizations for Covid: 26,834
- ICU patients: 4,207
- Case Fatality Rate (CFR): 24,087 (9,034 in nursing home)
France: Hospitalisation trend
France: ICU patients trend
France: Indicators for deescalating

Deescalating is being different among regions and hospitals and depends mainly on the following indicators:

- Number of Covid patients in ICU
- Number of hospitalized Covid patients outside ICU
- Number of patients tested positive to Covid

• Number of beds in ward and ICU are regularly adapted to the number of patients in each region and hospital
France: ED visits

[Graph showing the number of daily ED visits and the part of activity for suspicion of COVID-19, with data for different age groups and overall activity percentage.]
France: Plans for cancelation of the ED Covid track

• There is no plan for cancelation of the ED Covid tracks at the moment.
• Authorities did ask to all hospitals to keep separate tracks for Covid and non Covid patients at least until the summer.
• In my region (2.5 millions habitants) each hospital will keep a Covid track in the ED as well as dedicated beds in ward to Covid patients.
• If the number of patients admitted to ICU continue to decrease, ICU beds may be centralized in the largest hospitals.
France: Next steps for EDs

- Continue to manage patients attending the ED with suspected Covid-19
- We expect suspected Covid patients to increase with the end of the national lockdown
- Another difficulty: Non Covid patients in the ED will increase over the next weeks
- Finally we may face a bed shortage due to increased activity in the hospital.
COVID-19 Webinar – 30 April 2020

Cem OKTAY, MD
Antalya, TURKEY
Countries in deescalate phase (Turkey)

1. Actual figures of the epidemic

Turkey – Current Status

Confirmed cases : 117,589
Deaths : 3081
ICU patients : 1,574
Intubated patients: 831
COVID-19 growth after 100 cases
Number of Confirmed Cases and Recovered
Case Fatality Rate

EN FAZLA TANI OLAN ÜLKELERDE ÖLÜM ORANLARI

100. TANIDAN SONRAKI TANI-GÜN GRAFIĞİ (LOGARİTMİK)
Number of PCR Tests and Rate of Confirmed Cases
Confirmed Cases for Providences

Almost 60% of cases is in Istanbul

7248 HCPs are infected (29 April 2020)
~6.2% of all cases
Total number of HCPs: 1.1 million
Countries in deescalate phase (Turkey)

2. ICU situation
   Total # of ICU beds: 38,000
   for adults: 24,071 (~60%)
   Total # of ventilators: 17,000
   ICU bed occupancy: <60%

Source: General Directorate of Health Services
Figure 7.11. Number of Intensive Care Unit Beds per 10,000 Population by NUTS-1, All Sectors, 2018

Source: General Directorate of Health Services
Countries in deescalate phase (Turkey)

3. Indicators consider for deescalating

- The ratio of the number of daily tests to the number of positive patients decreases
- The number of patients in intensive care unit and the number of intubated ones are decreasing
- The number of recovered/discharged patients is increasing
Daily number of confirmed cases and deaths

Confirmed Cases Over Time

112,261 confirmed cases
Source: World Health Organization

Deaths Over Time

2,900 deaths
Source: World Health Organization
Reasons for success in intensive care units

• Late intubation
• High flow oxygen
• Prone position and
• Early start of favipravir
Estimated decrease in the number of cases
Countries in deescalate phase (Turkey)

4. Plans for Cancelation of the ED Tracks or Triage of Covid patients.

- Almost all hospital EDs have a COVID-19 suspected case area and regular ED area
- A triage is done just in the entrance of EDs
- All EPs are using PPEs
- It seems triage of COVID-19 patients will continue for several more months
Countries in deescalate phase (Turkey)

5. Regular ED visits

5. Estimated Prevalence of the covid in the ED patients
   – Changes among providences
     • More in Istanbul, Ankara, Izmir
   – Unexpected cases:
     • Falls + COVID-19
     • ACS + COVID-19
     • Cholecystitis + COVID-19, etc

6. New protocols based on tests results.
5. Regular ED Visits

- With general precautions, the number of patients has decreased
- In hospitals, both in-patient services and ICUs are ready and accepting patients
- EDs have not been in a difficult situation
- Emergency departments never stopped taking care of non-covid patients and they still continue
- From now on, the number of regular patients will increase a little more
New Protocols

• The WHO confirmed that a novel coronavirus was the cause of a respiratory illness in a cluster of people in Wuhan City on 12 January 2020

• The Ministry of Health set up the Coronavirus Scientific Advisory Board 2 days earlier (on 10 January 2020)
  – An EP is included in the Board, Prof. Ahmet DEMIRCAN, Gazi University, Ankara

• The first case was officially confirmed on 11 March 2020

• Advisory Board released COVID-19 Guide
  – Last update on April 14, 2020 (98 pages)
Definition

- **Confirmed case** (PCR test +)
- **Suspected case** (in 4 categories)
Olası/Kesin COVID-19 vakalarının yönetimi Vaka Takip Algoritmına göre yapılır.

**COVID-19 VAKA TAKİP ALGORİTMASI**

**OLASI VAKA**
Tanımlandığı anda İl Sağlık Müdürlüğü Bulaşıcı Hastalıklar ile ilgili bilgilendirilir. Vakanın yönetimi İl Sağlık Müdürlüğü koordinasyonunda yürütülür.

