The Prevention and Control Measures of COVID-19 in the People's Hospital of Pingchang County

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ABSTRACT

COVID-19 (COVID-19) or COVID-19 is pneumonia caused by the novel coronavirus infection in patients in 2019. COVID-19 pneumonia epidemic is widespread, wide, and deep. To effectively combat the further spread of COVID-19: the overall protocol of the hospital: "three lines of defense" of community prevention and control, fever clinic and face-to-face treatment; grasp the good three-time limits: "2 hours, 12 hours and 24 hours"; do a good job of three key points: key areas and places and groups; carry out four early prevention and control measures: early detection, early reporting, early isolation and early treatment; management of confirmed, suspected, fever, close contact "four types of personnel"; implement 1 responsibility system; doing all receivable, should be treated, should be checked, should be separated by "four should be"; do investigation, control, supervision, education, and care "five in place". Through the above methods, the People's Hospital of Pingchang County has effectively controlled COVID-19.

1. INTRODUCTION

COVID-19 (COVID-19) is highly transmissible, with an incubation period longer illness, serious illness. Clinical patients with novel coronavirus infection pneumonia have suction distress syndrome, septic shock and metabolic acidosis that are difficult to correct and get rid of blood coagulation dysfunction. Severe and critical patients may appear with a low-temperature fever or even no obvious fever. Some patients have mild symptoms and may not have a fever in the initial stage, most repeated after a week, and a few patients are critically ill and leading to death with the severity of the epidemic. In order to be effective prevention and treatment of COVID-19, it requires a medical structure based on the extent of the epidemic and its own situation to adopt reasonable prevention and control means to do a good job of prevention and control work.

2. MANAGEMENT OF KEY DEPARTMENTS

2.1. Fever Clinics

In terms of building layout and workflow, fever clinics should be strictly observed as "Technical specifications for hospital isolation" related requirements. Strengthen the observation room and rescue ventilation treatment of the chamber, for example, using mechanical equipment for ventilation to reasonably control the direction of the airflow, and flow to the contaminated side through the cleaning side. Prepare for the quality standard protective equipment and ensure adequate medical staff, and access to the fever clinic oral position should be placed dry hand disinfectant and other sanitary supplies [1-3]. Medical staff in the diagnosis and treatment work should strictly abide by the relevant prevention standards and correctly wear the medical outside section masks. Wearing and removing masks should be hand hygiene disinfection. Wear protective equipment when entering or leaving. Healthcare workers should also master the epidemiological characteristics of the disease and the clinical presentation. Check the patients according to the diagnosis and treatment norms and report them in time quarantine patients suspected or confirmed and provide masks and guide their wear methods correctly for the patients and their escorts.

2.2. Emergency Treatment

We will establish a sound pre-examination and triage system to help the fever patients to go to the fever gate where the diagnosis was examined, do a good job of transferring out of severe patients, and execute the letter emergency response plan for medical treatment, and set up a reasonable isolation area to meet the patient for the rescue of the need for cure and isolation. Medical staff should strictly abide by the prevention and treatment measures and strengthen their management of personal protection and diagnosis and treatment environment. For infections such as endotracheal intubation when exposing more risky treatment measures, we should follow the needs of patients for prevention and treatment measures. The diagnosis and treatment area should be well-ventilated and disinfected and set up a phase of the waiting area to prevent intensive cross-infection [4].

2.3. Ordinary Ward

Medical institutions should set up special emergency isolation wards for suspected or true patients isolated and treated, optimize and improve the work system and workflow, and prepare enough disinfection supplies and protective equipment. In the ward, if suspected patients and confirmed patients are found, emergency plans and work should be opened in time smooth, comply with relevant regulations for effective isolation and treatment and referral, arrange specialized medical care staff to treat and care for suspected or confirmed patients. Visits are not allowed if the medical treatment institutional conditions allow visitors to be placed in the negative pressure ward [5]. If medical institutions' treatment conditions can not reach the prescribed level, the suspected patients or confirmed patients should be transferred to the designated hospitals with treatment capacity in time. Waiting to turn effective isolation measures and treatment measures are taken for the patients during the diagnosis. Roll-out after the patient, the contact environment and articles were strictly disinfected.

