

MANAGEMENT OF HEALTHCARE WORKER (HCW) DURING COVID-19 OUTBREAK

General Considerations

Healthcare workers should adhere to strict infection control procedures as per recommendations including the use of appropriate PPE.

Health-care workers who are providing care for PUI will be monitored daily by the OSH Unit / Safety and Health Committee of the healthcare facility. Healthcare workers monitored must be recorded in a database for contact tracing purpose. The format of the monitoring is as below.

Management of symptomatic healthcare workers who were exposed to PUI is as per Flow Chart 1

Assessment of mental health shall be conducted by the Mental Health and Psychosocial Support Team.

Reporting

- A. All healthcare workers who are positive for COVID-19 must be reported:
 - 1. Communicable Diseases Notification using the Communicable Diseases Notification Form Annex 7
 - 2. Occupational Health Notification using WEHU L1/L2 form from KPAS

- B. All healthcare workers who are involved in the management of PUI and positive COVID-19 cases
 - 1. Monitoring of HCW managing COVID-19 Cases returns
 - 2. Mental Health Screening for HCW in COVID-19 Outbreak returns

Monitoring Form For Personnel Potentially Exposed To COVID-19

Name	:	
I/C number	:	
Telephone numbers	:	Mobile: Home:
Job title	:	
Work location	:	
Date(s) of Exposure*	:	
Type of contact with patient with potential COVID-19 infection, with patient's environment or with virus / clinical specimen	:	

* List ALL, use back of page if necessary

Was the following personal protective equipment (PPE) used during the encounter whereby the status of the respective patient is yet to be categorized confirmed for COVID-19?

Type of PPE	Yes	No	Don't Know
Gown			
Gloves			
Particulate respirator			
Medical mask			
Eye protection			
Other (please specify):			

List any possible non-occupational exposures (e.g. exposure to anyone with severe acute febrile respiratory illness, excluding the potential patient or the relevant clinical specimen):

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Daily Monitoring Table

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):
ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):

Annex 21

ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()
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NOTE:

- *The influenza-like illness (ILI) symptoms include fever ($\geq 38^{\circ}\text{C}$), cough, sore throat, arthralgia, myalgia, prostration and gastrointestinal symptoms (e.g. diarrhoea, vomiting, abdominal pain).*
- *The number of days needs to be increased if the personnel have repeated encounters / exposures to the respective patient.*

Pemantauan Anggota Kesihatan KKM yang Terlibat dengan Pengurusan Kes COVID-19

Minggu Epid: _____ 2020

Negeri : _____

Bil	Nama Fasiliti	Bil Anggota Kesihatan dalam Pemantauan		Bil Anggota Kesihatan dengan kontak kepada kes 'pending' atau negatif	Bil Anggota Kesihatan dengan kontak kepada kes yang disahkan	Bil Anggota Kesihatan dengan Simptom		Bil Anggota Kesihatan di bawah Pengawasan Di Rumah		Bil Anggota Kesihatan yang dimasukkan ke Hospital		Bil Anggota Kesihatan yang menjalani Ujian Pengesanan	Bil. Anggota Kesihatan dengan Keputusan Ujian Pengesanan			Catatan
		Semasa	Kumulatif			Semasa	Kumulatif	Semasa	Kumulatif	Semasa	Kumulatif		Pending'	Negatif	Positif	
1																
2																
3																
4																
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6																
7																
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11																
12																
13																
14																
15																
16																
17																
TOTAL																

Aktiviti Saringan Kesihatan Mental Bagi Petugas Kesihatan Wabak COVID-19

Minggu Epid: _____ 2020

Negeri : _____

Keputusan Bil Anggota Kesihatan yang menjalani Saringan DASS																
Bil	Nama Fasiliti	Bil Anggota Kesihatan dalam Pemantauan	Saringan Stres				Saringan Anzieti				Saringan Kemurungan				Bil Anggota Yang Dirujuk kepada Pasukan MHPSS*	Catatan
			Normal	Ringan	Sederhana	Tenuk/ Sangat Tenuk	Normal	Ringan	Sederhana	Tenuk/ Sangat Tenuk	Normal	Ringan	Sederhana	Tenuk/ Sangat Tenuk		
1																
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18																
TOTAL																

* MHPSS; Mental Health and Psychosocial Support

Risk Assessment and Management of Healthcare Worker (HCW) with Potential Exposure in a Healthcare Setting to Patients with COVID-19

It is important that the HCW should not attend a healthcare setting if there is a risk they could spread COVID-19.