**SAĞLIK KURUMU**
- Her yatılı tedavi kurumunda, HYSYS sisteme vaka kaydını yapmak ve kayıtlı vakaların günlük izlemelerine yapacak personelar belirlenir.
- COVID-19 olası vaka tanımlanında uygun tüm vakaların danışmanlık Sistemleri (HYSYS) üzerinden UID (ID) tanım kodu ile Bulaşıcı Hastalıklar Bildirim Sistemi kapsamında E-Nabız bildirim yapılır.
- Olası vakaların tanımlanıp tüm vakaların Halk Sağlığı Yönetim Sistemi (HYSYS) kayıt edilir.
- Vakaların tanımlanıp numune alınarak HYSYS üzerinden COVID-19 testi takibi yapılır.
- HYSYS üzerinden istemli yapılan numune İl Sağlık Müdürlüğü aracılığı ile veya Sağlık Müdürlüğü tarafından belirlenen prokura süreciyle uygun şartlarla ve hikayeleilirmenin laboratuvarında sağlanır.
- Olasılık riskler. Pandemi Hastalıkları ve Bulaşıcı Hastalıkları hastaneleri, Deniz ve Yakın Hizmetler Değerlendirme koordinasyonu committee ve tedavi edilir.
- Vakaların tedavi ve izlem süreci hekim degerlendirme komisyonunda sağlansın ve tedavi edilir.
- İlaç ve hastanelerde yapılan hastanede, pandemi danışmanları olmak üzere Pandemi Hazinesi uygun olarak oran ve olası vakaların önleyip bu hastalar için uygun önlem olarak hastane, servis ve yoğun bakımında takip edilmesi航空公司.
- Hastaların bu bilgilerle münhefikte izole olarak, nelle ile 5 metre mesafede ile aynış edilmeyi alınmalıdır.
- Pandemi hastanenin belirlenmesi yerinde 2 bazaman birimli erkin yoğun bakım üniteleri bulunur halksne de pandemi hastaneleri olarak hizmet verir.

**IL SAĞLIK MÜDÜRLÜĞÜ**
- Yatılı tedavi kurumlarından alan numunerinin ilgili laboratuvarlara hikayeleilirmenin sağlar.
- Vaka kümelenmesinde vakalar arasında epidemiolojik bağlantılı aranır.
- HYSYS ile girilen tüm vakaların temasi listelemesine yapılması, teması listelemesi oluşturulması ve HYSYS sisteme girislerin yapılması sağlanır.
- HYSYS ile kayıtlı ve hastanelerde yatmakta olan vakaların istemli durum bilgilerini takip edilir.
- Yurt dışından gelen cisim, ile veya olası vaka olarak kayıt edilen ve evde izlenme karar verilen kişilerin Alıcılıklar tarafından yapılan istemli durumları takip edilir ve buna uygun izin verilir.
- Saha ekpleri tarafından yapılacak teması taklidi ve pozitif vaka taklidi işlemlerini koordinde edilir ve buna uygun izin verilir.
- Yurt dışından gelen ve belirli bölgelere toplu olarak izlenecek karar verilen kişilerin izlemeleri koordinde edilir ve buna uygun izin verilir.

**LABORATUVARLAR**
- İLM tarafından listelen numunerinin analizlerini yapar ve sonuçları LBYS ile girilir.
- LBYSdeki sonuçları onaylادي ve HYSYS ile otomatik olarak aktarılır. Teklik sonuçları, istemli yapılan kurum ve HYSYSdeki kullanıcılara yetki alılarak ile alınmak üzere vaka bazası oluşturulmuştur.

*Numune solunum yolu sırt활성 olacak Viral Transport Baziyeri (VTB) ile alınır. Traksal asıport, bronkolojik örnek, balamak alınacak siye olan, vıa kapalı ve sızmaz kapalı ve 2-3 ml alınmalıdır. Tüm örnekler sulu nedeni hemen sonra bezeliktede 3-8 °C aralığı mühafaza edilmesi ve hikayeleilirmenin laboratuvarı ulaştırılmasıyla.*
COVID-19 ÇOCUK TANDIŞ ALGORTITMASI

*Tanrıs YÖNETİNE yatırılan hastaların sağlık ve bakımevi uzmanına yatırılır.

Ateş + öksürük = Alerjik grafisi doğrudur. Kontrastı düzgün doz BTT
Ateş + öksürük = Alerjik grafisi tanısal/tanısal değildir. Kontrastı düzgün doz BTT
Ateş + öksürük = Komorbid hastalıktan ve öykü yaş (60 yaş ve üzeri) + tanısal olmayan alerjik grafisi: Kontrastı tam doz BTT, başlangıç hastalıktan nedeniyle endikasyonu varsa yanına BT çekilir

Tam Kan + CEP**
Varsa Difloran ve D-Dimer +
PA Aks veya BTT**

Görüntülenmede bilateral otozomal pozitifi bulguları mevcut veya
günles mi açılır veya serum CEP=40 mg/l veya
difloran=20 mg/l veya D-Dimer=1000 ng/ml

Görüntülenme normal veya haif pozitifi bulguları mevcut ve
günles mi acılır veya serum CEP=40 mg/l ve D-Dimer=1000 ng/ml

Ampisilika Tedavi: Hidroklohidrokinin statif ve veya Fasipirin ATP/Azitromisin

Test CEP

Alternatif Tansan Difloran
24 saat sonrası CEP tekar

COVID-19 tedavinin devamı

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli

Alternatif tansan

Yan etkileri

Çocuk ve onemli
Therapeutic Options for COVID-19

• Hydroxychloroquine
  +/-
• Azithromycin
  and/or
• Favipiravir – for severe pneumonia
• Lopinavir/ritonavir – for pregnant patients
• Supportive
  – Methylprednisolone – ARDS + mech. vent.
  – Immune plasma
For the near future

• As prevalence of COVID-19 is decreasing, covid patients are also decreasing in EDs
• PCR test will be done primarily for filiation
• On the other hand, it is more likely to be done in collective workplaces to identify asymptomatic patients
• Antibody tests are planned
  – Especially for health care providers (to plan the workforce)
  – For certain number of antibody tests are planned to measure HERD IMMUNITY across the country
Overall, Why Turkey is Successful?

1. Scientific Advisory Board was established and Government acted according to their recommendations
2. Early precautions were taken, some flights were canceled to some countries
3. Those who came from abroad were first released but then quarantined for 14 days in dormitories
4. Test-fillation was done well (starting from the first case)
5. Curfew was imposed under 20 and over 65 years old people
6. Early treatment and early isolation
7. EDs, inpatient services and ICUs are prepared very well
Overall, Why Turkey is Successful?

8. No problem with PPEs (with some exceptions)
9. Hydroxychloroquine appears to alleviate symptoms
10. We use CT scan very quickly
11. Measures were taken for social distance (cafes, restaurants were closed early, bus, public transport etc. measures)
12. A curfew was declared on the weekends, albeit for a short time
13. Mobility of all people was tried to be reduced
14. Positive / suspected cases were followed up with telephone applications
15. Favipiravir administered very early to patients with pneumonia, “a drug who is believed to save Turkey”, - patients have recovered quickly, did not need ICU, and prevent death
Overall, Why Turkey is Successful?

