

工務單位常態防疫下運營轉型之探究— 以某公立社區醫院為例

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摘 要

2021年5月15日臺灣嚴重特殊傳染性肺炎(COVID-19)本土疫情大爆發，疫情指揮中心宣布疫情提升為第三級警戒，此期間部分公立社區型醫院員工之臨床或行政人員，皆全力投入防疫工作。而醫院所屬在建工程、規劃設計中案件及例行設備保養廠商，因其作業範圍皆在醫院建築物內，憂心進入醫院將有染疫風險，皆向醫院申請工程停工、暫停規劃設計作業或停止進入醫院進行保養維修等事宜。然而疫情變化並無法預測，工程停工、暫停規劃設計作業將造成醫院年度執行率產生落後之狀況。另醫院配合防疫過程時若相關機械設備保養停止，則恐影響業務正常運作，而消防設備檢修及防火管理等業務更須持續維持。故在疫情警戒下，如何強化外包人員及同仁每日健康管理與感染控制知識，都應為醫院工務部門所必須注意的重點。除此之外，更應檢討原有做法適當轉型之可行性，包括智慧化及E化的構想，例如將機電外包對所監控之用水、用電及消防等設備透過掃描QR code(Quick Response Code)進入雲端系統，進行巡檢、報修、設備履歷建置、管理及大數據分析作業等。而消防防護計畫所規定的自主檢查及其他安全檢查亦同，更應注意因忙於防疫的需求下，所造成的可能違反法令狀況，例如臨時性帳篷、篩檢站或雨遮等，或因防疫限制部分出入口及動線限制，造成避難逃生緊急出口(Emergency Exit)或避難動線(Evacuation Route)減少等狀況。本研究爰參考疫情指揮中心指引及縣市政府之防疫相關規定等資料，研擬疫情期間做好防疫措施進行施工、維護保養與消防管理等因應方式，期可做為相同類型醫院配合防疫實務工作上之參考。

關鍵詞：嚴重特殊傳染性肺炎、執行率、健康管理、感染控制、智慧化

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The Research on Operational Transformation under Normalized Epidemic Prevention of Public Works Units - Taking a Public Community Hospital for example

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Abstract

On May 15th, 2021, the local Severe Pneumonia with Novel Pathogens outbreak was continuing to grow in Taiwan. Central Epidemic Command Center announced to raise the nationwide Level 3 Alert. During this period, the clinical or administrative staff of some public community hospitals made their all-out effort to epidemic prevention. However, the construction in progress, projects in plan and routine maintenance inside the hospital are forced to suspend or cancel owing to the operators' concern with infection. Any changes to the status of epidemic is unpredictable while the hospital's annual implementation is foreseen far behind schedule due to the construction's suspending or cancelling. Meanwhile, the suspension of maintenance on relevant mechanical equipment tends to disable the normal operation inside the hospital; and the routine check on fire equipment and fire prevention and control shall be remained. Therefore under the epidemic alert, how to enhance the outsourcers' and staff's daily health management and infection control knowledge is very important for every works unit in the hospital. In addition, they should review the proper transforming possibilities of old practices including the concepts of intellectualization and electronization. For instance, make use of electromechanical outsourcing to control its water, electricity and fire-fighting equipment through scanning QR code to enter the cloud system and carry on inspection, repair and equipment resume building, management and big data analysis. It is the same for the voluntary inspection and other safety inspection regulated by the original fire protection plan of the hospital. Pay more attention to the possibility for the law violation because of the demand of epidemic prevention, such as temporary

tent, rapid screening stations and rain awning. Moreover the entrances and traffic flows are partly restricted owing to the epidemic prevention to cause the evacuation exits and traffic flows reduced. The present research refers to Epidemic Command Center Regulations and the epidemic prevention relevant laws of County (City) Governments to draw up epidemic prevention measures to be in the process of construction, care and maintenance and fire-fighting management during this period. Hopefully it can make reference to be in compliance with the practical work of epidemic prevention of the same type hospitals.

Key words: Severe Pneumonia with Novel Pathogens, implementation efficiency, health management, infection control, intellectualization (intellectualized)

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