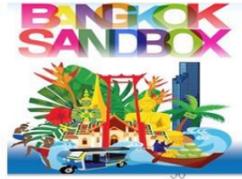


1 The meeting of committee steering the plan to reopen Bangkok to the tourists in Bangkok area



The meeting of committee steering the plan to reopen Bangkok to the tourists

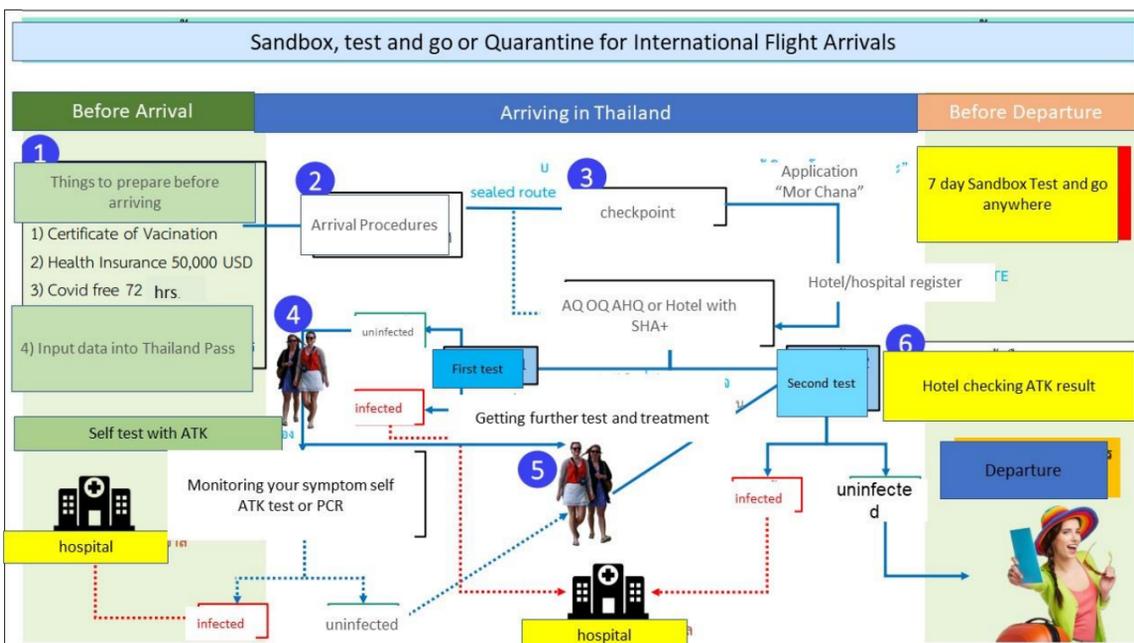


The meeting of committee steering the plan to reopen Bangkok to the tourists in Bangkok area has been organized.

