# Health Services Preparedness for DORSCON Orange / Red

AH. CH. PRIVATE HOSPITALS. DIALYSIS CENTER

# Principles On Orange and Red DORSCON preparation

 Start BCP preparation for ORANGE and RED DORSCON but NOT TO IMPLEMENT

- Given the evolving situation, the transition from YELLOW to higher DORSCON may not be in sequential order
- BCP measures, while adaptable from SARS/MERS/H1N1, should also consider Wuhan specific considerations and adopt appropriate BCP measures for this outbreak, eg. Fever is a less prominent feature; more prevalent respiratory symptoms; etc.

#### Triggers to Step Up DORSCON (info)

DORSCON LEVEL	RESPONSE	TRIGGER TO MOVE TO THIS DORSCON LEVEL/RP
	POSTURE	
GREEN	Enhanced	Reports of cases in a country with high travel connectivity to Singapore, but there is no evidence
Immediate health impact to Singapore	Preparedness	of sustained community transmission.
is expected to be low	Containment	Imported confirmed case(s) without local transmission.
	(current)	
YELLOW	Enhanced	Community spread (overseas)
Public health impact to Singapore local	Preparedness	
population is low to moderate	(current)	
	Containment	Imported case(s) with limited spread (local), beyond quarantined contacts
ORANGE	Enhanced	Community spread (overseas)
Public health to Singapore local	Preparedness	
population is moderate to high where evidence of local transmission has	Containment	Late detection of imported case, with two or more subsequent generations of transmission
taken place, and there is a risk of		(i.e. transmission from one person without travel history to another person had occurred
community		in the community); <u>or</u>
		Detection of one or more cases without travel history or links to known cases.
		[If cluster is confined to healthcare institution, Orange measures will be instituted in the
		healthcare institution, and considered decision will be made whether to extend to community.]
RED	Community	Widespread local transmission in Singapore
Public health impact to Singapore local	Control	<ul> <li>Unlinked cases (multiple) outside healthcare setting, or</li> </ul>
population is high, where there is, or potential of, widespread and sustained		Rate of increase in numbers of new cases
community outbreaks.		[To review border entry screening measures, with a view to redeploy resources.]

#### Guiding principles for respective DORSCON Measures

DORSCON LEVEL	RESPONSE POSTURE	Guiding Principles
GREEN Immediate health impact to Singapore is expected to be low	Enhanced Preparedness  Containment	<ul> <li>Maintain BAU while taking steps to capture &amp; contain imported cases</li> <li>Slight change in day-to-day operations but with preparedness plans in place</li> </ul>
YELLOW  Public health impact to Singapore local population is low to moderate	Enhanced Preparedness  Containment	<ul> <li>Stem chain of infection from imported cases.</li> <li>Ensure protection of HCWs (e.g. Heightened measures on IPC) and gradual control of contacts necessary. No change to cross institutional practices.</li> <li>Scale down of non-urgent electives to preserve resources</li> <li>Maintain public calm</li> <li>Preparedness and readiness to up-measures.</li> </ul>
ORANGE Public health to Singapore local population is moderate to high where evidence of local transmission has taken place, and there is a risk of community	Enhanced Preparedness Containment	<ul> <li>Maintain running of key and essential operations</li> <li>Minimise cross-contamination.</li> <li>Ensure protection of HCW and conserve resources for sustainable operations over long-period</li> </ul>
RED  Public health impact to Singapore local population is high, where there is, or potential of, widespread and sustained community outbreaks.	Community Control	New Norm of BAU     Re-jigging of operations that may be permanent for a while

#### Over-arching Principles Guiding Cross-Institutional Practices

#### At DORSCON Orange:

- To only allow within campus deployment (this includes deployment to co-located CHs like SACH-CGH and Renci-TTSH) and other AH-CH pairings outside campus (e.g. NUH-SLH, TTSH-AMKH)
- Beyond this, no other cross-institutional deployment is allowed, including to other institutions within the same cluster but outside of same campus.
- The restrictions will apply to all staff, including administrative and ancillary staff with no direct care roles.
- Students' clinical postings to stop
- For residents/specialist trainees, cross cluster and cross institutional rotations will align to the above principle (i.e. within campus, and outside campus designated AH-CH pairings only)
- If there is a critical need to redeploy staff to outside of the allowed premises, then the staff will have to be put on a paid LOA for 14 days before reporting at the new workplace.

