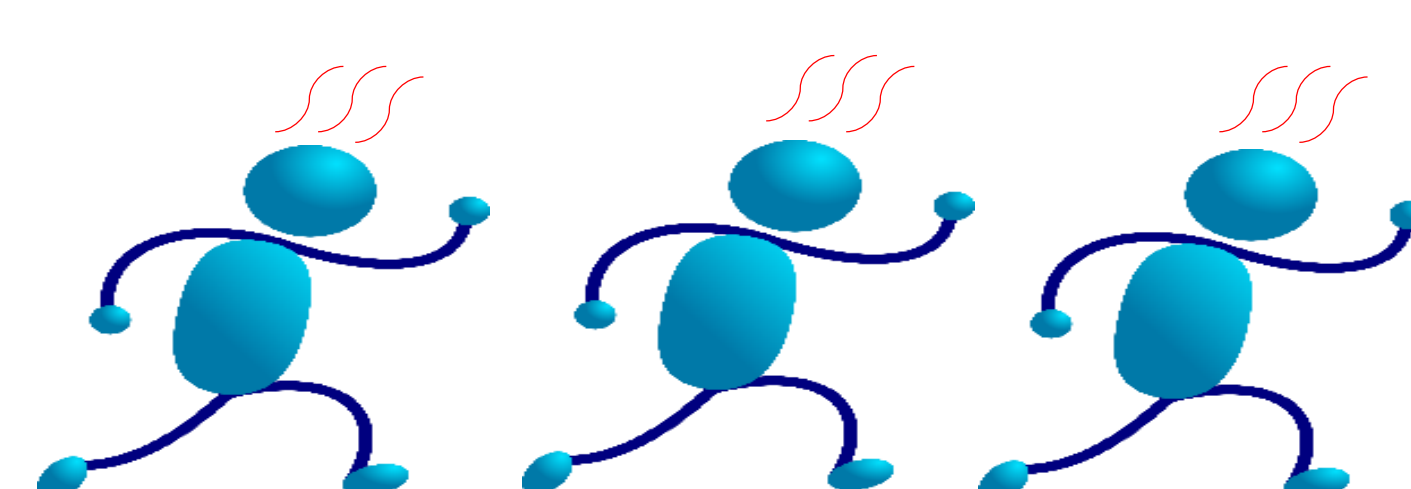
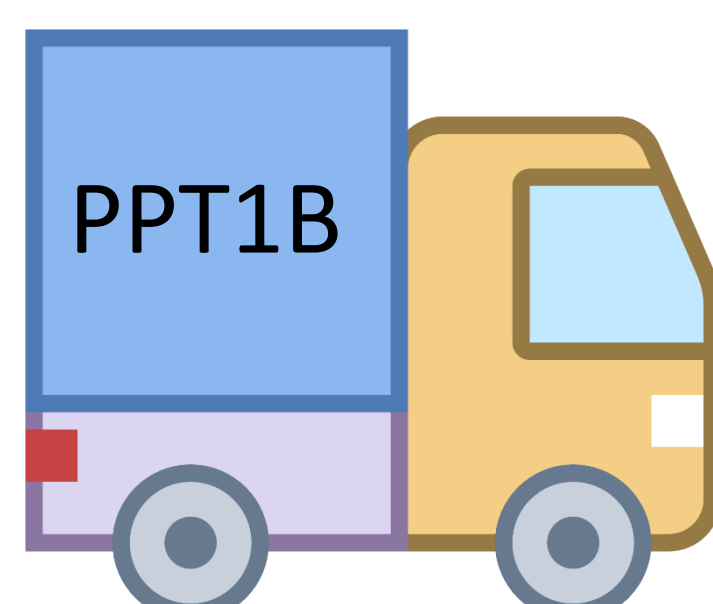