16. No problem with providing all drugs
17. Immune plasma, stem cell, IL6 inhibitors were used
18. Turkey has been always taking care of seriously ill patients
   - We have experienced physicians and other HCPs
   - We adapted very quickly
19. Guides that were constantly updated throughout the country were engraved, and standard treatments and approaches were made
20. We followed the events happening both in China and in Europe fast and early. We took early precautions. We are lucky that the virus entered our country late.
COVID-19 positive patients/100 000 inhabitants by regions

Přehled výskytu laboratorně prokázaného onemocnění COVID-19 podle regionu

Počet osob s COVID-19 přepočtený na 100 000 obyvatel

Celkový počet osob s COVID-19 dle kraje ČR (dělení dle trvalého bydliště pacienta)

Z důvodu změny metodiky pro zpracování hlášení KHS a positivních nálezů laboratoří došlo ke drobným korektům v přehledech podle regionu. Poslední aktualizace pozitivních nálezů byla provedena ke dni 28. 4. 2020 v 17:30 h
# GENERAL DATA

## COVID-19: Přehled aktuální situace v ČR


<table>
<thead>
<tr>
<th>Přehled</th>
<th>Celkový počet provedených laboratorních testů</th>
<th>Celkový počet osob s dosud prokázaným onemocněním COVID-19 (kumulativně za celé období)</th>
<th>Akční počet hospitalizovaných s onemocněním COVID-19</th>
<th>Celkový počet vyléčených po onemocnění COVID-19 dle hlášení KHS</th>
<th>Celkový počet úmrtí v souvislosti s onemocněním COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>234 985</td>
<td>7 563</td>
<td>361</td>
<td>3 096</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td>k 29. 4. 2020 v 8.30 h</td>
<td>k 29. 4. 2020 v 17.25 h</td>
<td>k 29. 4. 2020 v 8.30 h</td>
<td>k 29. 4. 2020 v 17.25 h</td>
<td>k 29. 4. 2020 v 17.25 h</td>
</tr>
</tbody>
</table>
GENERAL DATA

First three confirmed cases – 1st March 2020
100 confirmed cases = the date of general lockdown = 12th March 2020
1st victim of COVID-19 – 22nd March 2020
GENERAL DATA

Pandemic outbreak vs. timing of lockdown
Epidemiologic profile COVID-19 Czech Republic

Average intraday increase in the number of healed in the last 2 weeks: 11.8%

Number of Pts.*
Numbers of positive tested COVID-19 pts of selected working groups
HOSPITALISED PATIENTS

( general, mechanical ventilation and (or) ECMO )

Přehled hospitalizací osob s laboratorně prokázaným onemocněním COVID-19 dle průběžného hlášení nemocnic

Aktuální počet hospitalizovaných osob (modrá čára), z toho v těžkém stavu nebo s vysoce intenzivní péčí (červená čára) a počet vyléčených nebo propuštěných do domácí izolace (zelená čára).

* UPV: Umělá plnicí ventilace, ** ECMO: Mimotělní membránová oxygenace (pokročilá metoda podpory životních funkcí)

Aktualizace dat: Přehled je aktualizován jednou za den v dopoledních hodinách podle času ukončení sběru a zpracování dat za předchozí den. Poslední aktualizace byla provedena ke dni 29. 4. 2020 v 8.30 h
MORTALITY – international comparison infected patients by gender: more women

Mortality per 1 mil inhabitants

Legend: Colored dot size reflects confirmed morbidity or mortality.
DO-IT-YOURSELF
FACE MASKS, SOCIAL DISTANCING, VOLUNTEER´S HELP
PREHOSPITAL CARE

- **Dispatch** - increased workload regarding Covid-19 calls and information (public was advised from the very beginning to call before coming to health care facilities)

- **Organization of stationary test places and „mobile testing teams“** provided together with public health departments (testing at home), later by help from Army

- **National information line 1212** (H24 since 16th March 2020)

- During first week of pandemic decrease of EMS missions

- Complications with transferring “normal=not COVID+ patients to hospitals – risk of delay (stroke, major trauma, AMI etc.)
EMERGENCY DEPARTMENTS

- Pre-triage according to possible infection outside ED
- Decrease approximately 30% pts, mostly low priorities (but not only)
- Sometimes complicated admission of patient with other than Covid-19 symptoms
- **Management:** Guidelines of scientific societies (EM, GP, intensive care, infectious diseases, radiology, palliative care and others)
TESTING

226 255 tests/10 mil. population till 28\textsuperscript{th} April 2020
study with planned 27 000 healthy individuals (presence of antibodies) is just taking place

Daily portion of COVID+ (%)

Number of tests per 1 mil. inhabitants

Source: MCV SR • Got the data • Created with Dataverkorter
NURSING HOMES

- Lack of PPE
- some of them affected seriously
  - help from army
  - long term stay of caring staff

Age structure of COVID-19 deaths
IMPACT ON HEALTH CARE PROFESSIONALS

The most affected professional group:

Data till 20th April:
10 % of all infected patients
693/6800
144 physicians
297 nurses, 2 of them died
17 laboratory technicians
235 other health care professionals
INTERNATIONAL COLLABORATION

• Due to delay in outbreak in CR (1-2 weeks) we had time to prepare and learn
• Sharing experience very useful
• **CSEDM – GUIDELINES ON COVID-19 PATIENTS:**
  – Use of PPE in COVID-19 pts.
  – Triage in ED in COVID-19 pandemic
  – Prehospital emergency care in COVID-19 pandemic
COVID-19防控体会分享
Sharing Meeting about Prevention and Control of COVID-19

中华医学会急诊医学分会主任委员
Chairman of Chinese Society of Emergency Medicine
急救与创伤研究教育部重点实验室
Key Laboratory of Emergency and Trauma Research of Ministry of Education
中国医学科学院海岛急救创新单元
Research Unit of Island Emergency Medicine, Chinese Academy of Medical Sciences
海南医学院 急诊创伤学院
Emergency and Trauma College, Hainan Medical University

