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

- ▲Measures to reduce fatigue of and replace dispatched healthcare workers, ▲plans to support medical institutions to respond to COVID-19, and ▲current response to and action plan for COVID-19 by city and province, etc. -

The Central Disaster and Safety Countermeasure Headquarters held a meeting presided over by Head Chung Sekyun (Prime Minister) along with the central government and 17 cities and provinces to discuss ▲measures to reduce fatigue of and replace dispatched healthcare workers, ▲plans to support medical institutions to respond to COVID-19, and ▲current response to and action plan for COVID-19 by city and province at a video conference room located on the 19th floor of Government Seoul Complex.

- **Head Chung** said, at the meeting, although the increase in the number of the newly confirmed cases has temporarily fallen, it is **too early to loosen up**, requesting **more thorough and systematic infection control**.
- He also **emphasized the importance of blocking inflow of infection from foreign countries** at a situation the world has seen bigger damage from COVID-19, and requested the relevant ministries to **review necessary measures**.
- In the meantime, the Prime Minister added **group infection of government officers should not be recurred**, directing the authorities to **step up infection control of the officials and the government complex buildings**.

1

Declaring special disaster zones (Daegu, Gyeongbuk - Gyeongsan, Cheongdo, Bonghwa)

- The government **declared**, today, **Daegu Metropolitan City and Gyeongsan-si, Cheongdo-gun, and Bonghwa-gun in Gyeongsangbuk-do (Province)** as **special disaster zones** massively affected by “COVID-19”.
- This is **the first case to declare a special disaster zone** due to an infectious disease. Such areas were designated as they have a relatively larger number of patients compared to their population.
- **Detailed support measures** such as **alleviating** the declared **local governments’ burden on local expenditure** will be **discussed with relevant ministries and decided through deliberation of the Central Disaster and Safety Countermeasure Headquarters**.

2

**Measures to reduce fatigue of and replace
dispatched healthcare workers**

- The Central Disaster and Safety Countermeasure Headquarters **has dispatched** △1,128 doctors, △793 nurses, and △203 nursing assistants **to all parts of the country** including Daegu and Gyeongbuk **to support the confirmed patient treatment and infection control** of COVID-19.
- It also has made efforts to **guarantee health, safety, and timely replacement** of medical staff **by period** so that the dispatched medical workers can **provide quality care in an optimal environment**.
- First, they **work 8 hours a day - 40 hours a week** in principle. **Unavoidable overtime work is appropriately compensated**.
- **Public workers** are required to work **for 2 weeks** and **private workers for 1 month***. **After such period, they are to be replaced with other staff**.
- * If requested by medical workers, however, the working period can be extended depending on staffing.
- Also, the medical workers returning from the dispatch are **provided with 2 weeks of self-monitoring period** and **free-of-charge COVID-19 diagnostic test** at health centers, if they want, to **relieve their fatigue and alleviate concern about the possible infection**.
- Responsible staff will be appointed in each local government to respectfully help those medical workers, △monitor their health, and △support and check the accommodation list, transportation, and etc.

- In addition, the government plans to **closely find the proper timing and the number of persons to be replaced by gathering opinions from cities and provinces so that the dispatched medical personnel can be systematically replaced in a timely manner.**
- In particular, it is **planned to actively utilize more diverse human resource groups (pools) such as private doctors and nurses recruited through open recruitment together with public personnel.**
- The Central Disaster and Safety Countermeasure Headquarters **appreciates the dedication shown by the medical staff working to prevent the spread of the infectious disease, and will not spare sufficient courtesy and support at government level.**

3 Plans to support medical institutions to respond to COVID-19

- The government announced that it **plans to expand support for medical institutions at the forefront of fight against COVID-19** to help them ease their administrative and financial difficulties and focus on patient care.
- ※ ① **Health insurance support:** Health insurance support in consideration of fiscal reduction derived from COVID-19
- ② **Budget support:** Budget needed for COVID-19 care to be promptly supported in forms of reserve fund·supplementary budget
- ③ **Compensation for damage:** Compensating loss of medical institutions, supporting loans for medical facilities facing management challenges

