Management of COVID-19 positive or suspect employees involved in care of patients in acute care hospitals
(Version 2, Swissnoso 13.3.2020: Due to the rapidly evolving situation with increasing COVID-19 cases in hospitals and rapidly growing shortage of staff, Swissnoso has decided to immediately release updated recommendations for acute care settings:
One of the major changes is, that HCW under investigation for COVID-19 should continue to work wearing a surgical mask if their condition allows it to do so, until test result is back. Due to the delay in getting back the test result, most hospitals are in urgent need of this workforce to guarantee patient safety. Swissnoso believes that the potential transmission risk is low if HCW perform excellent hand hygiene and wear a mask while caring for patients and working with other HCW)

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 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 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 work
<table>
<thead>
<tr>
<th>HCW’s condition</th>
<th>Adequate staffing</th>
<th>Relevant shortage of staff</th>
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</thead>
<tbody>
<tr>
<td>- Symptomatic HCW test result pending</td>
<td>- Stay at home until result available and avoid contact with other people(^1)</td>
<td>- If the general condition allows (mild symptoms, no fever), HCW continues to work with surgical mask until the test result is available</td>
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<tr>
<td>- COVID-19 positive HCW already recovered when test result available</td>
<td>- Home isolation for 10 days from symptom onset</td>
<td>- Can work again/ or continues to work</td>
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<td>- However, wearing a surgical mask for 10 days from the onset of symptoms is required when caring for non-COVID-19 patients and during sessions/meetings with other HCW.</td>
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<tr>
<td>- COVID-19 positive, symptomatic HCW</td>
<td>- Home isolation for 10 days from symptom onset</td>
<td>- Home isolation for 5 days</td>
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<td>- Arrange a medical appointment if persistent symptoms</td>
<td>- Resumption of work when general condition improved and no fevers</td>
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<td>- When resuming work, wearing a surgical mask for 10 days from the onset of symptoms is required during care of non-COVID-19 patients and during meetings with other HCW.</td>
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<td>- Otherwise, arrange an appointment with occupational health</td>
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</table>

**OPTIONAL in COVID-19 positive, symptomatic HCW, if quantitative PCR available\(^2\)**

- To be considered e.g. for
  - HCW in specialised care (haematological transplant units, intensive care units)
  - HCW with prolonged symptoms
  - HCW with chronic disease

- Same measure as above
- Evaluation of quantitative PCR on an individual basis

- Home isolation for 5 days, then retesting
  - If > 3 log reduction or < 100'000 cp/ml: resumption of work
  - If > 100'000 Kp/ml (or < 3 log reduction): remains in home isolation for another 5 days
- When resuming work, wearing a surgical mask for 10 days from the onset of symptoms is required during the care of non-COVID-19 patients and during sessions/meetings with other HCW.

**Footnotes:**

\(^1\) 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.

\(^2\) 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.