#### At DORSCON Red

- Deployment to be further tightened to co-located AH-CH pairings within same campus only
- For standalone CHs -(SLH, BVH, AMKH), they are allowed to work out an arrangement with their partner-AH and remain there, i.e. adhere to the principle of cutting down cross institutions movements and maintain essential services.

DORSCON	RESPONSE	SETTINGS -AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
ORANGE	Enhanced	Infection Control	Strict infection control practices
Public	Preparedness		<ul> <li>+ Segregate patient flows to min cross contamination</li> </ul>
health to	/ Containment		(e.g. fever vs clear areas)
Singapore		<ul> <li>Staff surveillance and well being</li> </ul>	As per yellow with addition of:
local			+ 2x/daily Temperature screening for all staff, including
population			admin and non-care staff (start and end of day)
is moderate		Visitors Management	As per yellow with addition of:
to high			+ Restrict visitor numbers to max 2 designated caregivers
where			per inpatient (no visitors)
evidence of			+ Travel declaration and temperature screening for the 2
local			designated caregivers on entry
transmissio			+ Travel declaration and visitor registration at all care areas
n has taken		Patients Management	As per Yellow - Screen patients for fever and travel history
place, and			based on prevailing case definition
there is a			
risk of			
community			

DORSCON	RESPONSE	SETTINGS – AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
ORANGE	Enhanced	<ul> <li>Patients Transfers and Discharge</li> </ul>	As per yellow – strict infection control and tracking of all
Public	Preparedness		movements of patients
health to	/ Containment		
Singapore		Capacity management	+ Begin forward planning for overflow of confirmed cases
local			into non-isolation beds with cohorting
population		Premise lock down	+ Segregate patient flows to min cross contamination (e.g.
is moderate			fever vs clear areas)
to high			Lockdown of all services area
where			
evidence of			
local			
transmissio			
n has taken			
place, and			
there is a			
risk of			
community			

DORSCON	RESPONSE	SETTINGS – AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
ORANGE	Enhanced	Manpower – separation and segregation,	+ Designate separate teams to ensure continuation of
Public	Preparedness	deploy only within same campus or within	essential services.
health to	/ Containment	designated AH-CH pairs (including outside	+ Segregate HCW rostering in fever vs clear areas and
Singapore		campus)	minimise movement across areas
local			+ Cross institutional movements to cease EXCEPT:
population		** To minimise disruption to services when the	All staff – Deploy within same campus or designated AH-
is moderate		measure kicks in, all PHIs are required to plan	CH pairs only
to high		the arrangement for staff with multiple places	Residents/Specialist Trainees —
where		of practice and inform the staff as well as	Rotation within same campus or AH-CH pairs only
evidence of		partners (such as ILTC providers) early so that	Stay within existing institution until further notice
local		they are prepared.	MOs/DOs
transmissio		and propared	Stay with existing institution until further notice
n has taken			MOHH will work with institution if re-deployment is
place, and			necessary to support other dept within same
there is a			campus/institution/designated AH-CH pair
risk of			HOs
			All HOs to complete PGY1 training within same campus.
community			MOHH will work with institution if re-deployment is
			necessary to support other dept within same
			campus/institution/designated AH-CH pair
			If there is a critical need to redeploy outside allowed
			provides stuff to be placed as unid LOA for 14 days

DORSCON	RESPONSE	SETTINGS - AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
ORANGE	Enhanced	Training	Students clinical postings to stop
Public	Preparedness		
health to	/ Containment		HMDP
Singapore			<ul> <li>No experts from China (or areas with active community</li> </ul>
local			transmission)
population			<ul> <li>No physical meetings between staff of different</li> </ul>
is moderate			institutions
to high			<ul> <li>Online meetings preferred</li> </ul>
where			
evidence of			
local			
transmissio			
n has taken			
place, and			
there is a			
risk of			
community			