2.4. Ward for Treating Suspected or Confirmed Patients

The construction pattern and workflow of ward should be with "Hospital Isolation Technical Regulations Pattern" relevant requirements consistent. Medical institutions should be strict when setting up negative pressure wards observe relevant norms and conduct effective management. For the suspected or confirmed patients, timely isolation measures should be taken; the suspected patients and the confirmed patients will be treated respectively located in different isolation, diagnosis and treatment areas, and isolated suspected patients in a single room. On-bed-confirmed patients can be placed in the same disease area.

2.5. Protection of Medical Staff

Medical staff should strictly implement the relevant requirements and wear good surgical mouths cover, wear good latex gloves. Specific protective measures: in contact with the patient's body liquid, blood, or excrement, they should wear cleaning gloves and wash their hands after removing gloves. Medical staff may be sputtered by the patient's blood, secretions, and body fluids, therefore we should wear good medical protective masks, and goggles and wear good protective clothing [6]. Patients are prone to aerosol operations, such as endotracheal intubation, heart and lung resuscitation, bronchoscopy, etc. The doctors should wear a good medical protective mask, do good eye part protection, wear protective clothing, ensure the operation in the ventilation room, and limit the number of people who is [7] in the room.

Strengthen the management of patients: isolate the suspected or confirmed patients in time and guide the patients into the isolation area land within certain boundaries. Before entering the ward, patients should change their clothes and change their clothes with centralized disinfection treatment goods and personal supplies, managed by medical institutions. Minimize the patient's movement and ward transfer to prevent infection. Patients should be discharged or transferred to the hospital and change clothes to leave, and the patient's contact environment should be disinfected [2, 3, 7].

In a word, to effectively combat the further spread of COVID-19, our hospital has adopted these measures: the overall protocol of the hospital: "three lines of defense" of community prevention and control, fever clinic and face-to-face treatment; grasp the good three-time limits: "2 hours, 12 hours and 24 hours"; do a good job of three key points: key areas and places and groups; carry out four early prevention and control measures: early detection, early reporting, early isolation and early treatment; management of confirmed, suspected, fever, close contact "four types of personnel"; implement l responsibility system; doing all receivable, should be treated, should be checked, should be separated by "four should be"; do investigation, control, supervision, education, and care "five in place". Through the above methods, the People's Hospital of Pingchang County has effectively controlled COVID-19.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest regarding the publication of this paper.

REFERENCES

- 1. Zhen, G.P., Li, J.R. and Wang, B.Q. (2019) Play the Primary Medical Institutions in the Geriatric Disease Prevention and Treatment. *Diabetes World*, **16**, 159-161.
- 2. Li, S.J. (2018) Investigation on Tuberculosis Prevention and Control Knowledge of Medical Technicians in Comprehensive Medical Institutions. *Guide to Health Care*, **17**, 334-335.
- 3. Wu, S.N., Zhang, P.J. and Wei, F., *et al.* (2018) Primary Medical Institutions Chronic Call Study on the Current Allocation of Health Resources for the Prevention and Treatment of Suction System Diseases. *Chinese General Practitioner Study*, **16**, 1045-1048.
- 4. Liu, N. and Wu, Y. (2019) Infectious Diseases Prevention and Treatment in Medical and Health Institutions of Qinghai Province from 2016-2018 Analysis of Supervision and Inspection Results. *Chinese Journal of Health Supervision*, **26**, 353-357.
- 5. Jia, J.D. (2018) The Prevention and Treatment of Hypertension in Patients with Ischemic Stroke in Primary Medical Institutions Is Now Condition. *Electronic Journal of Clinical Medical Literature*, **5**, 70-72.
- 6. Yao, G.P. (2018) Analysis of the Problems and Countermeasures of Infectious Disease Management in Medical Institutions. *Family Medicine*, **17**, 197-199.
- Li, J., Li, Q.Q., Ma, H.Z., *et al.* (2018) Continuous Quality Improvement Models Are Spread in Medical Institutions Application Effect in the Active Report Management of Infection Information. *Health Services in China Management*, 35, 462-464.