

Swissnoso recommendations on de-escalating infection prevention and control (IPC) measures for COVID-19 in the acute care setting

Version 1 from 9th February 2022 (due for review/update by the end of February 2022¹)

Background and purpose

The Omicron SARS-CoV-2 variant is more transmissible but seems less associated with pneumonia or severe disease than the Delta variant or earlier virus strains. At the same time, population immunity due to vaccination and/or previous infection has substantially increased by now, and therapeutic options to reduce the risk of severe disease are available. In addition, the CH-SUR surveillance from Swiss hospitals observed much lower morbidity/mortality in nosocomial cases of COVID-19 associated with Omicron.

Given Omicron having become the predominant² strain in Switzerland (and unless other, more virulent variants emerge), hospitals may opt for a de-escalation of COVID-specific IPC measures. This document provides minimum recommendations to protect the most vulnerable patients³ (many of whom are vaccinated by now and, therefore, less at risk for severe disease), while allowing to restore routine, pre-pandemic healthcare functioning (e.g., full elective surgery program) and focusing on general IPC issues. After adaption to local epidemiology and setting⁴, the recommendations should be communicated both internally and externally.

Patients

COVID-19 IPC Measure	'High-risk' units <i>Bone marrow transplant, haemato-oncology, intensive care unit, etc.</i>	Other units/wards	Specific situations
Screening of asymptomatic patients <i>- ideally via nucleic acid testing (e.g., PCR)</i>	consider routine screening -on admission to the unit -repetitive screening <i>(at least 1x/week)</i>	optional (e.g., if population incidence is high)	- consider targeted at-risk screening prior to specific major/elective procedures; in repatriated patients, etc.
Further testing of patients	if symptomatic ⁵	if symptomatic ⁵	- nosocomial outbreaks: if ≥ 3 positive patients within 5 days in same unit/ward
Hybrid wards (allow mixing of COVID-19- with non-Covid patients on the same ward) <i>- under strict adherence to all relevant precaution measures</i>	not recommended where severely immune-suppressed patients³	single room or cohort rooms (no mixing with non-COVID-19 patients in the same room)	- in severe cases or high-risk patients: consider transfer to ICU or dedicated COVID unit
Patient isolation <i>- end isolation only if clear clinical improvement and no fever for 48h (in doubt, consider repeat test to determine infectiousness)</i>	for a minimum of 14 days from symptom onset (or, first positive test) if severe immunosuppression³	for a minimum of 7 days from symptom onset (or, first positive test)	- if severe immune-suppression, consider repeat testing and/or Inf. Diseases consultation
Patient quarantine <i>- after unprotected/face-to-face contact with a confirmed COVID-19 case - consider test on D5 to exclude infection</i>	for a minimum of 5 days (if inpatient) from the last contact with positive case		
Patient wearing a surgical mask <i>- when patient outside the bed - unless medical contraindications</i>	Yes <i>when in direct contact with other patients, healthcare workers (HCWs), or visitors</i>		- including outpatient departments, elective procedures, etc.

¹ Further updates will follow in response to Federal decisions on the stepwise lifting of community precaution measures, as per decisions made on 12/1/22 (shortening of isolation and quarantine duration) and 2/2/22 (lifting of contact quarantine).

² co-circulation with Delta-strain, as for example currently in Eastern region of Switzerland

³ according to the FOPH definition (Persons with chronic diseases with the highest risk, COVID-19 mRNA-Impfempfehlung, 07.01.2022), under <https://www.bag.admin.ch/dam/bag/de/dokumente/mt/k-und-i/aktuelle-ausbrueche-pandemien/2019-nCoV/covid-19-tabelle-2-impfempfehlung.pdf.download.pdf/Krankheitsdefinitionen%20f%C3%BCr%20Personen%20mit%20chronischen%20Krankheiten%20mit%20dem%20H%C3%B6chsten%20Risiko%20-%20Tabelle%202%20der%20Covid-19%20mRNA-Impfempfehlung.pdf>

⁴ includes aspects of infrastructure and design of units/wards (single rooms, separate bathrooms), staffing, etc.

