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| **Hwamei Hospital, Ningbo, China – frontline advice/experience****108 severe cases – no doctors infected** |
| Mistakes learnt:Preparedness did not register |
| Staff preparedness1. Risk assessment before frontline work (related to morbidity)
2. Rigorous PPE training and competence assessment before frontline work
3. Roving monitors - continual review and audit of adherence with PPE
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| PPE – 3 categories employed1. Cap, face shield, goggles, FFP3 or N95 mask, gloves, shoe covers and waterproof gowns (e.g. manning fever clinics)
2. As for Cat. 1 but switch to full body gowns (e.g. if caring for covid patients)
3. As for Cat. 2 but switch to extraction hood/tornado powered respirator (e.g. if bronching)
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| Infection control1. screen all inpatients and visitors (limit visitors)
2. screen all outpatients (Ab test and RT PCR)
3. Face mask for all staff (high risk of asymptomatic spread) – deescalate 28d post last zero case
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| Staff working1. 4-6h shifts ideally in isolation areas
2. Separate accommodation for doctors (secondary isolation)
3. Mandatory 7-14day isolation after working with covid cases
4. Covid testing (RT PCR +/- CT and AB testing) prior to return to routine ward work
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| Anti-infectives/anti-inflammatory Tx (for all, including mild cases)1. Hydroxychloroquine
2. Umifenovir
3. Moxifloxacin (bacterial superinfection)
4. Kaletra – not well tolerated
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| Respiratory care1. Hydrogen + oxygen (↓ pulmonary resistance)
2. NAC for BAL (excessive MP)
3. Early NIV intervention better
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| Prognostic markers1. Neutrophil count
2. Viral load
3. CRP
4. CT
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