

MANAGEMENT OF HEALTHCARE WORKER (HCW) DURING COVID-19 PANDEMIC

General Considerations

Healthcare workers should adhere to strict infection control procedures as per recommendations including the use of appropriate PPE.

Health-care workers who are providing care for confirmed COVID-19 or Patient Under Investigation (PUI) will be monitored daily by the OSH Unit or Safety and Health Committee of the healthcare facility. Healthcare workers monitored must be recorded in a database for contact tracing purpose. The format of the monitoring is as below.

Assessment and psychological of mental health first aid shall be conducted by the Mental Health and Psychosocial Support Team (such as counsellor).

Reporting

All healthcare workers who are positive for COVID-19 must be reported to all these 3 reporting system:

1. Communicable Diseases Notification using the Communicable Diseases Notification Form Annex 7
2. Occupational Health Notification using WEHU L1/L2 form
3. Monitoring form for personnel exposed to COVID-19 at healthcare facility level and State Health Department level.

Monitoring Form for Personnel Potentially Exposed To COVID-19

Name	:	
I/C number	:	
Telephone numbers	:	Mobile: Home:
Job title	:	
Work location	:	
Date(s) of Exposure*	:	
Type of contact with patient with potential COVID-19 infection, with patient's environment or with virus / clinical specimen		

* List ALL, use back of page if necessary

Was the following personal protective equipment (PPE) used during the encounter whereby the status of the respective patient is yet to be categorized confirmed for COVID-19?

Type of PPE	Yes	No	Don't Know
Gown			
Gloves			
Particulate respirator			
Medical mask			
Eye protection			
Other (please specify):			

List any possible non-occupational exposures (e.g. exposure to anyone with severe acute febrile respiratory illness, excluding the potential patient or the relevant clinical specimen):

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Daily Monitoring Table

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date/...../	Date/...../	Date/...../	Date/...../	Date/...../	Date/...../	Date/...../
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):
ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date/...../	Date/...../	Date/...../	Date/...../	Date/...../	Date/...../	Date/...../
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):
ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()

NOTE:

- The influenza-like illness (ILI) symptoms include fever ($\geq 38^{\circ}\text{C}$), cough, sore throat, arthralgia, myalgia, prostration and gastrointestinal symptoms (e.g. diarrhoea, vomiting, abdominal pain).
- The number of days needs to be increased if the personnel have repeated encounters / exposures to the respective patient.

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

**WEHU - L1
(JKKP 7)**

Send to:
Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name _____

Designation _____

Address of clinic / hospital _____

Contact no. _____

Part B - Affected person

Name _____

Date of Birth _____ New IC/ Passport no. _____
DD MM YY

Nationality _____ Gender Male Female

Ethnic Group _____ Occupation _____

Name and address of organization _____

District _____ State _____

Location of incident _____

Part C - Occupational Lung Disease

Date of diagnosis _____
DD MM YY

Diagnosis/ Provisional diagnosis _____

Part D

a) What kind of work did the patient do which may be associated with the disease?
(Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

**RISK ASSESSMENT AND MANAGEMENT OF HEALTHCARE WORKER (HCW)
WITH POTENTIAL EXPOSURE IN A HEALTHCARE SETTING TO PATIENTS
WITH COVID-19**

It is important that the HCW should not attend a healthcare setting if there is a risk that they could spread COVID-19.

HCW involves in providing care to patient with confirmed COVID-19 should:

- not be having uncontrolled medical comorbidities / immunocompromised state
- not be pregnant

A. Health care workers (HCW) with relevant international travel history

HCW who intend to travel or have returned from affected countries, should declare to respective head of department/unit promptly.

HCWs are advised to reconsider their non-essential international travel plan during the interim period.

Asymptomatic HCW with exposure within the past 14 days	Actions
Travelled to affected countries within the last 14 days	<ul style="list-style-type: none"> • HCW to inform OSH and respective head of department/unit • 1 sample of nasopharyngeal and oropharyngeal for RT-PCR shall be taken • OSH to provide home assessment tool • HCW shall be on home surveillance order for 72 hours pending result • HCW will update daily health status to OSH and respective head of department/unit • HCW will be referred and investigated further if he/she develop symptoms suggestive of COVID-19 • Symptomatic HCW will be reviewed as per assessment of PUI
<p>Return to work :</p> <p>If first swab sample is negative</p> <p>Refer to (E) Return to Work Practices and Work Restrictions</p>	

B. Asymptomatic HCW with household contact who are being investigated as PUI for COVID-19

For asymptomatic HCW who has a household member being investigated as PUI for COVID-19, the HCW should inform supervisor immediately and be excluded from work until first PCR result of the PUI is available. If the PCR result is negative, the HCW can return to work immediately.