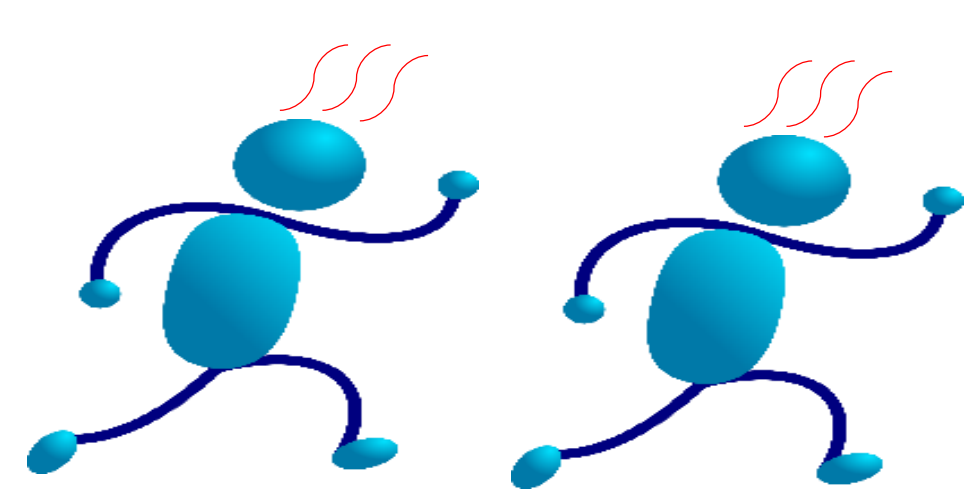