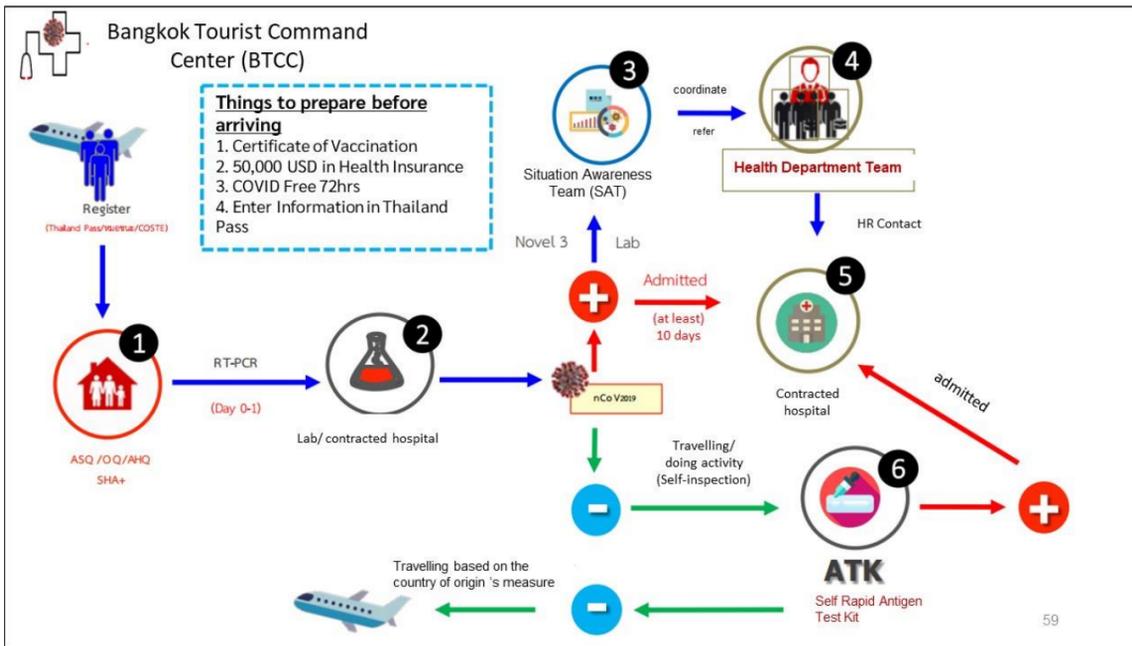
2 Standard Operation Procedure (SOP)



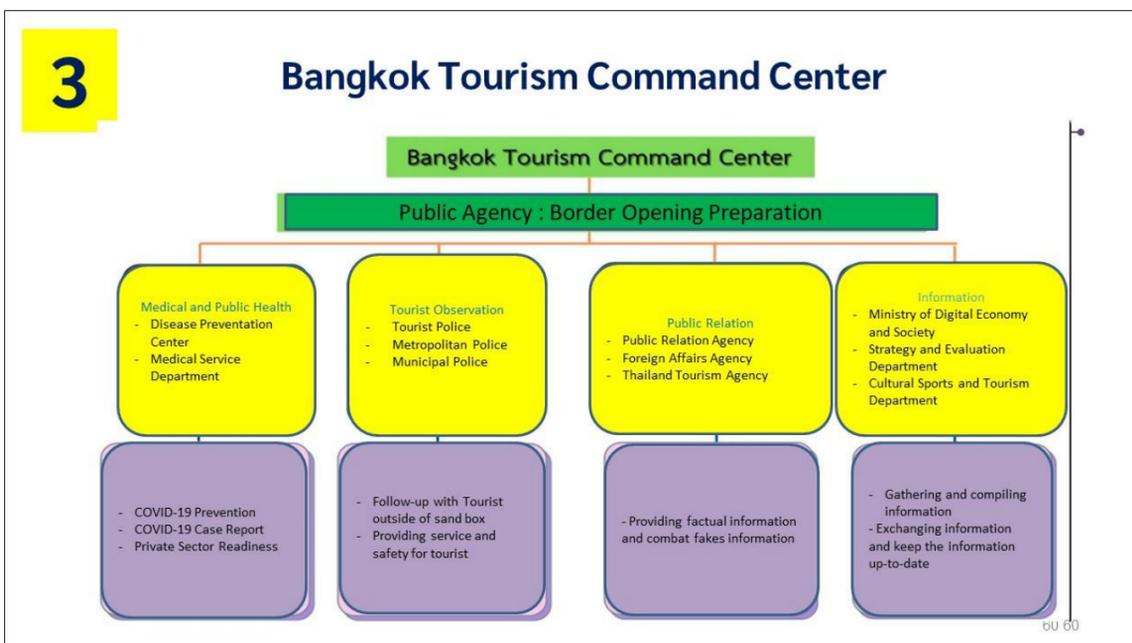
Standard Operation Procedure (or SOP) has been imposed as the preparation approach for reopening the country.



