

Management of Healthcare Workers Exposed to COVID-19



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DEFINITIONS



Active monitoring

Establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat).



Exposure

Exposure is defined as anyone with any of the following exposures:

- Being within 2 meters of a confirmed COVID-19 case for >15 minutes without wearing appropriate mask .
- Providing direct care for a confirmed COVID-19 patient without using proper personal protective equipment (PPE); including direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)
- Living in the household with a confirmed COVID-19 case;
- Sharing a room, meal, or other space with a confirmed COVID-19 case;
- Sitting within 2 rows (in any direction) of a confirmed COVID-19 case for >15 minutes and any crew in direct contact with the case in a public or shared transportation.



Health Care Worker

Defined as all staff in the health care facility involved in the provision of care for a COVID-19 infected patient, including those who have been present in the same area as the patient, as well as those who may not have provided direct care to the patient, but who have had contact with the patient's body fluids, potentially contaminated items or environmental surfaces. This includes health care professionals, allied health workers, auxiliary health workers (e.g. cleaning and laundry personnel, x-ray physicians and technicians, clerks, phlebotomists, respiratory therapist, nutritionists, social workers, physical therapists, lab personnel, cleaners, admission/reception clerks, patient transporters, catering staff etc.).



Contact tracing

Healthcare facilities should identify and trace all health care workers who had risk of exposure with confirmed COVID-19 patients according to risk classification low, and high.



Determination of the time period that the confirmed COVID-19 patient or HCW could be infectious for proper contact tracing:

1. For confirmed COVID-19 HCWs or patients who developed symptoms, consider the exposure window to be 2 days before symptom onset.
2. For confirmed COVID-19 HCWs or patients who never developed symptoms they should be considered potentially infectious beginning 2 days after their exposure, If the date of exposure cannot be determined, use a starting point of 2 days prior to the positive test result.

Epidemiologic Risk Classification for Healthcare Workers Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations.

Epidemiologic risk factors	Exposure category	Recommended monitoring for COVID-19 (until 14 days after last potential exposure)	Nasopharyngeal swab & work restrictions for HCP
HCW PPE: protected with complete PPE HCW PPE: Wearing only a facemask or respirator	Low	Self-monitoring	If asymptomatic, HCW must apply universal masking and continue his/her duties. If symptoms appear (regardless to vaccination status), HCW must refrain immediately from clinical duties and report to infection control.
HCW PPE: Not wearing a facemask or respirator HCW PPE: Not wearing all recommended PPE (respirator, face shield, gown, and gloves during AGPs for any duration of time)			



- ▶▶ HCWs should inform their facility’s occupational health program if they have had a high-risk community exposure e.g. roommate in nurses or housekeepers housing.
- ▶▶ HCWs who have had a community exposure should undergo monitoring without nasopharyngeal swabbing and continue their work with universal masking as long as they are asymptomatic.
- ▶▶ Symptomatic exposed HCW in any of the risk exposure categories (Low or High) should be restricted from work

HCW =Healthcare Worker.

PPE=Personal Protective Equipment,

AGPs=Aerosol Generating Procedures

Return to Work of Healthcare Workers Infected with COVID-19:

Symptoms\Staff shortage	No shortage of staff/Minimal	Moderate staff shortage*	Severe shortage**
Symptomatic HCWs	<ul style="list-style-type: none"> - 7 days have passed since the start of symptoms. (HCWs who care for long-term care or immunocompromised patients are preferred to be tested by RDT w/o confirmation with PCR). 	<ul style="list-style-type: none"> - 5 days have passed since the start of symptoms. (HCWs who care for long-term care or immunocompromised patients are preferred to be tested by RDT w/o confirmation with PCR). 	<ul style="list-style-type: none"> - HCWs may continue their duty if they are able to. - HCWs should adhere to universal masking during their duty. - Affected HCWs should minimize their exposure to other colleagues as much as possible.
Asymptomatic HCWs (Confirmed by lab)	<ul style="list-style-type: none"> - 7 days have passed since the test was taken and no symptoms appeared during the period. 	<ul style="list-style-type: none"> - 5 days have passed since the test was taken and no symptoms have appeared during the period. 	

*Shortage of staff should be assessed in coordination with regional Command and Control.