C. Management of HCW who were exposed to patient with confirmed COVID-19

When assigning risk, factors to consider include:

- I. the duration of exposure (e.g., longer exposure time likely increases exposure risk)
- II. clinical symptoms of the patient (e.g., coughing likely increases exposure risk)
- III. whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment)
- IV. whether an aerosol generating procedure was performed
- V. the type of PPE used by HCW

Psychological support and assistance are to be consider for HCW when needs arises.

Exposure Risk Assessment

Category of risk exposure	Circumstances
High-risk exposures	<ul style="list-style-type: none">• HCW who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled* on patients with COVID-19 AND• when the healthcare providers' eyes, nose, or mouth were not protected.
Medium-risk exposures	<ul style="list-style-type: none">• HCW who had prolonged close contact with a confirmed COVID-19 case, AND• where HCW mucous membranes or hands were exposed to potentially infectious materials for COVID-19

Category of risk exposure	Circumstances
Low-risk exposures	<ul style="list-style-type: none"> Any inconsistencies in adherence to PPE while in close contact with a confirmed COVID-19 case
No identifiable risk	<ul style="list-style-type: none"> HCW without direct close contact with a confirmed COVID-19 case No entry into active patient's area HCW who adhere to recommended PPE

**cardiopulmonary resuscitation, intubation, NIV, extubation, bronchoscopy, nebulizer therapy, sputum induction*

1. Management of HCW with high-risk exposures

1.1. Symptomatic

Exclude from work for at least 7 days with MC, home surveillance order and home assessment tool. Allow return to work once:

- at least 72 hours have passed since recovery defined as resolution of fever and improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
- negative PCR for at least two consecutive nasopharyngeal (NP) and oropharyngeal (OP) swab specimens collected 48 hours apart

1.2. Asymptomatic

Exclude from work for at least 1 week with home surveillance order and home assessment tool. Allow return to work once:

- Negative PCR for at least two consecutive NP and OP swab specimens collected 48 hours apart. Based on the data available on serial interval of the disease it is recommended to start the swab from day 3 after exposure.

2. Management of HCW with medium and low-risk exposures

2.1 Symptomatic

Exclude from work with MC for 3 days, home surveillance order and home assessment tool until:

- Negative PCR for at least two consecutive NP and OP swab specimens collected 48 hours apart,
AND
- Resolution of fever and improvement in respiratory symptoms (e.g., cough, shortness of breath)

2.2 Asymptomatic

Exclude from work with home surveillance order until:

- Negative PCR for at least two consecutive NP and OP swab specimens collected 48 hours apart. Based on the data available on serial interval of the disease it is recommended to start the swab from day 3 after exposure.

3. Management of HCW with no identifiable risk

HCW in the no identifiable risk category do not require testing, monitoring or restriction from work.

D. Crisis Strategies to Mitigate Staffing Shortages

In the event of staffing shortages the relevant authorities might determine that the recommended approaches cannot be followed. In such scenarios:

- i HCW should be evaluated by OSH officer to determine appropriateness of earlier return to work than recommended above.
- ii However, if the HCW returns to work earlier, they should still adhere to the **Return to Work Practices and Work Restrictions recommendations**.
- iii In hospitals or wards dealing with immunocompromised hosts such as cancer patients, patients on chemotherapy this has to be discussed with hospital director and relevant clinical discipline.
- iv During extreme circumstances with acute shortage of staff; those staff who are asymptomatic close contacts may be needed to work. The HOD or for private facilities; the PIC/Specialist should ensure that they use relevant PPE including mask, eye protection, apron and gloves as well as they are monitored for symptoms until their screening tests are negative and the 14-day incubation period has ended. (This includes haemodialysis centres).

E. Return to Work Practices and Work Restrictions

HCW shall be allowed to return to work, however the following guideline should be adhered:

- i HCW must strictly wear a surgical mask at all time while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- ii HCW should adhere to hand hygiene, respiratory hygiene, and cough etiquette
- iii HCW shall be restricted from participating in the care of immunocompromised patients until 14 days after the last exposure or from illness onset.
- iv Strictly daily monitoring of temperature and respiratory symptoms by OSH Officer*
- v If HCW develop new onset of symptoms (even mild) or worsening of symptoms and consistent with COVID-19, they must immediately stop patient care activities and notify their supervisor or OSH officer prior to leaving work.

**OSH assumes responsibility for establishing regular communication at least daily with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat).*

Adapted from Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) US CDC, 16th March 2020