Regulations for people arriving from overseas.



These are Guidelines for examination and management when active case has been found.



Relevant departments of Bangkok have been working as an integrative function for the disease control.



Bangkok Tourism Command Center has been established in the Bangkok City Hall.

4 Preparing Medical and Public Health for Incident Action plan

Disease Surveillance, Prevention and	<ul style="list-style-type: none"> • Disease Surveillance > Proactive case finding • Vaccination and Booster Dose • Adapting to changing situation • SHA+ COVID Manager
Measures in Case of	<ul style="list-style-type: none"> • Medical and referring System • Limiting the outbreak • Testing for Covid with ATK/PCR • Situation Management Center
Public Relations and Communication	<ul style="list-style-type: none"> • Safe Travelling • Communicating with Tourist on the risk and measure they need to follow

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Medical and Public Health Preparation for Incident Action plan has been established.

(Draft) Dealing with New Patient from Tourists

Treating Patient	<ul style="list-style-type: none"> Green → Hospital or hospital according to Insurance Yellow → Hospital or hospital according to Insurance Red Group → Associated Hospital in BMC Network
Disease Prevention	<ul style="list-style-type: none"> • Outbreak Investigation • High-risk close contact • Reducing Tourist Group with infected case activity • SHA+/TSC • Reporting Outbreak Investigation
Cancellation of the Project	<ul style="list-style-type: none"> • Red and Yellow group has over 80% bed occupied • New cases 10-20 per 100,000 population in a week close observation (770-1540) • New cases 20-30 per 100,000 population in a week Limit the amount of tourist(1540-2310) • New cases more than 30 per 100,000 population in a week Cancellation of the project (2310-3080) • Decided by committee steering the plan to reopen Bangkok to the tourists and Communicable Disease Control

ALERT

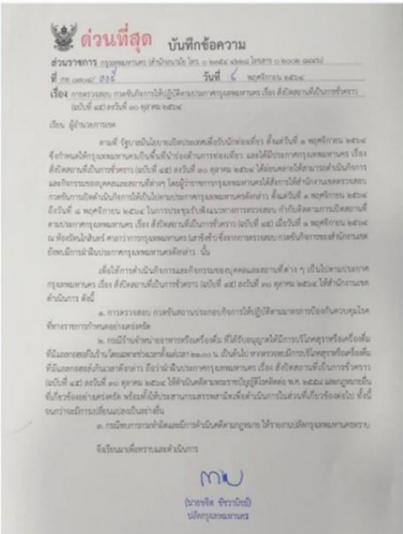
This is our plan to deal with new patients who are the tourists. It can be improved if more active case is confirmed.

5 Private Sector Inspection

Private Sector Inspection
Temporary Closure of Store in Bangkok
30 October 2021

Permanent Secretary of Bangkok order to each District

1. Making sure each store is following the covid-19 protocol
2. In case of store that were allowed to sell alcohol until before 21.00 but sell them after 21.00 will have to be temporary closed
3. In case of violation of the law it must be reported to the Permanent Secretary of Bangkok



Social and legal measures have been continuously imposed to control disease in various establishments.

Results from Restaurant Inspection From 1-7 November 2021

There is an inspection of restaurants to comply with the measures of Bangkok.



Thank you.



Thank You

Together We Care
Health Department
Bangkok Metropolitan Administration (BMA)

Questions and answers (Bangkok)

Q1.

What's the main task of [Subcommittee on Treatment and Rehabilitation Medical in the Bangkok area], which is the sub-department of [Center for COVID-19 Situation Administration for Bangkok and boundary] in the organization structure?

A1.

Sub-committee on Treatment and Medical Rehabilitation in the Bangkok area (as well as in another provinces) is a kind of bed management and allocation system. It's the hospital-bed gatherer for Covid-19 patients from every medical authorities. (ex. Bangkok Metropolitan Administration affiliated hospital, Ministry of Public Health affiliated hospital, Medical School affiliated hospital, Ministry of Defence affiliated hospital, Private hospital). The committee is also responsible for planning hospital capacity and coordinating with relevant medical service authorities to ensure bed adequacy for Covid-19 patients including referral management system for severe cases.