**Severe shortage of staff protocols be approved by central Command and Control Centre.

***It is recommended that healthcare facility test their HCWs before return to duty if the capacity allows.



After COVID-19 clearance and returning to work, HCW should:



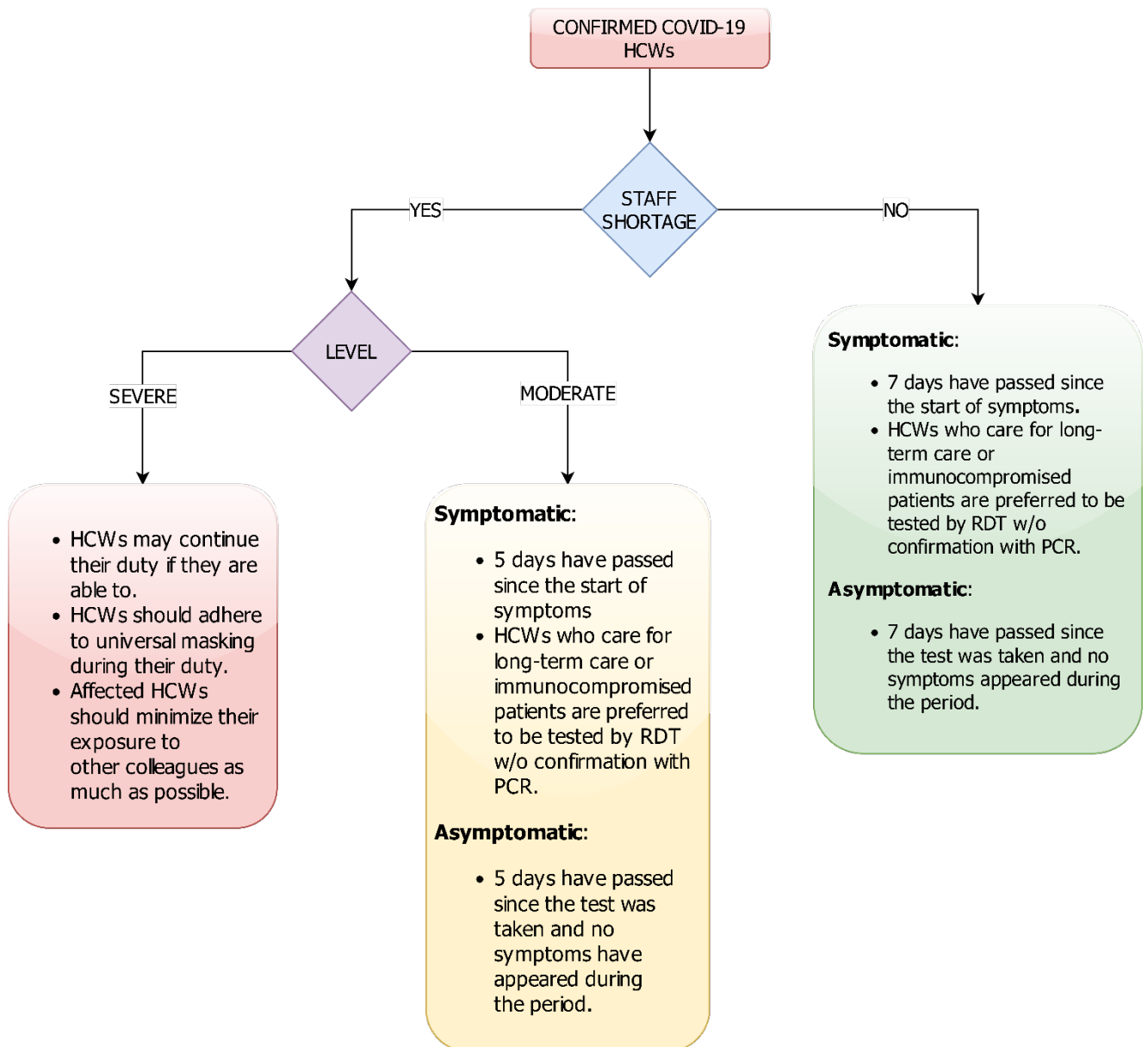
- Always wear a facemask for source control while in the healthcare facility.



- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Note:

This guide is adapted from Public Health Authority for the management of hospital staff exposed to a confirmed COVID-19 case. This guide should be followed by all healthcare facilities. However, a facility could implement different measures for some situations based on risk assessment and valid reasons with official approval of RCCC



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