

Basic Setting Standards of Shanghai Fever Clinic (Trial)

I Basic setup requirements

Location. The fever (emergency) clinic should be located in an independent area within the medical institution (if possible, set up the fever clinic in a detached building), isolated from the general outpatient (emergency) service and the inpatient department by separating entrances and exits; display conspicuous signs of the fever clinic at the hospital entrance and outside the main building, including messages about designated institution, services, location, walking routes, etc., to avoid the intersection between fever patients and other patients.

Settings within the clinic. There should be special waiting areas, consulting rooms, treatment rooms, inspection rooms, radiology rooms, quarantine wards, sewage disposal rooms, etc. which can be adjusted in community health centers according to actual situation. The radiology room should be equipped with dedicated imaging equipment, and if possible, medical institutions should provide CT as much as possible for fever clinics.

Quarantine ward beds. Fever clinics in municipal hospitals should be equipped with no less than 10 quarantine beds and 20 flexible beds for the prevention and treatment during epidemic outbreak; fever clinics in district-level hospitals should be equipped with no less than 5 quarantine beds and 10 flexible beds during epidemic outbreak. The construction area of each bed should be no less than 60 square meters, and the net usable area of each bed in the ward is not less than 6 square meters. The fever clinics in community health centers should be equipped with no less than 2 quarantine beds, each bed with a construction area no less than 25 square meters.

II Staffing

Physician. Medics in fever clinics should have clinical experience and infectious disease knowledge training, mastering relevant disease characteristics, diagnostic

criteria, treatment principles and protection knowledge. Fever clinics within municipal hospitals, district-level hospitals and exurban community health centers should be on duty 24-hour a day. Fever clinics in municipal hospitals and district-level hospitals should have at least 4 doctors in daily operation and increase the number of doctors according to the actual patient volume during the epidemic; one of the doctors should have the technical license of deputy senior and above majoring in infection or respiratory medicine. Fever clinic in community health centers should have at least one physician with professional and technical license of intermediate and above level.

Nurse. Fever clinics in municipal hospitals and district-level hospitals should be equipped with at least one nurse for each quarantine bed, and at least one fifth of these nurses must have the technical license above the intermediate level for nursing. Fever clinics in community health centers should have at least one nurse for its quarantine area.

Joint team. In addition to medics with expertise of infection, respiratory, etc. fever clinics should form a joint team of medical specialists from critical care medicine, internal medicine, nosocomial infection, emergency care, pediatrics, imaging, clinical testing, etc. to carry out multi-disciplinary and refined care for patients with severe or difficult conditions. Community health centers should establish a docking mechanism with higher-level hospitals such as regional medical centers.

Hospital-level expert team. Medical institutions should establish hospital-level expert teams to conduct multi-disciplinary consultations for patients with suspicious infectious diseases found in fever clinics, improving the quality of diagnosis and treatment.

III Space planning

Area settings. If the fever clinic is in a separate area, there should be conspicuous signs and separate toilets. In principle, treatment such as patient registration, consultation, examination, inspection, medicine collection, and infusion should be

completed inside the fever clinic; if a patient need to go outside the fever clinic for examination, the passage out should be designed strictly complying with the principle of “shortest distance, least contact, and accompanied with personal protection”, and relevant elevators, examination rooms and other areas should strictly practice disinfection according to relevant regulations and ensure patients can use them alone.

Set up an independent working area and separate exit and entrance passage for medics.

If possible, fever clinics should be physically separated into epidemic area and non-epidemic area during the epidemic to treat fever patients and non-fever patients respectively.

Fever clinic planning. Fever clinics are generally divided into three zones:

1. Clean zone: There should be entrance, exit and dressing room for medics, and even toilet, shower room, and cleanser storeroom for medics if conditions permit.
2. Potentially contamination zone (or buffer zone): This area can be divided into three areas, one for putting on and storing protective equipment, one for taking off protective equipment, and one to place protective equipment area after use. If possible, the potentially contamination zone can include two adjacent rooms, the one next to the clean zone is used for storing and putting on protective equipment, and the one near the contamination zone is for removing and placing used protective equipment to completely separate the clean and contamination zones. Dressing mirrors should be installed in places to put on or take off protective equipment.
3. Contamination zone: Set up patient-specific entrance and exit, waiting area, and consultation rooms (municipal district-level hospitals are recommended to set up 2-4, and community health centers at least one), observation rooms meeting the

requirements to isolate fever patients on-site (one room with one quarantine bed), treatment rooms, sewage treatment room, and toilets.

IV Setting requirements for consultation rooms and quarantine rooms

Basic facilities and equipment. The fever clinic should be equipped with oxygen supply facilities, inspection and examination equipment, vital signs monitoring equipment, disinfection facilities, basic rescue equipment and services such as wheelchairs and stretcher beds.

Consultation room setting requirements. Consultation rooms should be as spacious as possible, generally larger than 10 square meters, and can place at least one examination bed and one wide working table (ensure the distance between the doctor and the patient is more than 1 meter). In principle, consultation rooms in fever clinics can only serve one patient a time.