□ First, **health insurance support plans to be strengthened for medical facilities.**

① **[Benefit support] Expanding pre-reimbursement of health insurance benefits* to the whole nation and early reimbursement of benefits**

* Pre-reimbursement: A system that pays for health insurance benefits of the same month last year in advance and calculate the benefits and settle the balance ex post

○ **Pre-reimbursement of the insurance benefits** which was applied to medical institutions in Daegu and Gyeongbuk **plans to be expanded to the whole nation.**

- Accordingly, **medical institutions whose year-on-year sales went down** due to COVID-19 located in areas other than Daegu and Gyeongbuk can receive pre-reimbursement of **90~100% of health insurance benefits in the same month last year first**, and settle the balance ex post.

* 100% pre-reimbursement for infectious disease control institutions, facilities operating government-designated inpatient care beds, facilities establishing screening clinics, and designated public relief hospitals, etc. and 90% pre-reimbursement for other medical institutions

○ Also, to make sure **medical institutions can get the insurance benefits within 10 days after claiming**, the **early reimbursement system is in operation** which **shortens the period** from claiming to reimbursement **by 12 days** (22 days → 10 days). (since Feb. 28~)

② **[Treatment support] Strengthening support for medical facilities to treat COVID-19**

○ To secure sufficient negative pressure isolation beds to treat patients in serious conditions, **medical fees of negative pressure isolation rooms, and intensive care units will be increased***. (Mar. 20~)

* 100% increase in hospitalized isolation management fee in ICU, 20% increase in hospitalization fee in negative pressure isolation rooms, etc.

- In order to **prevent infection in the hospital**, the authorities supports **infection prevention management fees** (KRW 20 thousand) and **isolation management fees*** to the designated public relief hospitals (316 locations) that **separates and operates respiratory disease treatment zones**. (Feb. 24~)

* Normal isolation: KRW 38-49 thousand, negative pressure isolation: KRW 126-164 thousand

- **Health insurance and medical expenses*** are supported in **proportion to hospitalization** so that patients admitted to the community treatment centers (16 locations) can be better managed and treated. (Late March~)

* Support for early evaluation of the admitted patients, COVID-19 specimen test, chest X-ray, condition monitoring, etc.

③ [Suspension of administrative criteria] Suspending HR and facility reporting, investigation and evaluation

- Even if there is a change in human resources and facilities including dispatch to screening clinics, **reporting of such change is suspended and the previous criteria** (as of Q4, 2019) **of HR and facilities are applied***. (Feb. 19~)

* Depending on the ratio of beds to the number of nurses, hospitalization fee is proportionately provided (depending on nurse staffing), but the existing fee can be applied even if the number of nursing staff decreased due to this measure.

- In addition to this, so as to ease the administrative burden of medical institutions, the **on-site investigation and evaluation of medical institutions*** are suspended considering the responses to COVID-19.

- * Intensive monitoring of brain and cerebrovascular MRI, planning investigation of nursing facilities, and evaluation of appropriateness of antibiotics used

Second, expenses necessary for treating COVID-19 are promptly supported.

① Support for facility installment and operation

- **Expenses for facilities, equipment, and supplies** will be supported necessary for the establishment and operation of screening clinics to medical institutions (370 locations) which operate screening clinics. (April~)

* Containers, tents, portable ducts, heat detectors, portable X-rays, personal protective equipment, etc.

- **Facility, equipment costs, labor costs, and operating costs** are to be supported to operating specialized infectious disease hospitals designated by the Ministry of Health and Welfare (67 locations). (Late March~)

- **Equipment and operating expenses** are to be provided to medical institutions operating government-designated inpatient care beds and emergency care beds for critically ill patients. (Late March~)

② Support for infection control supplies for medical staff

- In order to prevent infection of medical staff, the authorities continues to **support infection control items** such as protective clothing (level D), protective masks (N95), PAPR (powered, air purifying respirator), and negative pressure system.

- The government has **continuously secured and provided protective clothing** (level D) enough to treat up to 10,000 patients.

