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## Regular Briefing of Central Disaster and Safety Countermeasure Headquarters on COVID-19

- ▲Infection prevention measures for COVID-19 medical workers, and  
▲measures to enhance management of overseas entrants  
deviating from the self-quarantine order, etc. -

- ☐ The Central Disaster and Safety Countermeasure Headquarters held a meeting today presided over by Head Chung Sekyun (Prime Minister) along with the central government and 17 cities and provinces to discuss ▲infection prevention measures for COVID-19 medical workers, and ▲measures to enhance the self-quarantine management of overseas entrants, and etc. at a video conference room in Government Complex Seoul.
- ☐ Head Chung pointed out, at the meeting, that some cases of violating the self-quarantine policy have taken place, directing the relevant

**ministries**, such as the Ministry of the Interior and Safety, Ministry of Education, **to build a collaborative system to thoroughly monitor and manage the situation in order to prevent such violation.**

- He also said that each ministry should **provide maximum support** to businesses **suffering from management difficulties to the extent permitted by law and institutions**, and **collect its wisdom** together to **maintain employment.**
- In addition, the Prime Minister emphasized that **we all should work together** to obtain **better outcomes** in regard to the **continuous stricter social distancing.**

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### **Infection prevention measures for COVID-19 medical workers**

- ☐ The Central Disaster and Safety Countermeasure Headquarters announced that it will **develop and implement the “Infection Prevention Plan”** to make sure medical practitioners who are on the forefront of fighting against COVID-19 **work in more safer and healthier environment.**
- ☐ As of today, **241 staff members working at medical institutions** have been confirmed to have COVID-19, accounting for **2.4% of all confirmed cases** (10,062 cases).

\* Percentage of the confirmed medical staff among the total number of the confirmed cases: 9.1% in Italy, 15.5% in Spain

- It is estimated that they were mainly **infected with the virus in the community** (101 persons, 41.9%) or **in the middle of providing general medical services** (66 persons, 27.3%).

< Common Routes of Infection Among Medical Practitioners >

Category		Total	Doctor	Nursing Staff	Others
Grand Total		241 ppl.	25 ppl.	190 ppl.	26 ppl.
Medical -associated infection	Treating confirmed patients	-	-	-	-
	Working at screening clinics	3	1	2	-
	Providing general medical services	66	6	57	3
	Group infection in hospitals, etc.	32	4	23	5
Community-based infection, etc.		101	7	76	18
Cases of unknown infection route, etc.		26	5	21	-
Under investigation		13	2	11	-

\* Data described in the table is as of 00:00, April 3; as of April 5, 2 nurses were confirmed and suspected to get infected while treating the confirmed patients. Epidemiological investigation into it is underway.

- ☐ **Medical practitioners from various fields** including doctors, nursing staff, lab technicians, radiologists are dispatched to the fields **to treat the confirmed cases and support infection prevention and control works.**
- To help them work more safely and healthily, infection prevention and management will be strengthened.

☐ **First, management of entry into medical institutions will be enhanced.**

- It is planned to **actively utilize non-face-to-face treatment** for patients with mild cold, or chronic diseases including **telephone medical consultation and prescription**, prescription on behalf of a patient, and telemedicine\*.

\* When a patient visits a medical institution, medical service is provided via webcam by a doctor working at the institution in a separate place of the facility with the assistance of a medical staff.

- In addition, patients with symptoms including pneumonia, fever should **seamlessly go through diagnostic tests** before entering a medical institution.

- In case of a symptom of pneumonia, a **diagnostic test should be mandatorily conducted** before such patient enters a hospital room and intensive care unit.

- **Preliminary triage zone and isolated treatment zone** will be placed in an emergency room and those with respiratory symptoms among emergency patients in severe conditions will be sent to an **isolated treatment zone to take emergency care and diagnostic test**.

\* Emergency patients in mild conditions will be sent to a screening clinic, and take the diagnostic test before entering an emergency room.

- **Visitors** will be strongly **managed** such as **restricting access of visitors to medical institutions, strengthening visiting procedure, and etc.**

☐ **Second, infection prevention in medical institutions will be strengthened.**

- To detect **suspected patients** at an early stage, information of outpatients, such as **travel history to COVID-19 affected countries, contact history to the confirmed cases**, continues to be provided to medical institutions.
  - \* To be provided through the system that checks for qualification for examinees, International Traveler Information System (ITS), and Drug Utilization Review (DUR), etc.
- Also, infection control products such as protective coveralls, N95 masks, goggles are **to be stockpiled in consideration of demand\*** and **stably provided by producing them domestically**.
  - \* To purchase 2 million protective coveralls per month (~ June); and purchase 500,000 to 1 million per month since June
- **Infection prevention measures** will be **strongly applied** such as protecting medical workforce from unidentified sources of infection by **applying preventive measures to treating all inpatients\***.
  - \* Measures to block infection transmission such as hand hygiene, wearing personal protective equipment, and disinfecting items and surroundings
- **Inspection tools (kits)** will be **manufactured and distributed to check if infection prevention rules classified by type of medical institutions and medical practices are applied in the field**.
- **Guidelines to minimize infection** are to be **developed and applied** for screening clinics, treatment centers for the confirmed cases, public relief hospitals, and etc.
  - **The standard models\*** and **operating guidelines on flow of people's movement and structure** will be **developed and applied** to minimize time and scope medical practitioners contact to potential people who

might be confirmed at **screening clinics**.