## Background

**PPT1B**  
13,000 Dormitory workers (>60% Positive by end June)

- ↑ Risk of potentially all 13,000 C+ visiting ED. 66.8% C+ found amongst 2562 swabs conducted from 11 April – 21 April
- ↑ Risk of overwhelming SKH Resources



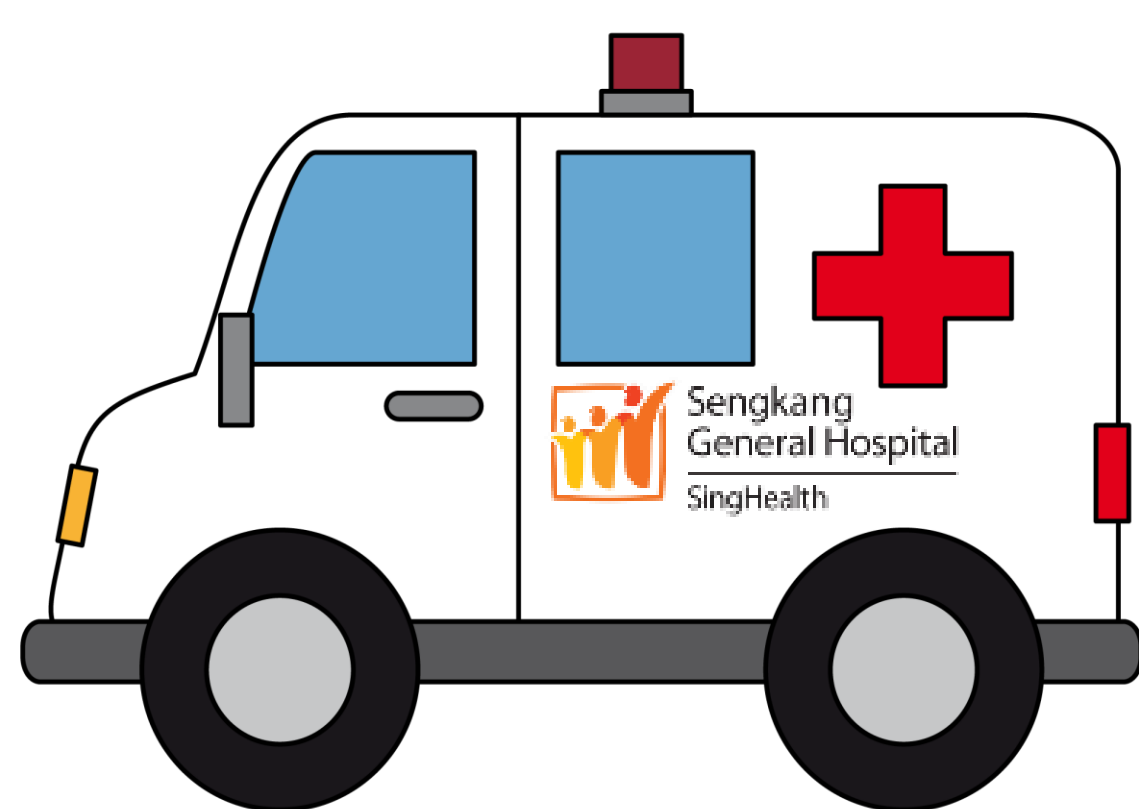
## Methodology

Onsite 1000 bedded hospital + Isolation Block

Medical care for all workers whether C+ or negative



**PPT1B**  
13,000 Dormitory workers (>60% Positive by end June)



Time	Onsite Deployment
Morning	<ul style="list-style-type: none"> <li>Medical Review for newly identified Positive Covid-19 residents who had moved into Isolation Block 6 the previous night.</li> <li>Clinic for Positive Covid-19 residents reporting sick.</li> <li>Clinic for ALL other S11 Dorm residents.</li> <li>SAF Clinic (Open for all workers except Block 6 residents)</li> </ul>
Afternoon	<ul style="list-style-type: none"> <li>Clinic for Positive Covid-19 residents reporting sick.</li> <li>Clinic for ALL other S11 Dorm residents.</li> </ul>
Night	<ul style="list-style-type: none"> <li>Night Medical Post tending to residents requiring medical attention. Clinic operations began on 16 April. Runs from 8pm to 10pm.</li> <li>Tele-consultation service provided by SKH ED for all residents requiring medical attention. Service began on 17 April and runs from 10pm – 8am daily.</li> <li>Tele-consult is required as the night outflow was high</li> </ul>



