

3, 2, 1 – Transform, Flu Screening Area!

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Aim

The challenges faced by Hospitals during Disease Outbreak (DO) include the need to respond and administer swift and safe clinical management in response to sudden surge in suspects, with a dynamic environment and limited information.

The Flu Screening Area (FSA) is a Hospital setup for managing stable suspect patients during DO, minimizing risk of exposure to the community. Project aims were as follow:

May 2014 – Jan 2015

- Plan and validate FSA infrastructure and operations to ensure patient safety and quality of care during DO
- Build crisis management capacity to enable timely and safe response

Methodology

Approval & Construction Obtain buy-in and approval from relevant authorities, Senior Management and

Secure funding for project

stakeholders

Construction of amenities required at SGH Multi-Storey Carpark H

Validation of FSA

Infrastructure and Workflows

Feb 2015 - Nov 2015

- Validate FSA infrastructure and workflows through exercises
- Review and finetune planned processes

Maintenance of Familiarity and Preparedness

Ongoing

- Conduct regular briefings and exercise
- Document department specific standard operating processes into SGH Campus Disease Outbreak Response Plan

Aug 2013 – Dec 2013

Conceptual Planning & Requirement Gathering

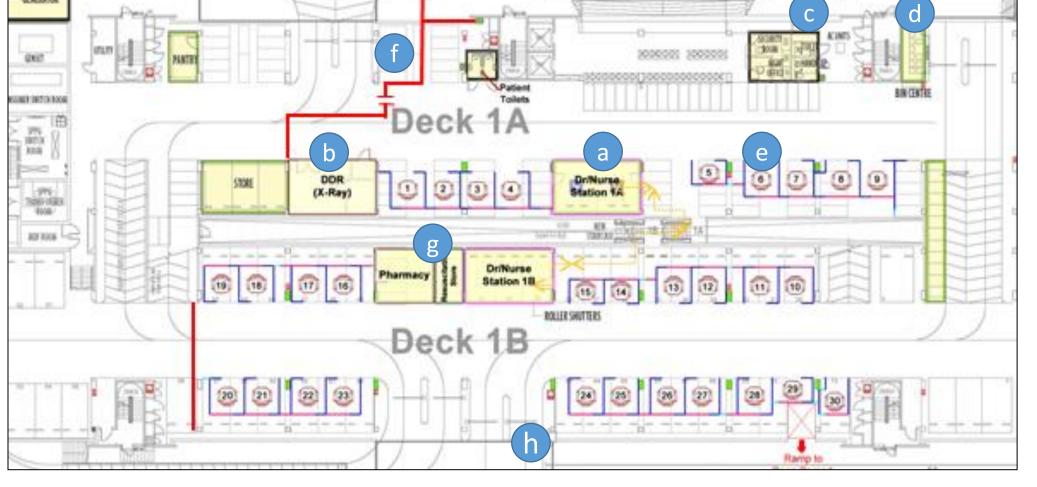
- Establish planning parameters and infection control guidelines with experts from Infection Control, Infectious Diseases and Nursing
- Gather requirements from stakeholders

