

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

(Version 4.2, Swissnoso 30.10.2020, all updates in red)

All recommendations by Swissnoso on COVID-19 may be subject to change 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. 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. 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: universal masking, 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 work<sup>1</sup>

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

Please be aware that the exemption as outlined under “severe shortage of staff” should only be considered under special conditions<sup>2</sup> and pending approval by the cantonal physician

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)
- COVID-19 positive without symptoms AND absence of fever (“not feeling sick”)	- Home isolation for 10 days from symptom onset	- Home isolation for 48 hours - Can resume work if feeling well (see cautionary note <sup>3</sup> )
- 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

<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> It is important that these HCW **wear a mask at all times** or keep distance of > 1.5 m to other persons if wearing a mask is not possible. We strongly recommend additional measures e.g. separate lunch or coffee breaks, limiting direct patient contact if possible, or working on COVID19 wards

<sup>3</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

<b>OPTIONAL in COVID-19 positive, symptomatic employees, if quantitative PCR available</b>		
<ul style="list-style-type: none"> <li>- To be considered e.g. for               <ul style="list-style-type: none"> <li>o HCW in specialized care (haematological transplant units, intensive care units)</li> <li>o HCW with prolonged symptoms</li> <li>o HCW with chronic disease</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Consider re-testing with quantitative PCR measurement on an individual basis</li> </ul>	<ul style="list-style-type: none"> <li>- Home isolation for 5 days, then repeat testing               <ul style="list-style-type: none"> <li>o If &gt; 3 log reduction or &lt; 100'000 cp/ml: resumption of work</li> <li>o if &gt; 100'000 cp/ml (or &lt; 3 log reduction): remains in home isolation for another 5 days</li> </ul> </li> </ul>