\* To operate various models to minimize contact such as medical examination while remaining in vehicle (drive thru)

- **Safe zone** is to be secured to **divide areas** to help patients and medical staff to separately use the designated areas inside of **medical institutions treating the confirmed cases** such as specialized infectious disease hospitals, community treatment centers. To use general hospital rooms as negative pressure rooms, **portable negative pressure devices** will be **continuously supported**.\*.

\* Support to newly procure 977 portable negative pressure devices in 60 medical institutions (Feb. 20 ~ Mar. 18)

- To reduce the anxiety of infection with COVID-19 and to **receive medical treatment in a more secure manner**, “**public relief hospitals**” are going to be increasingly **designated** (339 hospitals, as of Mar. 31) and follow-up management such as infection prevention plans to be thoroughly sought.

- Such measures will be implemented in ways that prevent infection of medical practitioners. In case they are infected while performing medical duties, medical treatment will be provided depending on their severity.

☐ **Third, infection control capacity of medical institutions will be strengthened.**

- Infection prevention **consulting and advisory activities** are going to be implemented suitable for conditions of **general hospitals, small and medium-sized nursing and mental hospitals**.

- The environment of general hospitals will be improved through **consulting** and status check **in connection with regional hospitals specialized in infectious disease prevention and control** (33 or more) and **participating hospitals** (220 or more)\*.

\* Each hospital specialized in infectious disease prevention and control manages participating hospitals (7 to 15) and provides consulting for them.

- In order to prevent infection of **small and medium-sized nursing and mental hospitals**, a **specialized advisory group for infectious diseases** is organized in each region, which will provide **one-on-one infection management consulting** to medical institutions whose infection control capacity is weak.

\* To check fever of workers in nursing hospitals every day and temporarily support infection prevention management fees (Mar. 24~)

- It is planned to carry out **special education and on-site inspections for infection prevention and management targeting screening clinics and treatment centers for the confirmed patients**, to implement **infection prevention education for medical practitioners**, and to allow the education to be recognized as **refresher training**.

- In the future, the authorities plan to **develop additional supplementary and strengthening measures by examining the current status of infections of healthcare providers and the management of infection prevention**.



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**Measures to enhance management of overseas entrants deviating from the self-quarantine order**

- ☐ The Central Disaster and Safety Countermeasure Headquarters prepared and discussed **measures to enhance management of overseas entrants who deviate from the self-quarantine order.**
- As the self-quarantine has expanded for all arrivals from abroad since April 1, the local governments have shouldered increasing burden of **managing self-quarantine subjects**, and the number of cases leaving from designated isolation area **without authorization** has increased.
- Accordingly, the government implements measures to **strengthen management of self-quarantine violators** to block community infection led by overseas arrivals.
- ☐ First, the authorities plan to **establish and operate “multiple surveillance system of self-quarantine rule violators”** through the **“GIS-integrated situation board”**.
- The system **monitors** if self-quarantine subjects leave the designated isolation areas **in real time** through the **self-quarantine safety protection app** installed on overseas entrants’ smartphones and **GIS-integrated board**.
- The headquarters, each city-province, and each city-province-district operate separate dedicated organizations to maintain a 24-hour surveillance system in three-fold.
- If any violation is suspected, contact will be directly made to a



designated public official immediately to check location of the subject, and conduct on-site check jointly with the Police. If it is confirmed to be an unauthorized violation, following measures including filing a complaint will proceed.

- ☐ In the meantime, there have been some cases where quarantine subjects sneaked away from the designated isolation area while leaving their smartphones by taking advantage of characteristics of the self-quarantine application which works based on the location information of the smartphone.

\* (Case) Gunsan, Jeonbuk, 3 overseas entrants left the area without carrying their smartphones (Apr. 3, 19:00) → On-site check on the areas (Police·health centers, 23:00) → Notified the Ministry of Justice of the violation

- In order to prevent such cases, a sudden inspection which used to be conducted by some local governments and police stations is to be expanded to the whole country and conducted twice a day.
- The authorities check if subjects abide by self-quarantine rules without prior notice, focusing on the persons who have a history of sneaking away based on the self-quarantine app data or did not install the application.
- Along with it, the “Safety e-Report” and the “resident reporting system for violators” are operated through the local government’s reporting center.

- ☐ Last, the authorities will continue to strictly deal with violators without justifiable reasons based on the “zero tolerance principle”.

- Unauthorized violators will be promptly reported, and be under claim for damages in parallel such as costs for infection control and losses. Plus, they are excluded from receiving emergency disaster relief fund and living expenses, in principle.
- From April 5, punishment provisions in regard to violating the self-quarantine rules were enhanced pursuant to the Infectious Disease Control and Prevention Act. Those violating the rules might face up to 1 year in prison or a 10-million won fine.
- The government continues to thoroughly manage self-quarantine of overseas arrivals.