### Methodology

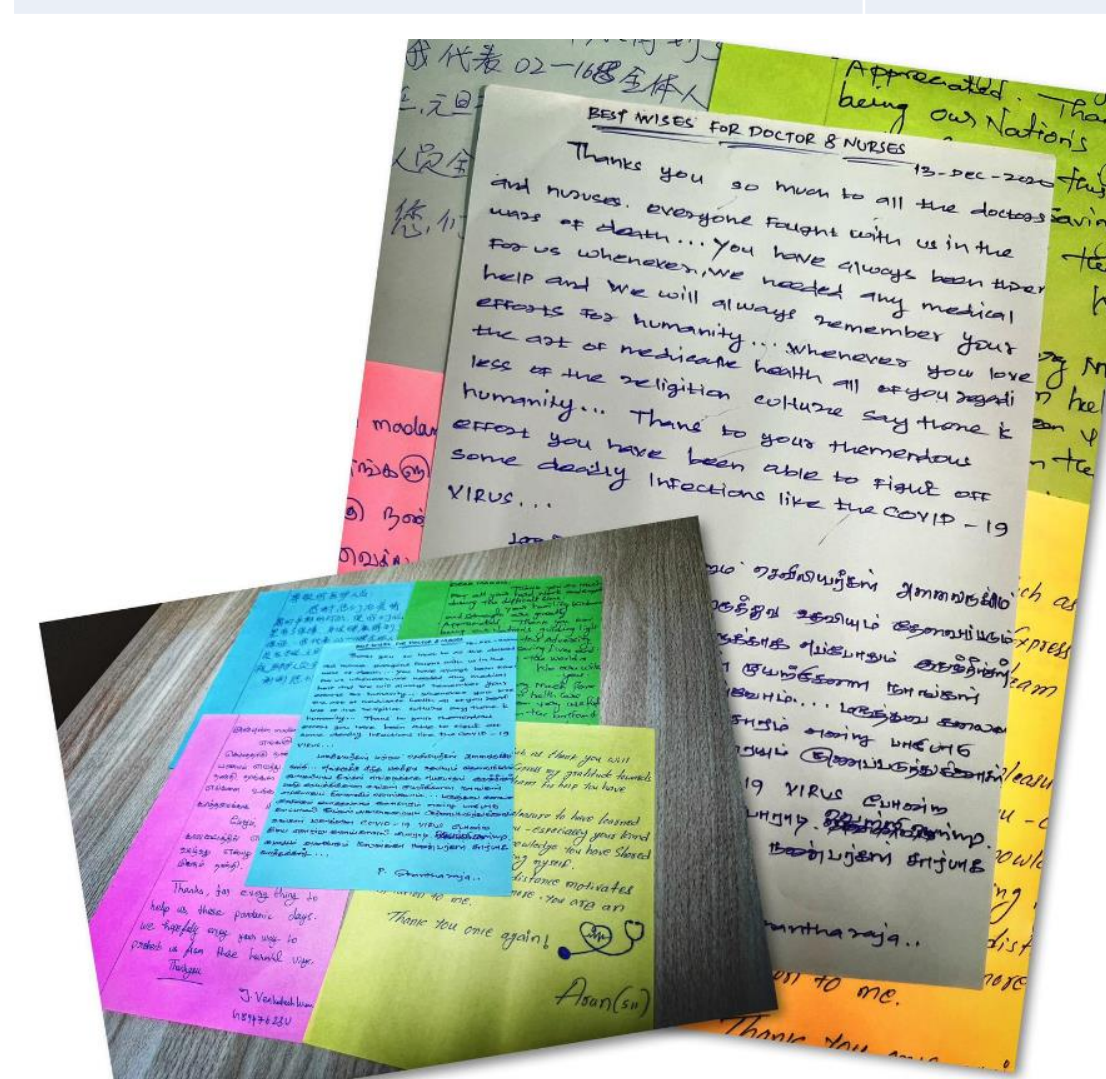
### Risk Mitigation

Mass Swab & Serology Operations	↓Risk of unidentified carrier spreading
Health Screening & Admission to PPT 1B Isolation Block	↓Risk of full outbreak with 13,000 Covid positives
Daily Report Sick Clinic & Night Clinic and Tele Consult	↓Risk of delayed medical attention
Partnership with Dormitory Operators and providing clear medical advice and guidelines for management of C+ patients	↓Risk of transmission
Only Patients clinically assessed to be unfit for dormitory isolation (via clinics / Teleconsult) will be sent to SKH ED	↓Risk of overwhelming SKH ED & Isolation Facilities
Education and communication with dormitory workers	↓Risk of uncertainty

