

Management of COVID-19 positive employees involved in care of patients with direct patient contact

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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. It considers the challenges hospital may face if many HCW do not report to work because of a COVID-19 infection and individual departments or wards have relevant shortage of staff, so that adequate care for patients is not guaranteed and their security is at risk.

Definitions

Health Care Worker (HCW)

HCW are employees involved in care of patients with direct patient contact in a medical institution, providing either acute or long-term 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 SARS-CoV-2. Due to mild courses it is possible that symptoms may have gone when the test result is available. We therefore distinguish between HCW awaiting the pending results, HCW already recovered when the test result is available and HCW still being symptomatic.

Situations

- I. Adequate staffing and/or low bed occupancy
- II. Relevant shortage of staff (adequate care of patients not guaranteed) and measures to assure adequate staffing have been exhausted

Note: hospitals need to set their own threshold when shortage of staff is deemed relevant.

Recommendations

- Optimal adherence to hand hygiene still represents the most important infection control measure (to be reinforced/instructed as required)
- In general, no negative follow-up test result is required for returning to work¹

HCW's condition	Adequate staffing	Relevant shortage of staff
- Symptomatic HCW awaiting test result	- Stay at home until result available and avoid contact with other people ²	- Stay at home until result available and avoid contact with other people ²
- COVID-19 positive HCW already recovered when test result available	- Home isolation for 10 days from beginning of symptoms	- Can return to work - Wearing a surgical mask for 10 days from beginning of symptoms is required if caring for COVID-19 negative patients and during meetings with other HCW
- COVID-19 positive, symptomatic HCW	- Home isolation for a minimum of 10 days from beginning of symptoms AND at least 48 hours without symptoms	- Home isolation until 48 hours asymptomatic. - When returning to work wearing a surgical mask for 10 days from beginning of symptoms is required if caring for COVID-19 negative patients and during 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 in the following circumstances:

- Specialized care settings (e.g. hematologic transplant units, intensive care units)
- In the case, a HCW has prolonged symptoms
- If the HCW himself/herself has a severe underlying medical condition

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 If the test is negative and the HCW has only mild symptoms, a return to work is possible while observing the standard precaution measures and respiratory etiquette.