⁵ for SARS-CoV-2/other pathogens as indicated (syndromic surveillance), using the FOPH testing criteria:

https://www.bag.admin.ch/dam/bag/de/dokumente/mt/msys/covid-19-verdachts-beprobungs-meldekriterien.pdf.download.pdf/BAG_Verdachts_Beprobungs_und_Meldekriterien.pdf

In addition (patients)

- Promote a **full vaccination status in patients** for COVID-19 and influenza as per national guidelines
- Remind **patients to follow basic hygiene rules** where possible, including the routine wearing of a surgical mask (also for short interactions) and facilitate adequate room ventilation

Healthcare workers (HCWs)

COVID-19 IPC Measure	Recommendations	Additional remarks
Asymptomatic HCW screening <i>- regardless of vaccination status</i>	follow government regulations for institutional repetitive screening	- also: nosocomial outbreak investigations (nosocomial outbreaks: if ≥ 3 positive patients within 5 days in the same unit/ward) - symptomatic HCWs → immediate individual testing
HCW isolation <i>- end isolation only if without (or substantial decrease of) symptoms for 48h</i>	for a minimum of 5 days from symptom onset (or, first positive test)	- follow additional measures after return to work ⁶ <i>(exceptions as per approval by cantonal health authorities⁷)</i>
HCW having had close contact to a positive case <i>-careful self-monitoring for symptoms for 5 days (stay home & test symptoms develop, even if mild)</i>	none	- follow additional measures at work ⁶ - regardless of vaccination status or whether exposure inside vs outside hospital
Masks <i>Universal surgical masking across all hospital grounds</i>	PLUS mandatory FFP2-respirator for AGPs (Aerosol-generating procedures) in COVID-19 patients	Recommended FFP2 for - close/prolonged contact ⁸ with COVID-19 patients - may use in other situations

In addition (HCWs)

- Promote a complete vaccination status for COVID-19 (including booster) and influenza among all HCWs
- Remind HCWs to be cautious and avoid any high-risk behaviour/situations inside/outside work, especially during breaks (limited number of people, >1.5m distancing, and good ventilation in the room)

Visitors

- Restrict to asymptomatic visitors that are able to wear a mask⁹
- Limit to a maximum of two visitors per patient room at the same time
- Remind visitors always to wear a surgical mask and to follow hygiene rules, in particular, hand hygiene, before visiting the patient

⁶ for 7 days from symptom onset/ first positive test (for HCWs when returning to work following isolation) or, within 5 days from last close contact with a positive case (HCWs having had close contact to positive case), to follow additional measures (besides standard precautions and *respiratory etiquette*): **avoid working with immunocompromised patients if feasible** (transplant units, etc.); avoid crowded areas; take meals/breaks alone in ventilated rooms; ensure that all contacts (HCW, patients) always wear a mask as well; consider the returning HCW to wear an FFP2 mask (instead of a surgical mask).

⁷ e.g., the canton may allow in exceptional circumstances, isolation to be shortened to 72 hours; upon return, on-site PCR to be considered (CT >30 ≈ low risk) plus adherence to additional measures (see footnote above).

⁸ especially if proximity to the airways or performing aerosol-generating procedures; if enhanced patient respiratory activity other than quiet breathing; poor room ventilation. See also Swissnoso recommendations on the use of FFP2 respirators for HCWs with direct contact to COVID-19 patients www.swissnoso.ch/forschung-entwicklung/aktuelle-ereignisse

⁹ Exceptions may be granted for specific situations (e.g., caregivers of hospitalized children; emergencies, childbirth, or dying patients)

Enhanced IPC considerations in case of large nosocomial outbreaks of COVID-19

- On the affected wards:
 - broader testing of asymptomatic patients and HCWs, if ≥ 3 positive patients within 5 days in the same unit/ward
 - frequent testing every 3-7 days (independently of vaccination status) until no new cases are identified for at least 14 days
- In uncontrolled outbreaks (ongoing transmission despite all preventive measures being in place)
 - consider introducing mandatory FFP2 masks for all HCWs working with patients on the affected wards or in the entire hospital
 - increased interspacing and closing of beds on the affected wards
- Implement measures to improve room ventilation (no clear evidence for benefit but unlikely to harm)