

Management of COVID-19 positive or suspect employees involved in care of patients in ACUTE CARE HOSPITALS – extraordinary situation

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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.

To whom do these guidelines apply?

The following recommendations apply to acute care hospitals in the extraordinary situation as declared by the Federal Council. The recommendations distinguish between hospitals with regular staffing and hospitals with severe shortage of staff, so that adequate care for patients is not guaranteed and their safety is at risk.

Other non-acute care settings (long-term care facilities or ambulatory mobile care such as SPITEX) should still follow the recommendations declared by the Federal Office of Public Health.

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/>).

Who should be tested?

HCW turning sick should undergo testing according to the FOPH testing criteria whenever possible. In the meantime, the range of symptoms has been expanded and those more commonly seen include: cough (usually dry), sore throat, shortness of breath, high temperature, feverishness, muscle ache, and loss of sense of smell/taste. HCWs should be made aware of mild forms of COVID (especially among younger personnel), which may still require testing to confirm the diagnosis.

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 infection 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 precautions, and physical distancing among HCW and non-HCW in and outside the hospital
- In general, no negative follow-up test result is required for returning to work¹

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

Employee's condition	Adequate staffing	Severe shortage of staff
- Symptomatic HCW with pending test result	- Stay at home until result available and avoid contact with other people	- HCW can continue to work if mild symptoms (no fever or cough), while wearing a surgical mask until test result available
- COVID-19 positive with mild symptoms AND absence of fever	- Home isolation for 10 days from symptom onset	- Home isolation for 48 hours - Can resume work if feeling well (see cautionary note ² : wearing a surgical mask for 10 days ³ 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 for 10 days from symptom onset AND resolution of symptoms for 48 hours	- Home isolation and resumption of work when no fever AND respiratory symptoms markedly improved over last 48 hours - When resuming work, wearing a surgical mask for 10 days ³ from the onset of symptoms is mandatory
OPTIONAL in COVID-19 positive, symptomatic employees, if quantitative PCR available¹		
- To be considered e.g. for <ul style="list-style-type: none"> o HCW in specialised care (haematological transplant units, intensive care units) o HCW with prolonged symptoms o HCW with chronic disease 	- Consider re-testing with quantitative PCR measurement on an individual basis	- Home isolation for 5 days, then repeat testing <ul style="list-style-type: none"> o If > 3 log reduction or $< 100'000$ cp/ml: resumption of work o if $> 100'000$ cp/ml (or < 3 log reduction): remains in home isolation for another 5 days - When resuming work, wearing a surgical mask for 10 days ³ from the onset of symptoms is required during the care of non-COVID-19 patients and during sessions/meetings with other HCW

Footnotes:

¹ 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.

² 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

³ 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.