吕传柱
Lyu Chuanzhu
2020年4月30日  30 April, 2020
Current Situation in China
Preliminary Work
Experience Sharing
Current Situation in China
Preliminary Work
Experience Sharing
### Latest data on China's Epidemic Situation

<table>
<thead>
<tr>
<th>Number of existing confirmed cases</th>
<th>Number of asymptomatic patients</th>
<th>Number of import cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>980</td>
<td>993</td>
<td>1660</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cumulative confirmed cases</th>
<th>Cumulative cured cases</th>
<th>Cumulative death cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>84369</td>
<td>78746</td>
<td>4643</td>
</tr>
</tbody>
</table>

**Deadline:** 2020-4-29 21:32  
**Source:** Phoenix Network
中国现存确诊（647例）
Existing Confirmed Cases in China (647 cases)

截止日期: 2020-4-29 21:32
Deadline: 2020-4-29 21:32
来源: 凤凰网
Source: Phoenix Network
中国疫情新增趋势图

Trend of Latest Increase of Epidemic in China

7

Confirmed

Suspected

Cured

Death

截止日期：2020-4-29 21:32
来源：凤凰网

Deadline: 2020-4-29 21:32 Source: Phoenix Network
中国疫情累计趋势图
Trend of Cumulative Cases of Epidemic China
全国援鄂医疗队42600医护人员零感染

42600 medical staff of medical teams in Hubei

海南省医护人员零感染

health care workers in Hainan Province

Zero Infection!

一级防护：适用于发热门诊、门诊与急诊，工作服、隔离衣、外科口罩、工作帽、必要时乳胶手套
Level I protection: suitable for fever clinic, outpatient and emergency, overalls, isolation clothes, surgical masks, work caps, add latex gloves if necessary.

二级防护：疑似和确诊患者的留观病区与隔离病房，防护口罩、工作服、防护服、工作帽、鞋套、手套
Level II protection: suspected and confirmed patients in the ward and isolation ward, protective masks, work clothes, protective clothing, work hats, shoe covers, gloves.

三级防护：适合有引发气溶胶操作的医务人员，二级防护条件下加全面性呼吸面罩
Level III protection: suitable for medical staff with aerosol operation, add comprehensive breathing mask under secondary protection conditions.
Training

Level II

Level III

培训

二级防护

三级防护
中国疫情大事件时间轴
Timeline of Major Epidemic Events in China

数据来源：卫健委-本图表由受控与创伤研究数据部重点实验室制作
国内现状
Current Situation in China
初步工作
Preliminary Work
经验分享
Experience Sharing
ECMO的使用
Use of ECMO (Extracorporeal Membrane Oxygenation)
Our province completes the first anatomy of dead case of COVID-19 patient
## Establish the Database of COVID-19 Patients

Table 1: Demographic and Clinical Characteristics of Patients Infected with Coronavirus Disease 2019 in Hainan Province

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>All patients (N=168)</th>
<th>Non-severe (N=132)</th>
<th>Severe (N=36)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Median (IQR) yrs</strong></td>
<td>51 (36-62)</td>
<td>49 (34-60)</td>
<td>61 (50.3-68)</td>
<td>0.002</td>
</tr>
<tr>
<td><strong>Distributions – no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.0009</td>
</tr>
<tr>
<td>0-17 yr</td>
<td>8 (4.8)</td>
<td>8 (6.1)</td>
<td>0 (0)</td>
<td></td>
</tr>
<tr>
<td>18-49 yr</td>
<td>68 (40.5)</td>
<td>60 (45.5)</td>
<td>8 (22.2)</td>
<td></td>
</tr>
<tr>
<td>50-64 yr</td>
<td>59 (35.1)</td>
<td>43 (32.6)</td>
<td>16 (44.4)</td>
<td></td>
</tr>
<tr>
<td>≥65 yr</td>
<td>33 (19.6)</td>
<td>21 (15.9)</td>
<td>12 (33.3)</td>
<td></td>
</tr>
<tr>
<td><strong>Sex – no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.17</td>
</tr>
<tr>
<td>Male</td>
<td>81 (48.2)</td>
<td>60 (45.5)</td>
<td>21 (58.3)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87 (51.8)</td>
<td>72 (54.5)</td>
<td>15 (41.7)</td>
<td></td>
</tr>
<tr>
<td><strong>Job – no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.01</td>
</tr>
<tr>
<td>Retired</td>
<td>55 (33.3)</td>
<td>37 (28)</td>
<td>19 (52.8)</td>
<td></td>
</tr>
<tr>
<td>Medical staff</td>
<td>1 (0.6)</td>
<td>0 (0)</td>
<td>1 (2.8)</td>
<td></td>
</tr>
<tr>
<td>Worker/Farmer</td>
<td>23 (13.7)</td>
<td>21 (15.9)</td>
<td>2 (5.6)</td>
<td></td>
</tr>
<tr>
<td>Service staff</td>
<td>37 (22)</td>
<td>33 (25)</td>
<td>4 (11.1)</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>51 (30.4)</td>
<td>41 (31.1)</td>
<td>10 (27.8)</td>
<td></td>
</tr>
<tr>
<td><strong>Sources of cases – no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td>0.87</td>
</tr>
<tr>
<td>Imported</td>
<td>129 (76.8)</td>
<td>101 (76.5)</td>
<td>28 (77.8)</td>
<td></td>
</tr>
<tr>
<td>Local</td>
<td>39 (23.2)</td>
<td>31 (23.5)</td>
<td>8 (21.9)</td>
<td></td>
</tr>
</tbody>
</table>
国家紧急医学救援队
National Emergency Medical Rescue Team
国内现状
Current Situation in China
初步工作
Preliminary Work
经验分享
Experience Sharing
Experience Sharing 1: Form a "point, line and surface" treatment network

Point: Take the diagnosed patients as the point
Line: Take the route of transmission as the line
Surface: Take the whole community and society as the surface
ICU doctors, ICU nurses, and respiratory therapists jointly entered the isolation ward.
确诊和疑似患者分开
Confirmed & Suspected Case Separated
成人和儿童分开
Adult & Children Separated
可疑（密接）和健康管理分开
Close Contact & Healthy People Separated
四个集中：集中患者、集中专家、集中资源和集中救治。
经验分享5：五早
Five Earlier

1. 早发现  Early detect
2. 早检测  Early Test
3. 早诊断  Early Diagnose
4. 早隔离  Early quarantine
5. 早治疗  Early treatment
concerning the management of five types of patients, including confirmed cases, suspected cases, close contacts, fever patients and susceptible people, physical isolation and hierarchical treatment shall be carried out.