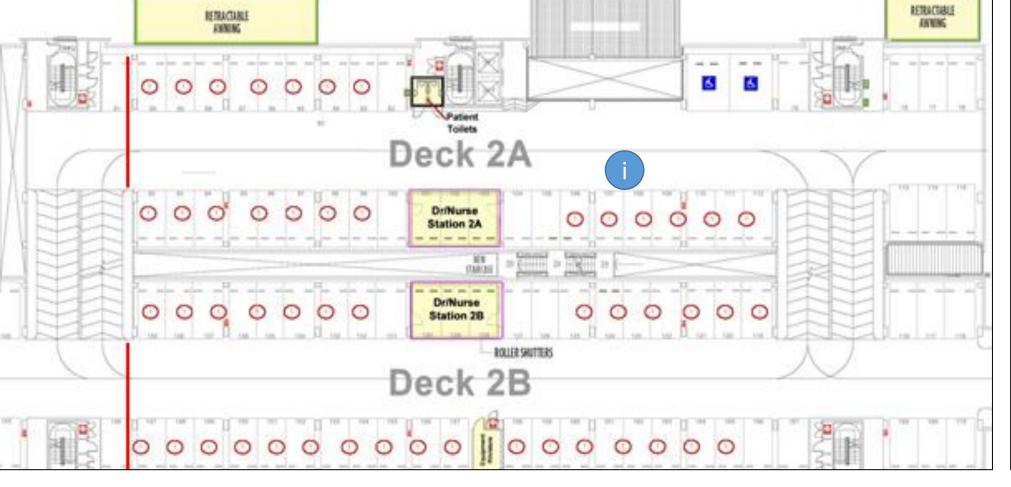
Schematic Design & Feasibility Studies

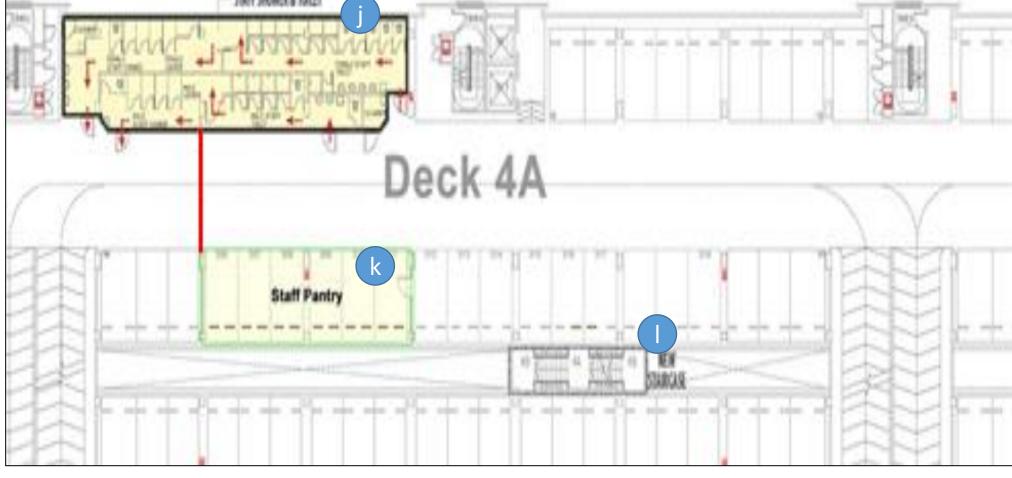
Jan 2014 – Apr 2014

Conduct feasibility studies Design FSA layout and infrastructure to match requirements

Results







SGH's Multi-Storey Carpark (MSCP) was selected **FSA** the site. Conceptualization, renovation and validation of FSA infrastructure workflows were completed to achieve project aims:

(1) Maintain Patient Safety & Quality of **Care during DO**

- Good ventilation
- Suitable distance while away remaining accessible to key hospital facilities
- positioning Appropriate workstations and patient cubicles, adherence infection ensuring control requirements and smooth operations
- Clear demarcation of clinical and clean areas
- Air-conditioned workstations neutral or positive airflow
- Streamlined workflows for droplet and airborne transmitted diseases

(2) Build Crisis Management Capacity

- Permanent structure with peacetime function, enabling short turnaround time (3 days) for operationalization
- Dedicated staff facilities
- Ongoing training and drills to review workflows and strengthen staff familiarity





Integrated Physical Exercise – Patient Management & Staff Work Matters



Conclusion

SGH's MSCP serves dual functions of a carpark during peacetime and FSA during DO, which is a bonus. While planned processes are in place, hospitals should maintain vigilance due to the dynamic environment and evolving threats present to hospital services. As such, it is important to periodically review the guidelines and workflows in place to ensure timely and appropriate responses to these dangers.