## Result

### Total # of cases seen in PPT1B

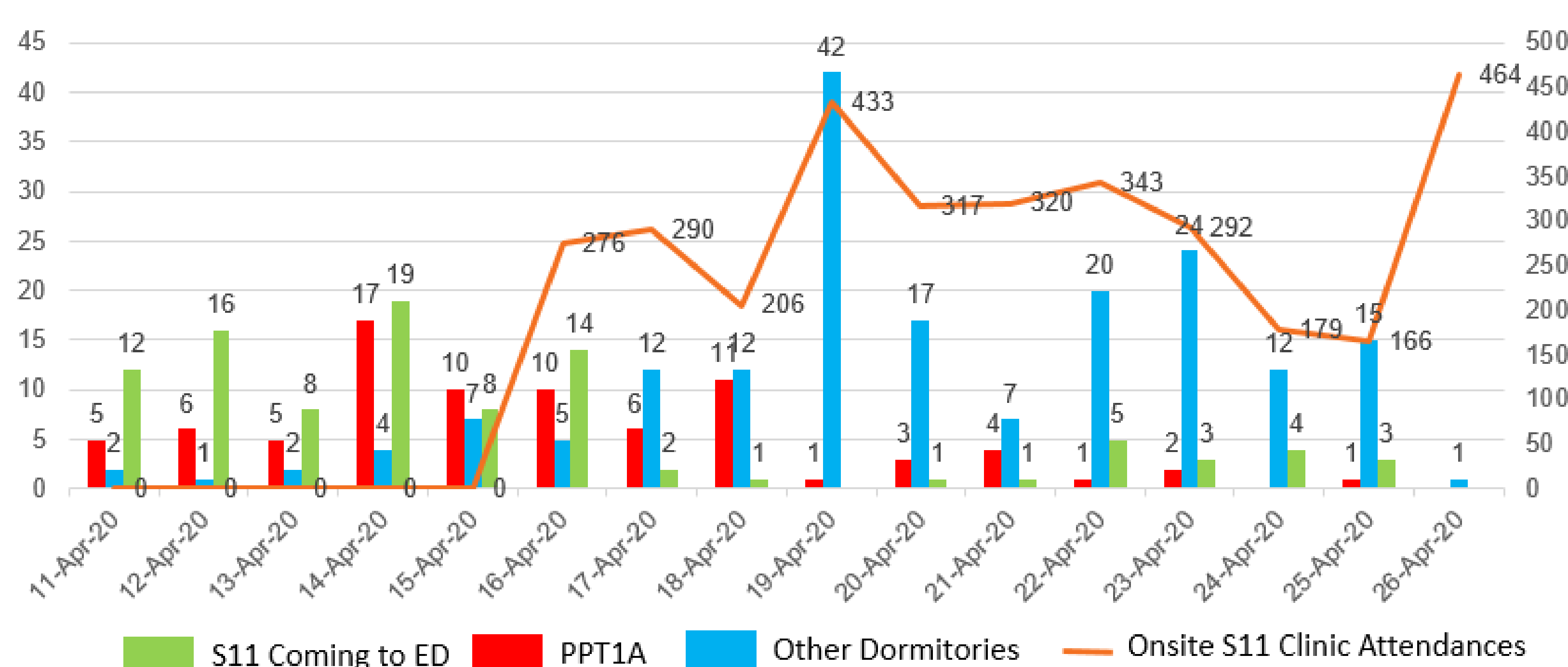
Medical Review Post	16 April – 27 April	805
SKH Clinic	16 April – 27 April & 01 July – 31 August	4225
Night Medical Post	16 April – 15 May	1669
Tele-consult	17 April – 15 May	88
Swabs (66.8% C+)	11 April – 21 April	2562
Serology (63% S+)	14 May – 30 June	8570



### Everyone is happy

- Dormitory workers had direct access to medical attention whether they were C+ or not
- Community had reduced wait time at SKH ED due to lower PPT1B ED attendances
- SKH ED manpower & isolation facilities not overwhelmed

## No. of Dormitory Residents Sent to SKH ED



- On-site S11 Clinics were introduced on 16 Apr to provide S11 dorm workers with doctor consultations and medication.
- ED attendances from S11 dorm workers observed a significant drop from 17 Apr onwards.
- Observed a significant increase in the number of workers from other dorms sent to SKH ED from 17 Apr onwards.

## Reduced Overall Risk

- Identify risks and opportunity quickly and put in measures to mitigate these risks including a mindset change of providing care on site.
- Collaborative team effort between Dorm Operator, SKH, SAF, SPF, MOM and all dormitory workers increases efficiency in risk mitigation.
- Mitigates the overwhelming of hospital resources which will compromise patient safety, staff safety and community wellbeing.

## Conclusion

Together we can create an environment where patients can receive the highest possible standard of care at the appropriate site. It conserves manpower and makes best use of infrastructure.