Five Groups of Patients Management
"Five Combinations" Protocol

the combination of traditional Chinese & Western medicine

the combination of basic medicine & clinical practice

the combination of front-end treatment & rear multi-disciplinary support

the combination of medical treatment & nursing

the combination of medical treatment & management
阻断1、控制传染源，切断传播途径-不得病
Block 1：Control of infectious diseases, Cut off transmission routes (illness)
阻断2、早期干预、治疗-轻症不转换为重症
Block 2：early intervention, prevent severe from lightness illness
阻断3、集中医疗资源，降低重症患者病死率
Block 3：Concentrate medical resources, reduce mortality in severe cases
感谢您的关注！

GOOD LUCK

EUSEM COVID-19 Webinar, 3rd Edition
30/04/2020
Countries’ first report - Hungary

1. Total population: 9 692 675
2. Ca. 2 million in Budapest
Countries’ first report - Hungary

1. Total population: 9,692,675
2. Ca. 2 million in Budapest
Countries’ first report - Hungary

1. First verified positive case: 03/02

2. First death: 03/15 (76 ys, female)
Countries’ first report - Hungary

1. Pandemic situation declared:
   a) Schools, restaurants, public events – 03/13
   b) 'Stay at home' order – 03/28

2. Performed COVID-tests:
   a) 70300 in laboratories accredited by National Public Health Centre
   b) Ca. 30000 in four Hungarian medical schools
Countries’ first report - Hungary

1. 2727 verified cases – 30 % health care providers
2. 10071 cases in home quarantine, ordered by the National Public Health Center
3. 536 recovered cases
4. 300 deaths

Source: Ministry of Health
Countries’ first report - Hungary

1. Prehospital care
   a) Dedicated ‘green phone number’
   b) Pre-triage via phone by GPs
      ii. Sending an EMS unit to take a swab
   c) Universal emergency number: 112
      ii. Seven regional dispatch centers
      iii. 150-200 COVID susp. cases / day
      iv. 2600-2700 cases / day vs. 3000 cases / day
      (Source: National Ambulance Service)
Countries’ first report - Hungary

1. The actual situation in the ED.
   a) Nation-wide unified triage system (based on CTAS)
   b) After the checklist:
   c) 'Red Zone’ vs 'Green Zone’

Photo: Andras Jori, Hungarian Red Cross
Countries’ first report - Hungary

1. Modus operandi (actual):

2. Type of test: PCR
   a) Acute symptoms of UAI AND abroad in the previous 14 days
   b) Acute symptoms of UAI AND closely contacted with verified / suspected COVID pos. person
   c) Severe acute UAI and hospital admission is required.
1. Modus operandi (planned):

2. Type of test: PCR and serological sampling
   
   a) H-UNCOVER: HUNgarian COronaVirus disease-19 Epidemiological Research
      
      a) 4 Hungarian medical schools, Central Statistical Office, Ministry of Innovation and Technology
      
      b) Ca. 18000 people’s country-wide representative sampling
      
      c) Repeating at least twice during the pandemic period with 1 month apart
1. Majority of cases are nosocomial infections.
2. The most affected places are nursing homes
   a) At least 50 percent of cases

Source: Semmelweis University
Countries’ first report - Hungary

1. Information from other countries:
   a) Following international literature
   b) Sharing information and experiences via social media
WEBINAR COVID-19:
Sharing experiences of high COVID-19 impact countries.

Name: José Luis Ruiz
Position: SEMES Council
Country: Spain
Countries in deescalate phase (France, Spain, Italy, Turkey)

1. Actual figures of the epidemic

<table>
<thead>
<tr>
<th>TOTAL CASES (PCR +)</th>
<th>212,917</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last 24h Cases (PCR +)</td>
<td>2,144</td>
</tr>
<tr>
<td>Recovery</td>
<td>108,947</td>
</tr>
<tr>
<td>Deaths</td>
<td>24,275</td>
</tr>
</tbody>
</table>
Countries in deescalate phase (France, Spain, Italy, Turkey)

1. Actual figures of the epidemic

<table>
<thead>
<tr>
<th>CCAA</th>
<th>Total</th>
<th>Ult.24h</th>
<th>Inc.14d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andalucía</td>
<td>12004</td>
<td>91</td>
<td>18.75</td>
</tr>
<tr>
<td>Aragón</td>
<td>5042</td>
<td>38</td>
<td>53.36</td>
</tr>
<tr>
<td>Principado de Asturias</td>
<td>2266</td>
<td>11</td>
<td>25.32</td>
</tr>
<tr>
<td>Islas Baleares</td>
<td>1879</td>
<td>9</td>
<td>23.75</td>
</tr>
<tr>
<td>Canarias</td>
<td>2202</td>
<td>15</td>
<td>10.54</td>
</tr>
<tr>
<td>Cantabria</td>
<td>2146</td>
<td>31</td>
<td>72.97</td>
</tr>
<tr>
<td>Castilla y León</td>
<td>16690</td>
<td>101</td>
<td>165.45</td>
</tr>
<tr>
<td>Castilla La Mancha</td>
<td>15785</td>
<td>79</td>
<td>154.56</td>
</tr>
<tr>
<td>Cataluña</td>
<td>48654</td>
<td>496</td>
<td>158.29</td>
</tr>
<tr>
<td>Galicia</td>
<td>9466</td>
<td>138</td>
<td>65.12</td>
</tr>
<tr>
<td>C. Valenciana</td>
<td>10236</td>
<td>32</td>
<td>20.88</td>
</tr>
<tr>
<td>Extremadura</td>
<td>2764</td>
<td>13</td>
<td>28.28</td>
</tr>
<tr>
<td>Comunidad de Madrid</td>
<td>60765</td>
<td>981</td>
<td>168.67</td>
</tr>
<tr>
<td>Región de Murcia</td>
<td>1480</td>
<td>5</td>
<td>9.04</td>
</tr>
<tr>
<td>Comunidad Foral de Navarra</td>
<td>4794</td>
<td>35</td>
<td>115.41</td>
</tr>
<tr>
<td>País Vasco</td>
<td>12619</td>
<td>55</td>
<td>97.07</td>
</tr>
<tr>
<td>La Rioja</td>
<td>3910</td>
<td>13</td>
<td>142.99</td>
</tr>
<tr>
<td>Ceuta</td>
<td>101</td>
<td>1</td>
<td>12.98</td>
</tr>
<tr>
<td>Melilla</td>
<td>114</td>
<td>0</td>
<td>13.87</td>
</tr>
</tbody>
</table>
Countries in deescalate phase (France, Spain, Italy, Turkey)