HCW involves in providing care to patient with confirmed COVID-19 should be

- Not having high risk condition/ immunocompromised illness – eg: uncontrolled diabetes mellitus, chronic lung / liver / kidney disease, malignancy, HIV infection etc
- Not on prolonged steroids / immunosuppressant treatment
- Non-pregnant

A. Health care workers (HCW) with relevant travel history * (countries affected as per updated case definition)

Healthcare workers who have returned from affected countries, and are asymptomatic will be placed on home surveillance where those who are symptomatic will be assessed for admission criteria and managed accordingly (Annex 2a and 2b).

HCWs are advised to defer their non-essential travel plan to affected countries (as per updated case definition) during the interim period and adhere to MOH travel directive for HCWs.

By “health care worker” (HCW) with relevant travel history we refer to those who work in a healthcare setting who had travelled to affected countries and has returned to Malaysia within the past 14 days.

Asymptomatic HCW with exposure within the past 14 days	Actions
Travelled to affected countries within the last 14 days before arriving in Malaysia (Subject to organization’s directive)	<ul style="list-style-type: none"> • HCW to inform OSH and respective head of department/unit • OSH to provide home assessment tool • HCW will be at home for 14 days upon arrival • HCW will update daily health status to OSH and respective head of department/unit • HCW will be referred and investigated further if he/she develop symptoms suggestive of COVID-19

	<ul style="list-style-type: none"> • Symptomatic HCW will be reviewed as per assessment of PUI • If HCW does not require admission, follow the assessment as Annex 2a , PUI and continue home isolation • If HCW requires admission, follow the MOH guideline for Annex 2b.
<p>Return to work:</p> <p>For HCW who never had symptoms or have had symptoms, tested negative and symptoms have resolved, can return to work after 14 days of home surveillance from the day of return.</p> <p>If symptoms persist or HCW develops new symptoms within 14 days of travel, they need to be reassessed.</p>	

Asymptomatic HCW with household contact who are being investigated as PUI for COVID-19

For asymptomatic HCW who has a household member being investigated as PUI for COVID-19, the **HCW should inform supervisor immediately** and be excluded from work until first PCR result of the PUI is available (within 24 hours). If the PCR result is negative, the HCW can return to work immediately.

B. Management of HCW who were exposed to patient with confirmed COVID-19

When assigning risk, factors to consider include:

- I. the duration of exposure (e.g., longer exposure time likely increases exposure risk)
- II. clinical symptoms of the patient (e.g., coughing likely increases exposure risk)
- III. whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment)
- IV. whether an aerosol generating procedure was performed
- V. the type of PPE used by HCW

Psychological support and assistance are to be consider for HCW when needs arises.

Exposure Risk Assessment

Category of risk exposure	Circumstances
<i>High-risk exposures</i>	<ul style="list-style-type: none"> • HCW who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled* on patients with COVID-19 AND • when the healthcare providers' eyes, nose, or mouth were not protected.
<i>Medium-risk exposures</i>	<ul style="list-style-type: none"> • HCW who had prolonged close contact with patients with COVID-19 • where HCW mucous membranes or hands were exposed to potentially infectious materials for COVID-19 <p>These exposures could place the exposed HCW at risk of developing disease.</p>
<i>Low-risk exposures</i>	To account for any inconsistencies in use or adherence that could result in unrecognized exposures in a fully PPE gown HCW.

