

COVID-19 Symposium: Quarantine Centre Medical Posts (QCMPs)

Dr. Leo CW Kong

Coordinator, medical posts of CYE QC, SKORC QC, Site X Surveillance
Team & PBQC

Professional Development and Quality Assurance Service,
Department of Health , HKSARG

COVID-19 Symposium: Quarantine Centre Medical Posts

- ▶ Setting up of quarantine centre medical posts (QCMPs)
- ▶ Operation of QCMPs
- ▶ Spectrum of care
- ▶ From compact “legacy” to mega “technology”

“CONFINEE(S)”

According to Oxford Advanced Learner’s Dictionary (“OALD”) -

NO EXACT MATCH FOR “CONFINEE” IN ENGLISH

We took the liberty and created the word “CONFINEE(S)” could be a new entry to Oxford Dictionary

Operation of Quarantine Centre Medical Posts (QCMPs)

- ▶ Inside quarantine centres (QCs), except Site XYZ Surveillance Team.
- ▶ Round the clock operation of all QCMPs.
- ▶ On-site or remote support by surveillance cum medical help centres of QCMPs.
- ▶ Work types: clinical duties, clerical work and, administrative and planning work.
- ▶ Personnel: colleagues from our Department and other Bureaus or Departments, both current and retired colleagues.

All out

- ▶ We have ~ 700 colleagues
- ▶ Lifeguards and project managers from Leisure and Cultural Services Department (LCSD)
- ▶ Auxiliary Medical Service (AMS) members
- ▶ Clerks and manual workers
- ▶ Dental therapists, dental surgery assistants
- ▶ Paramedics like dietitians, physiotherapists, occupational therapists, optometrists, etc
- ▶ Dispensers and pharmacists
- ▶ Executive officers, hospital administrators
- ▶ Nurses and doctors

COVID-19 Symposium: Quarantine Centre Medical Posts

- ▶ Roles of Quarantine Centre Medical Posts (QCMPs):
 - ▶ 1. Medical surveillance
 - ▶ 2. Non-surveillance related medical needs of confinees
 - ▶ 3. Support to other stakeholders of quarantine centres (QCs)

Roles of Quarantine Centre Medical Posts (QCMPs)

- ▶ What problems did we have ? TOO MANY luckily *not all at a time*
- ▶ What did we want ? DATA, a lot of data, a lot of reliable data
- ▶ The problems were there, not just for medical posts, but also for other colleagues, like CAS, AMS, QCTF, etc.

Problems

- ▶ Demographic data, like name, age, sex, ID/ passport number, etc
- ▶ Actual number of confinees: “PHANTOM” confinees
- ▶ Related / co-inhabited confinees “FREE FLOW” of confinees
- ▶ Exact location of confinees

SOLUTIONS

- ▶ Control the flow of data
- ▶ Verification of data
- ▶ Based on the data, we start our work
- ▶ Such perpetual needs triggered the evolution of our practice later on.

SOLUTIONS

- ▶ Medical surveillance
- ▶ Admission: visit to questionnaire to ...
- ▶ Purpose: for verification of information, early clinical assessment and management of medical problems of confinees.

Information pack

請注意

1. 每天需自行量度及記錄體溫〔口探〕；量度時間建議為上午八時及下午四時；
2. 若體溫超過攝氏 37.0 度，或有以下症狀，請致電 2321 2000 / 2321 2239 (上午九時至下午一時及下午二時至五時) 或民安隊 2329 0095。

Please note

1. Please check and record your body temperature (by oral) at 8am **and** 4pm every day;
2. If your body temperature is **above 37.0°C**, or have the following **symptom(s)**, please contact 2321 2000 / 2321 2239 (9am - 1pm and 2pm - 5pm) or Civil Aid Service (CAS) at 2329 0095.

發燒 Fever
咳嗽 Cough
作悶 Nausea
肚瀉 Diarrhoea
頭痛 Headache
其他 Others

流鼻水 Running Nose
喉嚨痛 Sore throat
嘔吐 Vomiting
肌肉痛 Muscle ache
喪失嗅覺 Lost sense of smell

Information pack

कृपया ध्यान दें

1. कृपया अपने शरीर का तापमान (मौखिक रूप से) सुबह 8 बजे और शाम 4 बजे जांचें और रिकॉर्ड करें;
2. यदि आपके शरीर का तापमान 37 डिग्री सेल्सियस से ऊपर है, या निम्न लक्षण हैं, तो कृपया 2321 2000 / 2321 2239 (सुबह 9 बजे से दोपहर 1 बजे तक या दोपहर 2 बजे से शाम 5 बजे तक) या सिविल सहायता सेवा (Civil Aid Service) से संपर्क करें। (2329 0095)

बुखार (Fever)

खांसी (Cough)

मतली (Nausea)

दस्त (Diarrhoea)

सरदर्द (Headache)

अन्य (Others)

बहता नाक (Running Nose)

गले में खराश (Sore throat)

उल्टी (Vomiting)

मांसपेशियों में दर्द (Muscle ache)

घ्राणशक्ति शरिरिये खेना (Lost sense of smell)

Medical surveillance after admission ...

- ▶ Callers of our surveillance cum medical help centre call confinees and perform the post-admission surveillance work
- ▶ Confinees could be referred to medical post for further on-site medical assessment whenever needed

Medical surveillance after admission ...

- ▶ Deep throat saliva (DTS) for SARS-CoV-2 RNA PCR testing early after admission and 2 to 4 days before discharge.



Medical surveillance after admission ...

- ▶ Confinees presenting with those major symptoms of COVID-19 infection may have to have extra DTS testing and / or hospital referral.
- ▶ Confinees presenting with non-specific symptoms may also have to save DTS for testing.
- ▶ Hundreds of DTS specimens to collect in a day.

Medical surveillance after admission ...

- ▶ If DTS +ve, then confinees would be referred for hospital care.

Good practice ?!

- ▶ Early collection and verification of basic demographic data of confinees
- ▶ Early determination of whereabouts of confinees
- ▶ Early confirmation of number of confinees
- ▶ Early detection, assessment and management of (non-) COVID-19 related medical problems of confinees
- ▶ Provision of reliable data to other work parties

Non-surveillance related medical needs of confinees

- ▶ Callers to call confinees to enquire about their medical needs
- ▶ Doctors to assess and manage confinees on medical needs not related to Covid-19 infection
- ▶ Cases: fracture, assault, allergy, mood problems, request on counselling service, etc
- ▶ Refill of chronic medications
- ▶ Pregnant ladies for antenatal care
- ▶ End stage renal failure needing dialysis

Support to other stakeholders of quarantine centres (QCs)

- ▶ Advice on appropriateness of entry of medical devices or products of confinees/ family and friends of confinees
- ▶ Advice on practical aspect of infection control practice among QC colleagues
- ▶ Advice on management of medical aspect of confinees with special needs

Spectrum of care

By Dr. Tammy Tam

End of Part 2

Thank you !