1. Actual figures of the epidemic

Daily confirmed COVID-19 cases, rolling 3-day average

The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

Source: European CDC – Situation Update Worldwide – Last updated 29th April, 11:30 (London time) OurWorldInData.org/coronavirus • CC BY

Note: The rolling average is the average across three days – the confirmed cases on the particular date, and the previous two days. For example, the value for 27th March is the average over the 25th, 26th and 27th March.
Countries in deescalate phase (France, Spain, Italy, Turkey)

1. Actual figures of the epidemic

Daily confirmed COVID-19 cases: are we bending the curve?
Because not everyone is tested the total number of cases is not known. Shown is the 7-day rolling average of confirmed cases.

Daily confirmed COVID-19 deaths: are we bending the curve?
Shown is the 7-day rolling average. Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.
Countries in deescalate phase (France, Spain, Italy, Turkey)

2. ICU situation

Number of UCI beds in Spain:
- Public Hospitals: 4,627
- Private Hospital: 1,172

Number of CoVID-19 Patients Admitted to UCI: 10,721
Countries in deescalate phase (France, Spain, Italy, Turkey)


<table>
<thead>
<tr>
<th>CCAA</th>
<th>Casos que han precisado hospitalización</th>
<th>Casos que han ingresado en UCI</th>
<th>Fallecidos</th>
<th>Curados</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Nuevos</td>
<td>Total</td>
<td>Nuevos</td>
</tr>
<tr>
<td>Andalucía</td>
<td>5.832</td>
<td>39</td>
<td>722</td>
<td>1</td>
</tr>
<tr>
<td>Aragón</td>
<td>2.454</td>
<td>29</td>
<td>258</td>
<td>0</td>
</tr>
<tr>
<td>Asturias</td>
<td>1.886</td>
<td>43</td>
<td>137</td>
<td>0</td>
</tr>
<tr>
<td>Baleares</td>
<td>1.079</td>
<td>5</td>
<td>166</td>
<td>0</td>
</tr>
<tr>
<td>Canarias</td>
<td>906</td>
<td>6</td>
<td>176</td>
<td>2</td>
</tr>
<tr>
<td>Cantabria</td>
<td>1.006</td>
<td>6</td>
<td>79</td>
<td>1</td>
</tr>
<tr>
<td>Castilla La Mancha</td>
<td>8.523</td>
<td>59</td>
<td>588</td>
<td>4</td>
</tr>
<tr>
<td>Castilla y León</td>
<td>7.854</td>
<td>77</td>
<td>524</td>
<td>2</td>
</tr>
<tr>
<td>Cataluña</td>
<td>26.546</td>
<td>316</td>
<td>2.768</td>
<td>18</td>
</tr>
<tr>
<td>Ceuta</td>
<td>10</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>C. Valenciana</td>
<td>5.072</td>
<td>26</td>
<td>662</td>
<td>3</td>
</tr>
<tr>
<td>Extremadura</td>
<td>1.526</td>
<td>21</td>
<td>108</td>
<td>0</td>
</tr>
<tr>
<td>Galicia</td>
<td>2.736</td>
<td>308</td>
<td>504</td>
<td>7</td>
</tr>
<tr>
<td>Melilla</td>
<td>44</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Murcia</td>
<td>635</td>
<td>6</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>Navarra</td>
<td>1.951</td>
<td>6</td>
<td>130</td>
<td>0</td>
</tr>
<tr>
<td>País Vasco</td>
<td>6.522</td>
<td>40</td>
<td>540</td>
<td>1</td>
</tr>
<tr>
<td>La Rioja</td>
<td>1.413</td>
<td>13</td>
<td>87</td>
<td>0</td>
</tr>
<tr>
<td>ESPAÑA</td>
<td>115.845</td>
<td>908</td>
<td>10.721</td>
<td>49</td>
</tr>
</tbody>
</table>

Los casos confirmados no provienen de la suma de pacientes hospitalizados, curados y fallecidos, ya que no son excluyentes. Pacientes fallecidos y curados pueden haber precisado hospitalización y por tanto computar en ambos grupos. Los pacientes que han precisado UCI también computan en los pacientes que han requerido hospitalización.

* Galicia ha notificado desde hoy los casos acumulados de UCI y ha validado los casos que han requerido hospitalización hasta la fecha (resultando en un valor menor al previamente notificado) por lo que no se han podido calcular los casos nuevos e incrementos correspondientes. Además de los 7 nuevos fallecidos de hoy, ha notificado otras 128 defunciones correspondientes a centros sociosanitarios que no corresponden a defunciones actuales y por tanto no se reflejan en la columna “Nuevos fallecidos” pero se han incluido en el total. También ha consolidado datos de altas domiciliarias lo que explica el gran incremento de los curados.
Countries in deescalate phase (France, Spain, Italy, Turkey)

3. Indicators consider for deescalating:
   - Reproductive Number R: has to be under 1
   - 50% UCI beds free
   - Possibility to practice de PCR test to any symptomatic patient
3. Other Indicators:

- **General indicators (daily)**
  - Number of cases with symptoms compatible with covid-19 (information from primary care, attention telephones, Apps, etc.).
  - Number of laboratory confirmed cases.
    - Number of non-hospitalized cases
    - Number of hospitalized cases
    - Number of cases admitted to the ICU
    - Number of deceased cases
    - Number of cases and deaths in nursing homes
    - Number of cases in health and socio-health professionals
  - Number of PCRs performed and results.
4. Plans for Cancelation of the ED Tracks or Triage of Covid patients.