- **1 million** health and surgical **masks** have been **allocated a day*** based on the **principle of placing the highest priority to medical workforce.**

* Allocating the masks considering the number of workers and inpatients in medical facilities (agreement of the medical industry, Mar. 5)

- In particular, in the course of contracting with companies **last week**, the **contract** was made to **expand the supply to 1.44 million a day.** The supply has been **further expanded to 1.8 million per day since the middle of last week.**

- In addition, to **solve issues** such as **taking some time** or **imbalance** in the **process of distribution,**

- **a hotline** was newly established between **medical groups responsible for distribution** and **medical institutions.** A **computerized system** was also established to **check demand in real time.**

- The Central Disaster and Safety Countermeasure Headquarters **daily monitors the demand and supply of masks in medical facilities** and plans to **immediately expand supply in case of shortage.**

③ Expansion of infrastructure (supplementary budget)

- **120 negative pressure beds** will be **additionally expanded** (198→318 beds) and **regional specialized infectious disease hospitals plan to be designated in 4 regions** (Yeongnam, central district, Incheon, Jeju).

- Third, support will be provided to compensate loss of medical institutions participating in COVID-19 care and supporting loans to assist medical facilities facing management challenges.

① Compensating loss of medical institutions

- If case of a loss in **medical institutions** incurred in the process of implementing the government's measures to cope with COVID-19, the government will **compensate*** such losses.

* ▲ Costs of treating COVID-19 patients, ▲ loss incurred while beds on hold directed by the government and local governments, and ▲ costs of facility renovation, equipment procurement, patient referral, and labor costs incurred to implement measures of the government and local governments, etc.

- Medical institutions with large losses* will receive **early compensation** in March - April (KRW 150 - 200 billion). When the COVID-19 situation comes to an end, **the final compensation will be provided** based on the discussion of **the compensation committee****.

* Medical institutions in Daegu and Gyeongbuk, government-designated treatment hospitals, specialized infectious disease hospitals, closed hospitals, and hospitals whose operation was suspended

** With the participation of the medical community and professionals: Co-chair - Vice Minister of Health and Welfare and Chairman (Lim Taehwan) of National Academy of Medicine of Korea, Korean Medical Association, Korean Hospital Association, Korean Pharmaceutical Association, Korean Nurses Association, the Korean Society for Preventive Medicine, and Korean Government Legal Service, etc. (14 persons in total)

② Supporting loans for medical facilities (supplementary budget)

- **Loans** will be **given to medical institutions facing sharp decline in sales and management difficulties** due to COVID-19* to **support their renovation and stable management.**

- Details are now being prepared including target applicants, interest rate, repayment period, loan limit. After selecting a financial institution to be in charge of the loan services, **application of the medical institutions plans to be proceeded as early as April and loans executed as early as May.**

4	Current response to and action plan for COVID-19 by city and province
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- At today's meeting, the Central Disaster and Safety Countermeasure Headquarters was briefed on and **reviewed current response to and measures** against COVID-19 from **Busan, Ulsan, and Gyeongnam.**

- The three cities and provinces **reported their current status of COVID-19 outbreak, status of establishing the patient treatment system*, infection control status of living facilities and facilities frequented by the public, etc. and suggestions.**

* Current status of developing patient triage system, secured beds, and the status of and plan for community treatment centers

- **Head Chung Sekyun** said although inspecting main issues regarding responses to COVID-19 was completed by local governments*, he **plans to continuously be reported on and inspect COVID-19 responses of the local governments** through written papers.

* (Mar. 12) Seoul, Incheon, Gyeonggi, Gangwon, (Mar. 13.) Daejeon, Sejong, Chungbuk, Chungnam, (Mar. 14.) Gwangju, Jeonbuk, Jeonnam, Jeju, (Mar. 15.) Busan, Ulsan, Gyeongnam

※ Daegu and Gyeongbuk were separately inspected on March 14.

- **The Headquarters** indicated that it would **spare no support** for local governments, if needed, and requested continuous **active infection control on their own.**