

## **Management of COVID-19 positive or suspect employees involved in care of patients in ACUTE CARE HOSPITALS – extraordinary situation and severe shortage of staff**

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All recommendations by Swissnoso on COVID-19 may be subject to change in irregular intervals, depending on further available evidence.

Healthcare workers (HCW) are at risk to get infected either outside the hospital or during work. They can infect patients, if COVID-19 is not recognized and/or infection control measures are not correctly implemented. Measures regarding medical personnel under investigation because of unprotected contact with a COVID-19 case are handled in a separate document issued by Swissnoso (<https://www.swissnoso.ch/forschung-entwicklung/aktuelle-ereignisse/>).

The present document describes the management of laboratory confirmed COVID-19 positive employees involved in direct patient care in the current extraordinary situation as proclaimed by the FOPH and in acute care hospitals experiencing severe shortage of staff. HCW turning sick should undergo testing according to the FOPH testing criteria whenever possible. The number of hospital admissions for COVID-19 is increasing in every part of Switzerland. The current document therefore considers the challenges hospital face when running into severe shortage of staff, so that adequate care for patients is not guaranteed and their safety is at risk.

Acute care hospitals without severe shortage of staff and other healthcare settings should still follow the recommendations issued by the Federal Office of Public health (e.g. LINK: Empfehlungen zum Umgang mit erkrankten Personen und Kontakten ab 19. März 2020; Empfehlungen für Institutionen wie Alters- und Pflegeheime sowie Einrichtungen für Menschen mit Behinderungen Stand: 2.4.2020).

### **Definitions**

#### **Health Care Worker (HCW)**

HCW are employees involved in care of patients with direct patient contact in a medical institution, providing acute care.

#### **COVID-19 positive HCW**

A COVID-19 positive HCW has clinical signs of a respiratory infection (e.g. cough, shortness of breath and/or fever) and laboratory confirmation of infection with COVID-19. Oligosymptomatic HCW may still be able to transmit the virus for a certain period but would be able to work if necessary, in the situation when patient safety is not guaranteed due to relevant shortage of staff. The recommendations are therefore stratified according to HCW with pending result, COVID-19 positive HCW with mild symptoms (able to work) and COVID-19 positive HCW with more severe symptoms (unable to work).

### **Recommendations**

- Basic measures for all situations: excellent compliance with hand hygiene, standard precaution, and social distancing among HCW and non-HCW in and outside the hospital
- In general, no negative follow-up test result is required for returning to work<sup>1</sup>

**Table. Overview of recommendations for (suspected) COVID-19 positive employees**

Employee's condition	Extraordinary situation combined with severe shortage of staff
- Symptomatic HCW test result pending	- HCW can continue to work if mild symptoms/no fever wearing a surgical mask until test result available
- COVID-19 positive with mild symptoms AND absence of fever	- Home isolation for 48 hours - Can resume work if feeling well (see cautionary note <sup>2</sup> : wearing a surgical mask for 10 days <sup>3</sup> from the onset of symptoms is mandatory
- COVID-19 positive with more severe symptoms: e.g. fever $\geq 38^{\circ}\text{C}$ , cough or difficulty breathing, feeling generally ill	- Home isolation and resumption of work when no fevers AND respiratory symptoms markedly improved for 48 hours - When resuming work, wearing a surgical mask for 10 days <sup>3</sup> from the onset of symptoms is mandatory
<b>OPTIONAL in COVID-19 positive, symptomatic employees, if quantitative PCR available<sup>1</sup></b>	
- To be considered e.g. for <ul style="list-style-type: none"> <li>o HCW in specialised care (haematological transplant units, intensive care units)</li> <li>o HCW with prolonged symptoms</li> <li>o HCW with chronic disease</li> </ul>	- Home isolation for 5 days, then repeat testing <ul style="list-style-type: none"> <li>o If <math>&gt; 3</math> log reduction or <math>&lt; 100'000</math> cp/ml: resumption of work</li> <li>o if <math>&gt; 100'000</math> cp/ml (or <math>&lt; 3</math> log reduction): remains in home isolation for another 5 days</li> </ul> - When resuming work, wearing a surgical mask for 10 days <sup>3</sup> from the onset of symptoms is required during the care of non-COVID-19 patients and during sessions/meetings with other HCW

**Footnotes:**

<sup>1</sup> A follow-up test showing a relevant decrease in viral load can be considered as additional criterion for returning to work. Please note, not all laboratories perform quantitative viral load measurement, and viral load may depend on the quality of the swab/performance of the investigator.

<sup>2</sup> Warning: HCW must be informed that the symptoms may quickly deteriorate, that they need to carefully self-monitor for evolving clinical symptoms and seek medical advice immediately if necessary

<sup>3</sup> The requirement for wearing a mask for 10 days from symptom onset may soon be opted out due to obligation for universal masking for HCWs in acute care hospitals.