Requirements for the isolation and observation room. The isolation and observation room should be clearly marked and kept at a certain distance from other rooms; set up separate passages for medics and patients; one room for one patient; set up a toilet in the room; the room must be well ventilated and disinfected, and central air conditioner is forbidden. It should be equipped with necessary medical examination equipment, such as stethoscope, sphygmomanometer, thermometer, oxygen, sewage bins, disinfection and sterilization facilities, respiratory air bags and other commonly used equipment as well as basic rescue equipment such as crash truck, electrocardiogram monitor, and defibrillator. Arrange dedicated staff to manage the isolation and observation room, limit access to it; when patients' conditions permit, they should wear surgical masks and can conduct activities only within the observation rooms. Install cameras, wireless transmission equipment, and monitoring equipment to ensure timely communication with the outside and remote consultations.

V Air circulation and disinfection requirements

Ventilation requirements for fever clinics. Fever clinic should maintain natural ventilation and mechanical ventilation. If the ventilation is poor, organize the exhaust fans in different directions to adjust the airflow direction: from the clean zone → potential contamination zone → contamination zone. The air-conditioning system should be set independently, and the surface of the equipment and pipes should be smooth and corrosion-resistant, which is convenient for cleaning and maintenance. The airflow of the air conditioning system is the same as the above direction, and the design of the fresh air volume should meet the requirements of the make-up air system's operation.

Equip air cleaning and disinfection facilities. Fever clinics should establish rules and adopt effective measures and methods for regular and irregular cleaning and disinfection of crowded areas such as waiting area, consultation rooms, and isolation and observation rooms. If necessary, automatic purification and disinfection equipment can be used for real-time or regular air cleaning and disinfection.

VI Waste disposal

Sewage and patient excreta from fever clinics should be pretreated and disinfected to meet the standards before being discharged into the hospital sewage treatment system for treatment and then discharged into the urban sewage pipe network, which complies with the health regulations, norms and standards of "Medical Waste Management Regulations", "Medical Waste Management Measures for Medical Institutions" and "Discharge Standards for Water Pollutants of Medical Institutions" and "Technical Specifications for Disinfection of Medical Institutions". The medical wastes of fever clinics should be collected and transported through a dedicated exit passage and cannot be collected and transported with other medical wastes at the same time; the medical wastes of fever clinics should be placed separately at the medical waste temporary storage place away from other medical wastes.

VII Information system development requirements

The construction of the fever clinic information system should meet the requirements of the “*National Hospital Informatization Construction Standards and Specifications (Trial)*” and other standards, be included in the overall hospital information system construction, and be integrated into the information networks of the local district and city according to the requirements of the “interconnection and mutual recognition”.

The fever clinic information system construction should meet the work requirements of the “*Notice on the Development of Information Collection and Report of Fever Patients*” (SMHC¹ CDC [2020] No. 6), and the information recorded should include: time of consultation, patient name, gender, age, ID information, address, employer, contact information, possible epidemiology history, medical investigation and examination report, consultation notes, diagnosis, patient’s whereabouts and signature of the doctor. Relevant information should be incorporated into the municipal public health response system and the big data platform of the Municipal Public Security Bureau.

According to the requirements of the “*Notice on the Construction of the Intelligent Perception System for the Fever Clinics in Medical Institutions of this Municipality*”, fever clinics should integrate facial recognition and ID recognition to ensure real-name medical consultation.

¹ SMHC: Shanghai Municipal Health Commission

Requirements for Setting up Fever Alertness Clinic in Shanghai(Trial)

For community health centers without condition to set up fever clinics, all districts should set up fever alertness clinics in community health centers to screen and isolate fever patients. The requirements for fever screening clinics are as follows:

I Housing facilities requirements

1. Fever alertness clinics should be located in a relatively independent area within community health service centers with good ventilation.

2. The air conditioning and ventilation system should be set independently.

3. Separate the entrance and exit of the fever alertness clinic with those of the ordinary outpatient emergency department to avoid intersection of fever patients and other patients, and there should be obvious signs. In the general outpatient emergency department, there should be signs guiding fever patients to the fever alertness clinic.

II Staff requirements

Reasonably arrange the number and capacity of medics, which should include senior doctors with clinical experience; after the training on infectious diseases, they are responsible for diagnosis and antidiastole to meet the needs of screening fever patients.

III Process requirements

1. Strictly implement the primary responsibility system, and may not refuse medical consultation nor fever patients.

2. In daily operation, community health centers are responsible to give symptomatic treatment for fever with a clear cause (common diseases, frequently-occurring diseases); if the fever is caused by an unknown origin, or the diagnose and

treatment exceeds the community's ability, community health centers need to transfer the patient to the fever clinic at the nearest regional medical center. According to the plan, during the epidemic, people with fever of unknown origin should be properly recorded, reported, treated and transferred in accordance with relevant regulations.

3. Medics, fever patients and fever alertness clinics should practice protection and disinfection as required.