Q2.

We found that [Patient Mobilization Center] is in charge of [Medical Service Department]. Is it a separate organization like 119 in Korea, or under the COVID-19 Situation Administration for Bangkok?

A2.

Patient Mobilization Center is one of the Bangkok Emergency Medical Centre which is operated by Medical Service Department, Bangkok Metropolitan Administration (BMA). This is not exactly the same as the number 119 in Korea because it provides the emergency medical service only. In case of numerous confirmed cases, specific vehicle will be used for patient mobilizing (for example, vehicle of the city law enforcement, district office). Driver and relevant officer has been trained by Emergency Medical Centre for patient mobilizing accordingly.

Q3.

Is the risk of infection at public transportations included in the aim of raising vaccination rate?

A3.

Yes. We provide various vaccination service units all over Bangkok where citizen can access

easily such as community mall, mobile vaccination unit as well as Comprehensive COVID-19 Response Team (CCRT) to deploy Covid-19 Vaccination and speed up mass immunization in local community. For public transportation, we also take some standard universal precautions into account, such as social distancing. (wear face mask, provide hand sanitizer, food and drink are prohibited)

Q4.

In preventive measures for high-risk group such as an isolation (p17), what's the standard of dividing groups into hospital isolation, community isolation, field hospital, hospital and home-cure? Which is the most important?

A4.

1. Home Isolation will be applied for patients with mild symptoms (headache, fever with low-moderate temperature, cough, sneeze) and are not at risk in developing severe symptoms. Patients can still take care of themselves while treatment and consultant will be done through telemedicine by medical authorities. No family members are living in the same house.

2. Community isolation is the special premise in the community which is provided for a group of patients with mild symptoms whose house is not available for isolation because they live with other family members. (For example, patients who live in the studio apartment/single room apartment which they inevitably share everything such as bedroom/bathroom with their other family member. The others may be in high risk because of non-social distance)

3. Hospital and Field hospital will be provided for patients with moderate symptom or mild symptom but are at risk to develop severe symptoms such as patients age over 60 years or patients with chronic disease (for example: cardiovascular, chronic lung disease, cirrhosis of the liver).

4. Hospital : patients in hospital who develop more severe symptom will be transfer to the hospital. Patients in the hospital whose symptoms become milder will recuperate in the hospital.

Every stage of treatment are considered important.

Q5.

What's the Bangkok's response to a mass outbreak from market?

A5.

Announce the temporary closure of market (for cleansing) where outbreak be founded.

High risk and close contact cases must be quarantine for 14 days. Impose sentinel surveillance for 28 days. Any other premises will apply the same procedure;

- 1) confirmed cases must be in isolation.
- 2) outbreak investigation and infection source (such as shared restroom)
- 3) search for high risk contact cases and apply 14 days-quarantine.
- 4) strictly impose "COVID19 FREE SETTING Measure"

Q6.

How does the active and passive surveillance work from sentinel surveillance? (p18)

A6.

- Active sentinel surveillance : medical officer will investigate Covid -19 infection by using Antigen test kits in local community area , working premises, factories where the outbreak hasn't yet spread out.

- Passive sentinel surveillance: clinical diagnosis. Investigate Covid -19 infection by using Antigen test kits in the respiratory clinic/hospital for patients with respiratory symptoms.

Q7.

What's the Bangkok's response against the spread of the Omicron?

A7.

1. Universal precautions & strictly impose Thai Covid-19 free settings standards.
2. Accelerate local/national vaccination to reduce symptoms' severity
3. Promoted early treatment to reduce symptoms' severity and contagious

Now, the number of Omicron infected patients are approx. 10-15 percent.

