

COVID-19 Pandemic response in Marine Parade Polyclinic : Fever tent and COVID Vaccination Hub (CVH) Work

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Fever tent work

Singapore family doctors have been working hard since the beginning of the COVID-19 pandemic. By now, every Singapore family doctor must be educated about the SARS-COV-2 virus: its clinical manifestation, the need for early case detection through different methods of swab testing e.g. nasopharyngeal swabs, isolation and management of positive cases to tertiary centers.

Being a family physician (FP) at Marine Parade Polyclinic, I was roped in to help with the pandemic work – namely the fever tent, the COVID-19 vaccination operations, as well as encourage other FPs in our fight against COVID-19.

Prior to the current pandemic, our polyclinic had also experienced other infectious disease outbreaks, for example the SARS (2003), the H1N1 (2009), and the MERS (2012). The usual screening and surveillance work were underway: triaging questions were administered to our patients to ask for travel history and quick symptoms screening. Our doctors had to be quickly fitted with N-95 masks before they began work, with reinforcement on hand hygiene training, via hand hygiene quizzes by our nurses and infectious disease champion, to keep the infection at bay. Our small polyclinic was segregated to green (clean), yellow and red (for suspected case) zones to prevent mixing of patients in times of infectious disease outbreak.

In the early months of the COVID-19 pandemic, we saw our suspected cases in an isolation room located in our polyclinic main building with full Personal Protective Equipment (PPE). The fever clinic doctors performed subjective assessment of the medical history, travel and contact history, and objective assessment such as temperature measurement, SpO2 measurement using the pulse oximeter, and a targeted respiratory examination of patients with Acute Respiratory Infection (ARI) symptoms. Initially, all suspected COVID-19 cases were sent to Tan Tock Seng Hospital Accident and Emergency Department (TTSH A&E) and the National Centre of Infectious Disease (NCID) for testing and treatment. Over time, we stood up the Swab-and-Send-Home (SASH) workflow to test these suspected cases at the primary care setting with the advice to isolate and stay home by providing up to 5 days of medical leave. For foreign workers who were unable to



Inside the fever tent

isolate at home, we would send them to the Swab Isolation Facility (SIF) while they waited for their swab results.

As the pandemic intensified in April 2020, the decision was made to set up a fever tent just beside the polyclinic main building.

The fever tent has 4 consultation rooms with a fever treatment room and a small pharmacy dispensary. All patients with ARI symptoms or a fever history would be sent to the fever tent. Besides seeing our own polyclinic patients, we would also receive referrals for swab tests from General Practitioners (GPs) around the vicinity. The swab operations consist of

1-2 doctors who usually performs the testing of suspected cases, with the support of nurses. As the workload of swab testing increased with heightened surveillance, the polyclinic received augmentation of manpower with swabbers from Health Promotion Board (HPB).

The majority of cases in the fever tent include ARI cases, asthma, chronic obstructive pulmonary disease (COPD) exacerbations, gastroenteritis, dengue fever etc., with occasional emergencies cases such as acute myocardial infarction (AMI), sepsis, anaphylaxis. With COVID-19 vaccination underway, we do see a number of COVID-19 vaccination reaction cases as well.

COVID Vaccination Hub (CVH) Work

Our clinic started COVID-19 vaccination for the public in late January 2021. Individuals would first be screened for their eligibility to receive the COVID-19 vaccination by our nurses. If there were any queries, individuals would be referred to see a doctor. Most of the population, including those with chronic conditions, would be eligible for the COVID-19 vaccines, with the exception of a small proportion of individuals who may have contraindications under the prevailing MOH guidelines. The vaccination would then be administered by our nurses.

For those individuals who experience severe side effects or signs of anaphylaxis during their observation at the clinic, the emergency doctor would be activated to attend to them. The doctor in-attendance can also assist in the management of those with milder side effects arising from the vaccination too.