

NW Syria COVID-19 Taskforce
Case Management and IPC Working Groups

**Guidance for public health facility and management of health workers
exposed to suspected or confirmed COVID-19 in healthcare settings**

Overview:

This document provides guidance to health facility managers and the IPC committee on the management of the medical, administrative, or supportive staff, the patients, or their companions when they are suspected or confirmed COVID-19 cases within healthcare facilities.

Actionable steps have been mentioned based on different scenarios:

First Scenario:

- In the event that the healthcare staff working at the health facility develop mild COVID-19 symptoms, the actions need to be taken are as follow:
- They should stay at home; Immediately self – isolate themselves and should not attend work.
- Staff who develop symptoms linked to COVID 19 should be instructed not to report to work. Facility management should ensure that employees are aware of this
 - i. If they develop symptom while at work, they should put on a surgical mask, restrict their movement within the health facility, and apply isolation in accordance with the triage protocol. The following steps are recommended: Immediately notify your line manager.
 - ii. Line manager should immediately notify the surveillance team.
 - iii. The surveillance and laboratory team should assess the health workers and perform COVID-19 testing if the health workers comply with all requests for testing in accordance to Laboratory testing guideline).
 - iv. If the result is positive, they must be suspended from work for a period of 10 days from the date on which symptoms appeared, with an additional 3 days without symptoms (mainly fever) for symptomatic cases.
 - v. If the result is negative and the case is highly suspicious according to the clinical symptoms, we ask for a re-test and continuing the self-isolation (dealing with it as a probable case).

Second scenario:

In the event that one of the health worker and/or supportive staff were in close contact with a confirmed or probable case (contact for more than 15 minutes and less than one-meter, direct physical contact or providing medical care for a confirmed or probable case without wearing the recommended personal protection equipment), the actions need to be taken are as follow:

The medical director and health facility IPC committee have to conduct a risk assessment for all potential staff that was exposed (Annex1; staff risk assessment questionnaire) on duty/shift.

- The infection control committee or the medical director is the authorized body at the health facility responsible for the staff risk assessment, verification, and making an immediate decision on quarantine or isolation regarding the health facility staff, patients, and caregivers as per the following recommendations:
 1. Workers identified as close contacts, should adhere to the following:
 - 1.1 Home quarantine (community quarantine center is highly recommended for the health staff) for a period of 14 days with daily self-monitoring of the development of symptoms (Annex: 2 self-monitor producers).
 - 1.2 For contacts developing symptoms, it's recommended to refer them to a COVID-19 Community Treatment Centre (CCTC) according to the severity of symptoms to take a swab and complete the isolation period of 10 days from the date on which symptoms appeared with an additional 3 days without symptoms (mainly fever) or according to the protocol followed in the isolation facility.
 - 1.3 Information should be compiled on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms.

Preventive measures:

2. Workers identified as no exposures and remain asymptomatic, they should adhere to the following:
 - 2.1 Health facility Triage staff should measure their temperatures and assess symptoms on daily basis prior to entering the facility.
 - 2.2 Regular self-monitoring under the supervision of a designated IPC committee member.
 - 2.3 Wearing medical mask: all health workers and support staff must wear a medical mask at all times while in the workplace for 14 days after the last exposure/ infection detected within health facility. However, all health personal including ancillary staff are expected to wear medical mask throughout their shift/ presence within the health facility premises.
 - 2.4 Social distancing: Health facility staff should maintain 1.5 - 2 meters and practice social and physical distancing as work duties permit in the workplace, this includes the staff quota, restaurant, and recreation areas in the facility

- 2.5 Disinfect and clean workspaces: clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely. (Annex 3; disinfectant guideline)

If the staff become sick during the working day, they should be isolated immediately, surfaces in their workplace should be cleaned and disinfected and inform the surveillance, IPC, and health facility manager to conduct a risk assessment of exposure for all personnel who had contact with the ill worker during the time the worker had symptoms and 2 days prior to symptoms.

For hospital management:

3. Recommendation for health facility department or workplace in which the suspected/probable/confirmed case was located:
 31. Must conduct extensive disinfection and sterilization operations using appropriate sterilization materials that include surfaces, floors, and medical equipment in the work environment, and then resuming work in the department after the sterilization operations are completed as per IPC guidelines.
 32. The place must be very well ventilated before the sterilization process.
 33. It is not recommended to close a health facility as a result of the presence of a suspected/probable/confirmed case, or in contact with this case by some staff, and the decision to close a facility is not taken except by the competent health authorities (health directorates).
 - a. Suggestive steps for hospital management to be undertaken at the event of an infection being detected within health facility premises:
 - i. Partial closure of health facility
 - ii. Closure of departments/ wards where patient was admitted.
 - iii. If it is a health staff to close the department or ward the health staff was assigned to.
 - iv. Close contacts (patients and staff working in these departments) may be isolated and surveillance intimated for testing.
 - v. Immediate disinfection process of the facility to be initiated according to IPC guidelines
 - vi. Maintain emergency services by repurposing health personnel from other departments to temporarily ensure continuity of essential services
 - vii. Outpatient patient departments (non-emergency) may be closed until decontamination process is completed.
 34. All Healthcare staff working at health facilities should apply daily self-examination to check for symptoms of Covid-19 disease
 35. It is recommended that the triage process be applied to all persons entering the health facility, including the staff working within the facility.
 36. The infection control committee conduct IPC assessment for the health facility as per the WHO IPC and triage assessment, questionnaires, and set recommendation of the strengthening IPC and triage system accordingly.

The IPC committee and health facility management day to day responsibilities:

1. Ensuring all health workers, supportive staff and patient temperatures and COVID-19 symptoms are assessed prior enters to the health facility as per triage screening questionnaire.
2. Ensuring all the health staff and patients' adherence of wearing face masks while entering triage points/ and present inside health facility premise
3. Responsible for receiving call regarding the staff, who report COVID-19 symptoms while at home and follow-up with surveillance and laboratory team and provide guidance and final decision to healthcare worker accordingly.
4. Ensuring facility premises are well ventilated and increase air exchange in the building (maintain windows are open even during the winter season)
5. Ensuring appropriate cleaning and disinfection of environmental surfaces, medical devices and equipment at the workplaces, staff areas including; duty
6. Set role and policy for limitation and restricting the number of visitors per patient.