- Most Hospital Emergency departments will maintain the double track for several months.

- Most of the Out of Hospital Emergency Services, maintain PPE, although the COVID-19 patologies demand is decreasing.
Countries in deescalate phase (France, Spain, Italy, Turkey)

5. Regular ED visits

In my Hospital the Covid demand is deceasing and the Non-Covid demand is increasing, as in most Emergency Departments.

Hospital de La Ribera, Alzira, Spain
April 2020.
• DEMOGRAPHICS
Population: 10,276,617
Spain: 46 million

• AREA
92,212 $km^2$
Spain: 505,990 $km^2$ x 5

COVID 19 Portugal report; EUSEM
General Data
Portugal ranks 12th ahead of other countries like the United Kingdom, Germany or Sweden. The SNS provides universal coverage. 3 coexisting systems:

• National Health Service (*Serviço Nacional de Saúde*, SNS)

• special social health insurance schemes for certain professions (health subsystems) and

• voluntary private health insurance.
In addition, about 25% of the population is covered by the health subsystems, 10% by private insurance schemes and another 7% by mutual funds.

- Life expectancy 82 years
COVID 19 Portugal report; EUSEM
General Data; Health System; SNS (NHS)

DGS: General Health Directorate

INSA: National Health Institute

COVID-19

NÚMERO: 010/2020
DATA: 15/04/2020

ASSUNTO: COVID-19: FASE DE MITIGAÇÃO
Abordagem de Assintomático com Teste Laboratorial Positivo

PALAVRAS-CHAVE: COVID-19; Coronavírus; SARS-CoV-2; Caso confirmado assintomático

PARA: Profissionais do Sistema de Saúde

CONTACTOS: normas@dgs.min-saude.pt
De acordo com a Norma COVID-19: Fase de Mitigação os laboratórios, e/ou outros serviços disponíveis para o efeito, garantem:

O doente ou seu representante, após receber a requisição do teste de COVID-19 deve:

- Contactar telefonicamente o laboratório onde pretende realizar o teste de COVID-19
- Agendar a realização do teste de COVID-19

A colheita das amostras deve ser realizada no domicílio ou pontos de colheita destinados ao efeito conforme a lista de laboratórios.
COVID-19 Portugal report; EUSEM
General Data; Health System; SNS (NHS)

948 dead
MORTOS POR GRUPO ETÁRIO

Dados de 29 de abril

MASCULINO

0-9: 0
10-19: 0
20-29: 0
30-39: 0
40-49: 5
50-59: 21
60-69: 55
70-79: 113
+80: 283

FEMININO

0-9: 0
10-19: 0
20-29: 0
30-39: 0
40-49: 5
50-59: 7
60-69: 31
70-79: 78
+80: 375
COVID 19 Portugal report; EUSEM
Prehospital
Dedicated phone line

Sente-se doente?
Faça uma pré-análise do seu estado de saúde. Descreva os sintomas para uma orientação mais rápida e eficaz.

Avaliar Sintomas

Serviços Online do SNS
O Serviço Nacional de Saúde disponibiliza-lhe diversos serviços online. Queremos estar mais próximos de si.

Aceder ao Registo de Saúde Eletrónico
Pedir comprovativo de contacto com o SNS 24
Consultar certificado de incapacidade temporária
Consultar comprovativo de pagamento das taxas moderadoras
Marcar consultas
Pedir isenção de taxa moderadora

Ver todos os serviços
Presidente do INEM em entrevista ao Observador


Primeiro trimestre de 2020 com 327.662 deslocaimentos de meios de emergência

INEM disponibiliza formação online sobre COVID-19 a parceiros do Sistema de Emergência Médica

INEM reforça Recursos Humanos

COVID-19 | Recomendações para isolamento em LGP

COVID-19 | Recomendações INEM/DGS em LGP

COVID-19 | Ligue 112 só em caso de emergência
COVID 19 Portugal report; EUSEM
Prehospital Dispatch Centers

- 112 Calls drop from 4000 to 3500/day
- Prehospital adapting, national guidelines
- Prehospital teams do testing
- Interhospital Transfer
- HEMS limited
- Civil Defense (Red Cross and Fire Brigades cooperate)

- NON COVID!
COVID 19 Portugal report; EUSEM
Prehospital Dispatch Centers

- 112 Calls drop from 4000 to 3500/day
- Prehospital adapting, national guidelines
- Prehospital teams do testing
- Interhospital Transfer
- HEMS limited
- Civil Defense (Red Cross and Fire Brigades cooperate)
COVID 19 Portugal report; EUSEM actual situation in the ED’s, triage modification and management
COVID-19 Portugal report; EUSEM
actual situation in the ED’s, triage modified management

actual mitigation phase
1) pre-triage in the ambulance / suspect or not suspect
2) If patient arrives on his own: tent pre-triage/CORIMEC, follows predetermined circuits
3) separate circuits
4) definition of suspected case (fever, cough, dyspnea)
5) emergency case / criteria for the emergency room
6) definition of clean zones
7) avoiding crossed circuits
COVID 19 Portugal report; EUSEM
actual situation in the ED´s, triage modification ed management

Problems:
- COVID19 assymptomatics
- every hospital on his own, national guidelines but transposing them often difficult
- trauma patients
- no specialty in EM : heterogeneous response levels
- non-COVID19 arrive in worse condition; less patients but more critical
- allocation of human ressources
- internal medicine under massive pressure : who runs the NON-COVID ?
- limited testing capacity
- labour and childbirth, pediatrics
COVID 19 Portugal report; EUSEM
actual situation in the ED’s, triage modification
ed management

Problems:
- training levels of physicians: are we prepared for this challenge?
- disaster medicine planning
- Control and Command
- National planning lacks behind Chamber of Physician recommendations
- Lack of PPE limited initially response capacity and safety
National norms approved by the government:
Despacho n.º 4097-B/2020
Diário da República n.º 66/2020, 2º Suplemento, Série II de 2020-04-02,