<i>No identifiable risk</i>	<ul style="list-style-type: none">• HCW with no direct patient contact and• no entry into active patient management areas• who adhere to routine safety precautions <p>These HCWs are not considered to have a risk of exposure to COVID-19</p>
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* e.g., cardiopulmonary resuscitation, intubation, NIV, extubation, bronchoscopy, nebulizer therapy, sputum induction

Table 1. Healthcare workers' (HCW) risk of exposure and guide to work restrictions.

The table describes possible scenarios that can be used to assist with risk assessment. These scenarios do not cover all potential exposures and should not replace an individual assessment of risk for the purpose of clinical decision making.

Epidemiologic risk factor		Exposure category	Recommended monitoring	Work restrictions for asymptomatic HCW
HCW's PPE	Circumstances			
Unprotected eyes, nose, or mouth ¹	Who perform <u>or</u> are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols *	High	Active [#]	Exclude from work and put on home surveillance for 14 days after last exposure
Not using a gown and gloves.	Who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols *	Medium Note: If the HCP's eyes, nose, <u>or</u> mouth were also unprotected they would fall into the high-risk category	Active [#]	Exclude from work and put on home surveillance for 14 days after last exposure

		above.		
<p>Unprotected eyes, nose, <u>or</u> mouth¹</p> <p><i>Note: A respirator (eg N95 mask) confers a higher level of protection than a facemask. However, they are group together in this scenario because (even if a respirator or face mask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.</i></p>	who have **prolonged close contact with a patient who was not wearing a facemask.	Medium	Active [#]	Exclude from work and put on home surveillance for 14 days after last exposure
Unprotected eye, nose, and mouth ¹	Who have ** prolonged close contact with a patient who was wearing a facemask.	Medium	Active [#]	Exclude from work and put on home surveillance for 14 days after last exposure
Not wearing gloves	Who have direct contact with the secretions / excretions of a patient and the HCW failed to perform immediate hand hygiene	<p>Medium</p> <p>Note: If the HCW performed hand hygiene</p>	Active [#]	Exclude from work and put on home surveillance for 14 days after

		immediately after contact, this would be considered low risk.		last exposure
Wearing a face mask or respirator only	Who have **prolonged close contact with a patient who was wearing a facemask	Low <i>Note: A respirator (eg N95 mask) confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as low-risk because the patient was wearing a facemask for source control.</i>	Active [#]	No work restrictions
Using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown)	While caring for or having contact with the secretions / excretions of a patient	Low	Active [#]	No work restrictions
Not using all recommended PPE	Who have brief interactions with a confirmed CoVID-19patient regardless of	Low	Active [#]	No work

	<p>whether patient was wearing a facemask</p> <p><i>(e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)</i></p>			restrictions
No PPE	Who walk by a patient or who have no direct contact with the patient or their secretions / excretions and no entry into the patient room.	No identifiable risk	None	No work restrictions

HCW=healthcare worker; PPE=personal protective equipment

¹Unprotected' means not wearing any PPE over the specified body part e.g. unprotected eyes, nose & mouth mean HCW are not wearing eye protection and either face mask or respirator.

* e.g., cardiopulmonary resuscitation, intubation, NIV, extubation, bronchoscopy, nebulizer therapy, sputum induction