DORSCON	RESPONSE	SETTING	is –	RESPONSE MEASURES
LEVEL	POSTURE	Acute ar	nd Private Hospitals	
ORANGE	Containment -	• Cap	acity Management:	
Public health	Stop or limit	i.	Negative Pressure (NEP)	Continue yellow:
to Singapore	the spread		Isolation Rooms	<ul> <li>Maintain strict admission criteria</li> </ul>
local	from local			<ul> <li>PHIs to activate conversion of surge NEP beds</li> </ul>
population is	cases/ clusters			
moderate to		ii.	Critical Care Facilities	+ Designate "clean" and "dirty" OTs, ICUs and HDs
high where			(i.e. OT, HD, ICU)	+ No visitors in "dirty" areas (caregiver only)
evidence of				
local		iii.	General Wards	+ Designate "clean" and "dirty" wards to allow cohorting of confirmed
transmission				cases in event of overflow from NEP isolation rooms
has taken				+ Minimal movement of staff and patients between "clean" and "dirty"
place, and				wards
there is a				+ No visitors in "dirty" wards (caregiver only)
risk of				
community		iv.	ED	+ Designate "clean" and "fever" areas with separate patient flow.
				Temporary structures allowed.
				+ Restrict HCW to designated service areas
				+ Only 1 accompanying caregiver

DORSCON	RESPONSE	SETTINGS –	RESPONSE MEASURES
LEVEL	POSTURE	Acute and Private Hospitals	
ORANGE	Containment	Capacity Management	
Public	- Stop or limit	(cont.):	+ Defer non-urgent TCUs & extend TCUs to as long as possible.
health to	the spread	v. SOC	Ensure patients have sufficient medication to last until next visit
Singapore	from local		+ Where able, recommend home delivery of medication
local	cases/		+ Consider exploiting technology such as teleconsult in lieu of
population	clusters		face to face
is			
moderate		vi. Elective surgical	+ Restrict to very urgent elective surgical procedures only
to high		procedures	
where			
evidence of			
local			
transmissio			
n has taken			
place, and			
there is a			
risk of			
community			

DORSCON	RESPONSE	SETTINGS -	RESPONSE MEASURES
LEVEL	POSTURE	Acute Hospitals Only	
ORANGE Public health	-	Services for time-sensitive conditions (stroke, trauma,	• TBD
	the spread	heart attacks)	
local	from local	- EVT services	
population is	cases/ clusters	- Major Trauma	
moderate to		- ePCIs	
high where			
evidence of			
local			
transmission			
has taken			
place, and			
there is a			
risk of			
community			

DORSCON	RESPONSE	SETTINGS -AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
RED Public health	Enhanced Preparedness / Containment	Infection Control	Strict infection control practices as per NICP and CQPV
impact to Singapore local population		Staff surveillance and well being	As per orange with addition of: +Staff to practice social distancing when not on duty +To limit staff rotation across wards - separate the areas and separate teams
is high, where there is, or potential of, widespread		Visitors Management	+ No visitors allowed (can consider exceptions for patients who are DIL) + Family conferences to be carried out via teleconference.
and sustained community outbreaks.		Patients Management	As per Yellow - Screen patients for fever and travel history based on prevailing case definition

DORSCON	RESPONSE	SETTINGS -AH & CH, to extend to Pte	RESPONSE MEASURES
LEVEL	POSTURE	Hospitals	
RED	Enhanced	Patients Transfers and Discharge	As per yellow – strict infection control and tracking of all
Public	Preparedness		movements of patients
health	/ Containment		
impact to		Capacity management	As per yellow – segregation of clean and fever areas
Singapore			
local		Cross Deployment	As per orange - Cease cross deployment
population			a per crange
is high,		Premise lock down	+ Lockdown of entire hospital premise
where there		Tremise lock down	Lockdown of entire hospital premise
is, or		Manpower	As per orange with the addition of:
potential of,			+ Cross institutional deployment of all staff and MOHH-
widespread			employed residents/MOs/DOs to cease except to support
and			collocated AH-CH pairings <u>within same campus</u>
sustained			
community			
outbreaks.			