Defines:
• chain of command
• prevention measures
• identification and testing
• follow-UP
• role of the several partners in the system
• civil defense and local authorities

• Ministries of: health, internal affairs, defense, work and social affairs
COVID 19 Portugal report; EUSEM
role of nursing homes

Problems:
- regional differences
- High numbers of elderly population in nursing homes
- lack of Doctors / Nurses
- limited personnel and resources, reorganization of workload, infected professionals, doctors/nurses working in hospitals
- limited training of personnel
- limited testing capacity
- clusters
- government response differs from region to region: political influence and lobbying?
- local response heterogeneous: local mayor as an important factor
COVID-19 Portugal report; EUSEM
Impact on the health professionals (hp’s)

Infected:
Health professionals:
• Doctors: 276
• Nurses: 488
• No official data about EMT’s
• Chamber of Physicians estimates 20% of the total number are HP’s
COVID 19 Portugal report; EUSEM
Impact on the health professionals (hp´s)

Impact:

• reduced manpower
• need to shift labour force
• maintain non-covid preparedness
• psychological impact
• resilience
• Command and Control readjustment
• justice
• human behaviour in crisis; leadership on test; team cohesion
• family and social network in confinement
COVID 19 Portugal report; EUSEM
Use of information of other countries

Macau, China
• Former Over-Seas territory
• Portuguese doctors early warnings via social networks
• Previous experience
COVID 19 Portugal report; EUSEM
Use of information of other countries

Madrid, Spain
• Spanish tragedy as warning
• Early closing of border and State of Emergency
COVID 19 Portugal report; EUSEM
Balance

- state of emergency
- strict confinement in an early phase
- resilient public health system
- testing
- public and industry united to support the HP´s
COVID 19 Portugal report; EUSEM
Balance

- historical / cultural behaviour: adapting and initiative in case of external menace, discipline and “militia response”.
- civilian / military cooperation
- national unity (oposition cooperates with government)
- reopening of society high risk

Caution!

Name: Paolo Groff
Position: Director ED, Perugia H; SIMEU representative in EUSEM
Country: Italy
Countries in deescalate phase (France, Spain, Italy, Turkey)

201,505 cases at April 28, 2020

Recovered and discharged from hospital: 68,941

Isolated at home: 83,619

Admitted with symptoms: 19,723

ICU: 1,863

Fatalities: 27,359
Countries in deescalate phase (France, Spain, Italy, Turkey)

Phase 2 in Italy: reopening of main productive activities; extension of the lockdown for schools, shops (small retailers), hair dressers, restaurants, team sports. Travel allowed inside one region for seeing parents, relatives or for health reasons; allowed through different regions only for retournning home; gathering of persons forbidden

Rebound of new covid-19 cases expected in the next 2 weeks-1month period;
Phase 2 in Italy

- ED (non Covid-related) visits gradually increasing since the beginning of april
- Confirmed Covid-19 positive pts in the ED decreasing
- «incidental» positivities in pts with non Covid 19-related symptoms still few but increasing
- Perugia (low prevalence area): 907 swabs in the ED; 72 positive (7.9%) (Milan, high prevalence area: 60%)
Countries in deescalate phase (France, Spain, Italy, Turkey)

- Retention of different tracks in the ED
- Extension of the “grey” area in the Hospital
- Swab-PCR made in the ED before admission for all admitted pts
- Admission to Covid-wards for all positive pts
- Admission to “grey” areas for all pts with a suggestive (or dubious) presentation and a negative swab
- Swab-PCR made in the ED to all pts affected by time-dependent diseases and treatment “as they were positive” waiting for the result
Concerns

• Availability of beds for ED pts in the «grey» areas
• Stationing of pts in the ED waiting for swab-PCR
• Availability of «white» beds for ED pts **AND** for discharge from the «grey» areas
• Reluctance of «white» areas to admit directly from the ED
Approach to COVID-19
an Indian tertiary care center

Dr. T S Srinath Kumar MD
Objectives

1. The main approach during the expanding phase
2. Deescalate procedure
3. Actual protocols in the ED
4. Future measurement in the everyday work in the ED
Preparation is the key

• It is essential to have an external disaster plan for every institution; however the plan is subjected to vary depending on the nature of the incident:
  – Pandemic / Epidemic
  – Mass casualty from RTA
  – Toxic gas inhalation
  – VIP situation
  – Riots
  – Terrorism attack
Precautionary measures
Precautionary measures
Dedicated Triage/ED/ICU/Observation rooms
Triage – Entry
Screening
OPD-Screening
Institutional based protocol

Management Protocol for Walk in Patients with Flu Like Illness

- Symptoms for less than 2 weeks
  - Fever
  - Cough
  - Body Pains
  - Rhinitis
  - Chest Pain
  - Throat pain
  - GI symptoms

If symptoms are present, proceed to Isolation in International Wing.

Signs:
- RR > 30
- SPO2 < 93%
- HR > 120

If signs are present, follow Group 0 protocol at Home.

Group 0 Protocol at Home:
- Send home & monitor for 14 days

If symptoms worsen, shift to IW.

Group 1 Protocol at Home:
- Throat swab
  - Positive: Isolation & monitor
  - Negative: Repeat swab 2 times on 14th & 15th day

Group 2 & 3 Protocol:
- Follow Group 2 & 3 protocol

High Risk Conditions:
- Underlying co-morbid conditions: DM, HT, CAD, COPD, ILD, Malignancy
- Immunocompromised individuals

Contact History:
- Health care workers managing respiratory illness
- Travel to COVID-19 affected area in last 2 weeks
- Close contact with confirmed COVID-19 cases
Stay awake, spread awareness, take action

Advice for stopping virus spread

- **Wash hands frequently** with soap and water or use a sanitiser gel
- **Catch coughs and sneezes with disposable tissues**
- **Throw away used tissues (then wash hands)**
- **If you don’t have a tissue use your sleeve**
- **Avoid touching your eyes, nose and mouth with unwashed hands**
- **Avoid close contact with people who are unwell**

Thank you