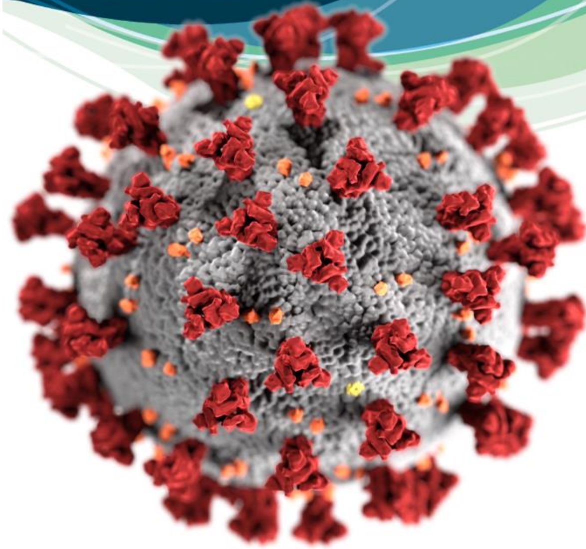
Management of Healthcare Workers Exposed to COVID-19

V 3.1



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Saudi Center for Disease Prevention and Control

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Definitions:

Active monitoring

Establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat).

Contact:

Contact is defined as anyone with any of the following exposures:

- Being within 2 meters of a confirmed COVID-19 case for >15 minutes.
- Direct physical contact with a confirmed COVID-19 case;
- Providing direct care for a confirmed COVID-19 patient without using proper personal protective equipment (PPE); including direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)
- Living in the household with a confirmed COVID-19 case;
- Sharing a room, meal, or other space with a confirmed COVID-19 case;
- Sitting within 2 rows (in any direction) of a confirmed COVID-19 case for >15 minutes and any crew in direct contact with the case in a public or shared transportation.

Health Care Worker

Defined as all staff in the health care facility involved in the provision of care for a COVID-19 infected patient, including those who have been present in the same area as the patient, as well as those who may not have provided direct care to the patient, but who have had contact with the patient's body fluids, potentially contaminated items or environmental surfaces. This includes health care professionals, allied health workers, auxiliary health workers (e.g. cleaning and laundry personnel, x-ray physicians and technicians, clerks, phlebotomists, respiratory therapist, nutritionists, social workers, physical therapists, lab personnel, cleaners, admission/reception clerks, patient transporters, catering staff etc.).

Contact tracing:

Healthcare facilities should identify and trace all health care workers who had risk of exposure with confirmed COVID-19 patients according to risk classification low and high.

Determination of the time period that the confirmed COVID-19 patient or HCW could be infectious for proper contact tracing:

1. For confirmed COVID-19 HCWs or patients who developed symptoms, consider the exposure window to **be 2 days before symptom onset**.
2. For confirmed COVID-19 HCWs or patients who never developed symptoms they should be considered potentially infectious **beginning 2 days after their exposure**, If the date of exposure cannot be determined , use a starting point **of 2 days prior to the positive test result**.

Epidemiologic Risk Classification for Healthcare Workers Following Exposure to Patients with Coronavirus Disease (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Nasopharyngeal swab & Work Restrictions for HCP
HCW PPE: Protected with complete PPE	**Low**	Active monitoring	If asymptomatic, HCW must apply universal masking and continue his/her duties. If symptoms appear, HCW must refrain immediately form clinical duties and report to infection control.
HCW PPE: wearing only a facemask or respirator			
HCW PPE: Not wearing a facemask or respirator	**High**	Active monitoring	All HCWs of **high risk** exposure continue their work with strict adherence to universal masking during their presence in the healthcare facility even in their lounge during break times as long as they are asymptomatic, they should be swabbed at the 3rd to 5th day of the exposure , continue their duties and they should be excluded from work if they have symptoms or positive COVID-19 result
HCW PPE: Not wearing all recommended PPE (Fit tested respirator or PAPR, face shield, gown and gloves) during aerosol-generating procedure for any duration of time.			

HCWs should inform their facility's occupational health program if they have had a high-risk community exposure e.g. roommate in nurses or housekeepers housing. HCWs who have had a community exposure should undergo monitoring without nasopharyngeal swabbing and continue their work with universal masking as long as they are asymptomatic.

Symptomatic exposed HCW in any of the risk exposure categories (Low or High) should be restricted from work

HCW =Healthcare Worker; PPE=Personal Protective Equipment, AGPs=Aerosol Generating Procedures

Return to Work of Healthcare Workers Infected with COVID-19:

- Symptomatic healthcare worker with COVID-19 is considered a state of recovery and can return to work **without a need for COVID-19 retesting** if **3 days or more have passed since** resolution of symptoms (no fever without use of antipyretics and no respiratory symptoms or diarrhea) AND **at least 10 days have passed since** symptom first appeared.

- HCW with laboratory-confirmed COVID-19 who have not had any symptoms can resume their duty if 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

After COVID-19 clearance and returning to work, HCW should:

- Always wear a facemask for source control while in the healthcare facility.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Note:

This guide is adapted from SCDC for the management of hospital staff exposed to a confirmed COVID-19 case. This guide should be followed by all healthcare facilities. However, a facility could implement different measures for some situations based on risk assessment and valid reasons with official approval of RCCC

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