DORSCON	RESPONSE	SETTINGS -	RESPONSE MEASURES
LEVEL	POSTURE	Acute and Private Hospitals	
RED	Containment -	Capacity Management:	
Public health	Stop or limit	i. Negative Pressure (NEP)	Continue yellow and orange:
impact to	the spread	Isolation Rooms	<ul> <li>Maintain strict admission criteria</li> </ul>
Singapore	from local		<ul> <li>PHIs to activate conversion of surge NEP beds</li> </ul>
local	cases/ clusters		
population is		ii. Critical Care Facilities	Continue orange:
high, where		(i.e. OT, HD, ICU)	<ul> <li>Designate "clean" and "dirty" OTs, ICUs and HDs</li> </ul>
there is, or			<ul> <li>Minimal movement of staff and patients between "clean" and</li> </ul>
potential of,			"dirty" areas
widespread			No visitors in "dirty" areas
and			
sustained		iii. General Wards	Continue orange:
community			<ul> <li>Designate "clean" and "dirty" wards to allow cohorting of</li> </ul>
outbreaks.			confirmed cases in event of overflow from NEP isolation rooms
			<ul> <li>Minimal movement of staff and patients between "clean" and</li> </ul>
			"dirty" wards
			- No visitors in "dirty" wards

DORSCON	RESPONSE	SETTINGS -	RESPONSE MEASURES
LEVEL	POSTURE	Acute and Private Hospitals	
RED	Containment	Capacity Management	
Public	- Stop or limit	(cont.):	Continue orange: Cease cross deployment for general services
health	the spread	iv. ED	<u>and</u>
impact to	from local		Cease cross deployment for the management of time-
Singapore	cases/		sensitive conditions
local	clusters		
population		v. SOC	Restrict to urgent referrals and follow ups only.
is high,			
where		vi. Elective surgical	Continue yellow and orange: Restrict to very urgent elective
there is, or		procedures	surgical procedures only
potential			
of,		v. Teleconsult	Consider teleconsult as option to face to face
widespread			
and			
sustained			
community			
outbreaks.			

DORSCON	RESPONSE	SETTINGS –	RESPONSE MEASURES
LEVEL	POSTURE	Acute Hospitals Only	
RED Public health impact to Singapore local population is high, where there is, or potential of, widespread and sustained community outbreaks.	Containment - Stop or limit the spread from local cases/ clusters	Services for time-sensitive conditions (stroke, trauma, heart attacks)     EVT services     Major Trauma     ePCIs	• TBD

DORSCON Measures for

Polyclinics (For reference)

#### Proposed Response Measures under **DORSCON Orange**

DORSCON LEVEL	RESPONSE POSTURE	SETTINGS - POLYCLINICS	RESPONSE MEASURES
ORANGE	Enhanced	Staff Surveillance &	LOA for staff who had been to affected areas past 14 days
Public health to	Preparedness	Track medical leave and temperature taking	
Singapore local			Restrict staff to designated polyclinic i.e. no cross-coverage across polyclinics
population is		Patients management	Screen patients for fever and travel history based on latest case definition
moderate to		Visitor management	Visitors with a travel history to mainland China in the last 14 days should not be allowed
nigh where			to enter the institution premises
evidence of local			Visitor registration and temperature screening for all visitors
transmission has			Restrict to 1 accompanying visitor
taken place, and	Containment	Infection control	(i) Patient management (unless advised otherwise)
there is a risk of			Patients with presenting symptoms and positive travel history (i.e. within case definition)
community			will be directed to segregation room
			Patients with presenting symptoms (no travel history) will be directed to (fever and/or
			URTI) acute area (i.e. fever/URTI clinic)
			Patients with positive travel history (no presenting symptoms) will be directed to general
			consultation room as per routine
			Medication extension for stable chronic patients
			(ii) Staff management
			Triage/ screening: N95 mask
			Segregation/ isolation room: Full PPE (N95 mask, gloves, gown, goggles, disposable cap)
			Acute area (e.g. fever/URTI room): N95 mask
			General consultation: Surgical masks
			Admin staff: Surgical masks
			(iii)Single entry and exit
		Appointments and services	Scale down appointments and ancillary services (e.g. preventive services)
		Contact tracing	Polyclinic POC will be contacted by if contact tracing is required