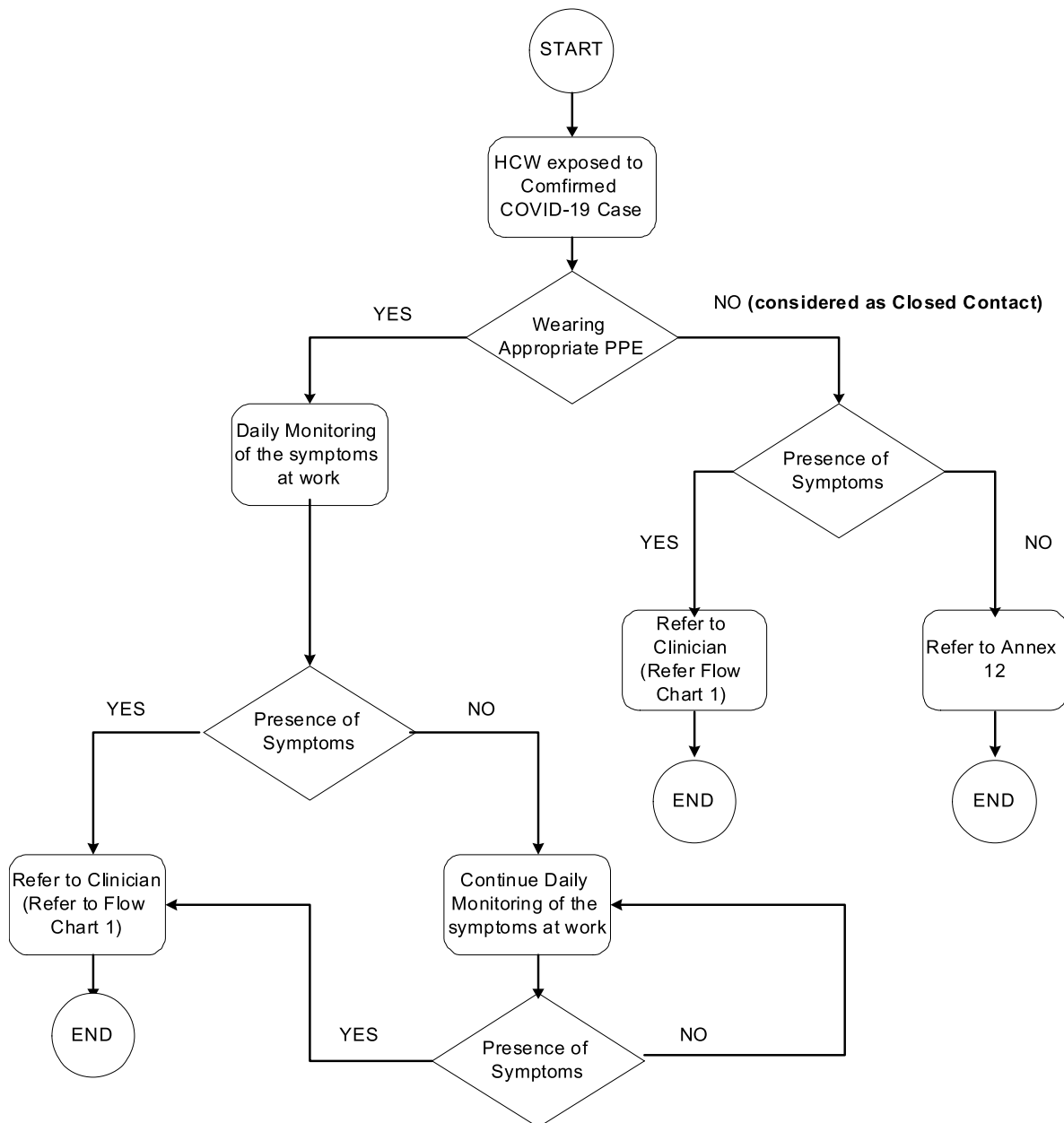
** Prolonged Closed Contact refers to exposure more than 15 minutes

#Active monitoring means that

- the OSH assumes responsibility for 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).
- For HCP with **high- or medium-risk exposures**, this communication occurs at least once each day. The mode of communication can be determined by the authority and may include telephone calls or any electronic or internet-based means of communication.

Notify OSH / Hospital Public Health Unit as soon as possible if HCW in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 for medical evaluation.

Summary of Management of MOH Health Care Workers During COVID-19 Outbreak



FLOW CHART 1: MANAGEMENT OF HEALTHCARE WORKERS EXPOSED TO COVID-19 CONFIRMED CASE