Q8.

About Bubble and Seal

- We understand the Bubble and Seal is a method of infection prevention mainly for laborers in factories and construction sites. Laborers living off the factory premises are brought to work by private bus, etc. (Bubble), and infection spreading is also prevented by

providing accommodations for infected employees where they can stay for a period of isolation (Seal). How are these measures connected to medical institutions (e.g., community medical units, hospitals) for the purpose of collecting test specimens, transporting them to labs, and then letting people know when they are positive for COVID-19?

A8.

Public health center officers and safety officers of the factory or construction site or camps cooperated to classify the patients if mild stay in the factory or construction site community isolation but if moderate or high-risk patients must be sent to the hospital. Bubble and seal accommodation food and transportation cost paid by owner but the test & treatment paid by the social security fund and government (universal coverage for emergency patients fund)

Q9.

How do the business owners and government split the cost of testing, arranging for buses, and obtaining accommodations?

A9.

The owner paid for accommodation food and transportation. Government (by Universal coverage for emergency patients fund) and social security fund paid for test and treatment. Safety officers in the factory or construction site were cooperated with the public health center officers to deliver the Covid19 patients to the hospital but keep high risk contact cases in the bubble and seal site.

Q10.

Is this idea being expanded to places other than factories and construction sites? If not, why not?

A10.

This idea can be expanded. Other workplaces might open their community isolation for their employees but must pass the standard for Community Isolation (CI).

Q11.

Have standards been established for discontinuing the Bubble and Seal measures?

A11.

We, the BMA, may consider discontinuing the Bubble and Seal measure when no new cases

were founded within 28 days which is 2 times of incubation period (In Thailand we set the incubation period as 14 days)

Q12.

About home isolation and community isolation

Please explain the difference of the roles of these two.

A12.

Home isolation will be applied for patients with mild symptoms whose house is available for isolation. (For example, patients who live in detached house where there are several rooms/bathrooms which they can use separately from other family members who haven't infected. The others can live with patients in the same house with social distance and disease control)

Community isolation is the special premise in the community which is provided for a group of patients with mild symptoms whose house is not available for isolation. (For example, patients who live in the studio apartment/single room apartment which they inevitably share everything such as bedroom/bathroom with their other family member. The others may be in high risk because of non-social distance)

Q13.

Is a "hospitel" a place where people can spend 14 days of isolation in a pleasant environment that combines a hospital with a luxury hotel, and that users pay for themselves (100%)?

A13.

Yes, the hospitel is in combination of hospital and hotel. It is provided for patients with moderate symptom or mild symptom but are at risk to develop severe symptoms such as patients age over 60 years or patients with chronic disease (for example: cardiovascular, chronic lung disease, cirrhosis of the liver). For the payment, the Government (Universal coverage for emergency patients' fund: UCEP) pay 100 percent for the shared room (double/twin room) if the patients need a single room or more luxury one, they must pay by themselves.

Q14.

What specific needs was this service designed for?

A14.

It's designed for patients' isolation separately to prevent disease infection. If we do not

provide premise for isolation, patients may probably not stay isolate and keep going out so infection will be uncontrollable.

Q15.

How many people are using it?

A15.

There are approx. 23,000 persons using the hospitel (as of 23 Jan 2022). This number is the assemble of patients staying in the hospitel and hospital. For example, patients in hospitel who develop more severe symptom will be transfer to the hospital. Patients in the hospital whose symptoms become milder will recuperate in the hospital.

Q16.

There are many clusters on construction sites, in accommodations (e.g., camp sites), factories, companies, etc. Are there any particular factors behind these break outs?.

A16.

Lack of social distance because they normally stay in the overcrowded dwelling. They are also unable to comply with disease control measure due to their way of life, for example, do not separate personal utilities, bathe together in a local manner (use a bowl, scoop water in a shared water container/water tank and then splash on themselves, rather than have a shower or take a bath separatly.)