#### Proposed Response Measures under **DORSCON Red**

DORSCON LEVEL	RESPONSE	SETTINGS - POLYCLINICS	RESPONSE MEASURES
	POSTURE		
RED	Community	Staff surveillance & management	LOA for staff who had been to China past 14 days
Public health	Control		Track medical leave and temperature taking
impact to			Restrict staff to designated polyclinic i.e. no cross-coverage across polyclinics
Singapore local			Personal protection based on extent of patient contact
population is			<ul> <li>Handling of suspected cases: full PPE (N95 mask, gloves, gown, googles,</li> </ul>
high, where			disposable cap)
there is, or			- All patient-facing activities: N95 masks and gloves
potential of,			- General area with limited patient contact: surgical masks (unless cleaning
widespread and			segregation area)
sustained		Patient management	Isolate patients and accompanying visitors with presenting symptoms and/or
community			positive travel history
outbreaks.			Medication extension for stable chronic patients
			Step up tele-medicine services for appropriate patients
		Visitors policy	No visitors as far as possible (unless patient requires assistance); if needed,
			restrict to 1 accompanying visitor
		Screening & measures for premises	Set up of fever tents outside polyclinics
			Screening and registration of all patients and visitors for presenting symptoms
			(+/- fever) and contact history
			Prevent mixing of patients across service modules
			Single point of entry and exit for polyclinic, as well as fever tent
		Appointments and services	Scale down appointments and ancillary services (e.g. preventive services)

DORSCON Measures for ILTC

(For reference)

DORSCON	RESPONSE	SETTINGS – ILTC	RESPONSE MEASURES
LEVEL	POSTURE		
ORANGE	Enhanced	Infection control	Strict infection control practices with NIPC and
Public	Preparedness		CQPV advice
health to			
Singapore		Staff Surveillance & Wellbeing	As per yellow with addition of: 2 times/daily
local			temperature screening for all staff, including
population			admin and non-care staff
is moderate			
to high		Visitor Management	As per yellow with addition of:
where		Visitor Management	max 1 designated caregiver per patient (no causal
evidence of			visitors); travel declaration and temperature
local			screening for designated caregivers on entry
transmissio			screening for designated caregivers on entry
n has taken			[For centres - if not closed] For transport operators
place, and			to take temperature of clients before boarding. If
there is a			febrile, advise client to seek medical attention as
risk of			per advisory]
community			per advisory]

DORSCON	RESPONSE	SETTINGS – ILTC	RESPONSE MEASURES
LEVEL	POSTURE		
ORANGE Public health to Singapore local population		Client/Patient Management	<ul> <li>As per yellow with addition of: Screen patients for fever and travel history based on prevailing case definitions</li> <li>Twice daily temperature taking for all clients.</li> <li>To reschedule non-essential SOC appointments for NH and MET clients</li> </ul>
is moderate			[For MOW] Limited physical contact with client
to high where evidence of local transmissio n has taken place, and there is a risk of community		Cross deployment	Providers should implement their BCPs to scale down operations and maintain essential services.

DORSCON	RESPONSE	SETTINGS – ILTC	RESPONSE MEASURES
LEVEL	POSTURE		
ORANGE		Premises Lockdown	In the event that any client or staff is confirmed as
Public			a case, NH to perform terminal cleaning
health to			For single case – send to hospital + disinfection
Singapore			measures
local			<ul> <li>For cluster with transmission within NHs,</li> </ul>
population			lockdown of NH with admission ban
is moderate		Referrals and client movement to and from	Referrals to continue from AH/CHs to nursing
to high		other healthcare settings.	homes and home care community
where			SCC referrals may be deferred if our overall stance
evidence of			is to close centres (depending on alignment with
local			ECDA).
transmissio			
n has taken			
place, and			
there is a			
risk of			
community			

DORSCON LEVEL	RESPONSE POSTURE	SETTINGS – ILTC	RESPONSE MEASURES
RED Public health impact to Singapore local	Community Control	Infection control,     Staff Surveillance &     Wellbeing     Visitors policy	<ul> <li>As per orange</li> <li>As per orange with addition of: staff to practice social distancing when not on duty</li> <li>No visitors allowed</li> </ul>
population is high, where there is, or potential of, widespread and sustained community outbreaks.		<ul> <li>Client Patient Management</li> <li>Cross deployment</li> <li>Premise Lockdown</li> <li>Referrals and client movement to and from other healthcare settings.</li> </ul>	<ul> <li>As per orange</li> <li>No cross deployment</li> <li>As per orange</li> <li>As per orange</li> </ul>