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சுகாதாரம் மற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health & Indigenous Medical Services

All Provincial Directors and Regional Directors of Health Services
All Heads of Institutions

Screening and management of healthcare workers following exposure to a confirmed/suspected case of COVID-19 (V2 dated - 01.04.2020)

With possible increase in the number of COVID-19 cases, frontline healthcare workers (HCW) are at higher risk of exposure.

This circular is to provide a standard screening tool and disposition for healthcare workers who have been exposed to a confirmed/suspected case of COVID-19. It will provide appropriate quarantine and testing to ensure the safety of HCW and build confidence in continuing to work. Disposition of the HCW following exposure to confirmed/ suspected case of COVID-19 will depend on their level risk of exposure and development of symptoms in the HCW. This circular has three parts:

1. Assessment of the level of risk associated with the exposure
2. Protocol for Asymptomatic HCW/ member of staff according to the level of risk
3. Protocol for Symptomatic HCW/ member of staff according to the level of risk

1. Assessment of the level of risk associated with the exposure of a HCW/Member of staff exposed to a confirmed*/ probable# COVID 19 patient

***confirmed COVID 19 patient** - A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

#probable COVID 19 patient - A suspect case for whom testing for the COVID-19 virus is inconclusive. ('Inconclusive' herein refers to an inconclusive result of the test reported by the laboratory or a suspect case for whom testing could not be performed for any reason)

For a HCW to be considered as having been exposed, the exposure should have taken place within a period of 48 hours before the onset of the symptoms and up to 14 days after the onset of symptoms in the patient.

In the event of an exposure to an asymptomatic case, the period of contact is measured as the 48 hours before the date on which the sample which led to confirmation was taken and up to 14 days after the date of which the sample was taken.

Assessing the “risk of exposure”

Should be done by a committee appointed by the hospital

This committee should comprise of the head of the institution, consultant physician/ respiratory physician, intensivist/anaesthetist, consultant microbiologist/virologist and infection control nursing officer of the hospital

To assess the risk of exposure the following 5 questions should be asked:

1. Did you have **face-to-face contact (within 1 metre)** with a confirmed or probable COVID-19 patient for more than 15 minutes, without you and/or the patient wearing surgical face masks?
2. Did you have a **direct physical contact** when providing care to a confirmed or probable COVID-19 patient without wearing appropriate PPE?
3. Were you present when any **aerosol-generating procedures** were performed on a confirmed or probable COVID 19 patient, without wearing appropriate PPE?
4. Was there a **splashing of secretions on to the mucus membrane** when providing care for a confirmed or probable COVID 19 patient?
5. Did you have any health care interactions with a confirmed or probable COVID 19 patient **without** appropriate personal protective equipment (PPE)? (for PPE refer to annexure 03)

The level of risk is determined as follows:

High risk	If the answer is YES to ANY of the above questions for a confirmed COVID 19 patient
Moderate risk	If the answer is YES to ANY of the above questions for a probable COVID 19 patient
Low risk (protected exposure)	If the answer is NO to ALL of the above questions for a probable or confirmed COVID 19 patient And Other situations as indicated by local risk assessments

Further management of the HCW is as follows:

If Asymptomatic → Asymptomatic HCW flow chart

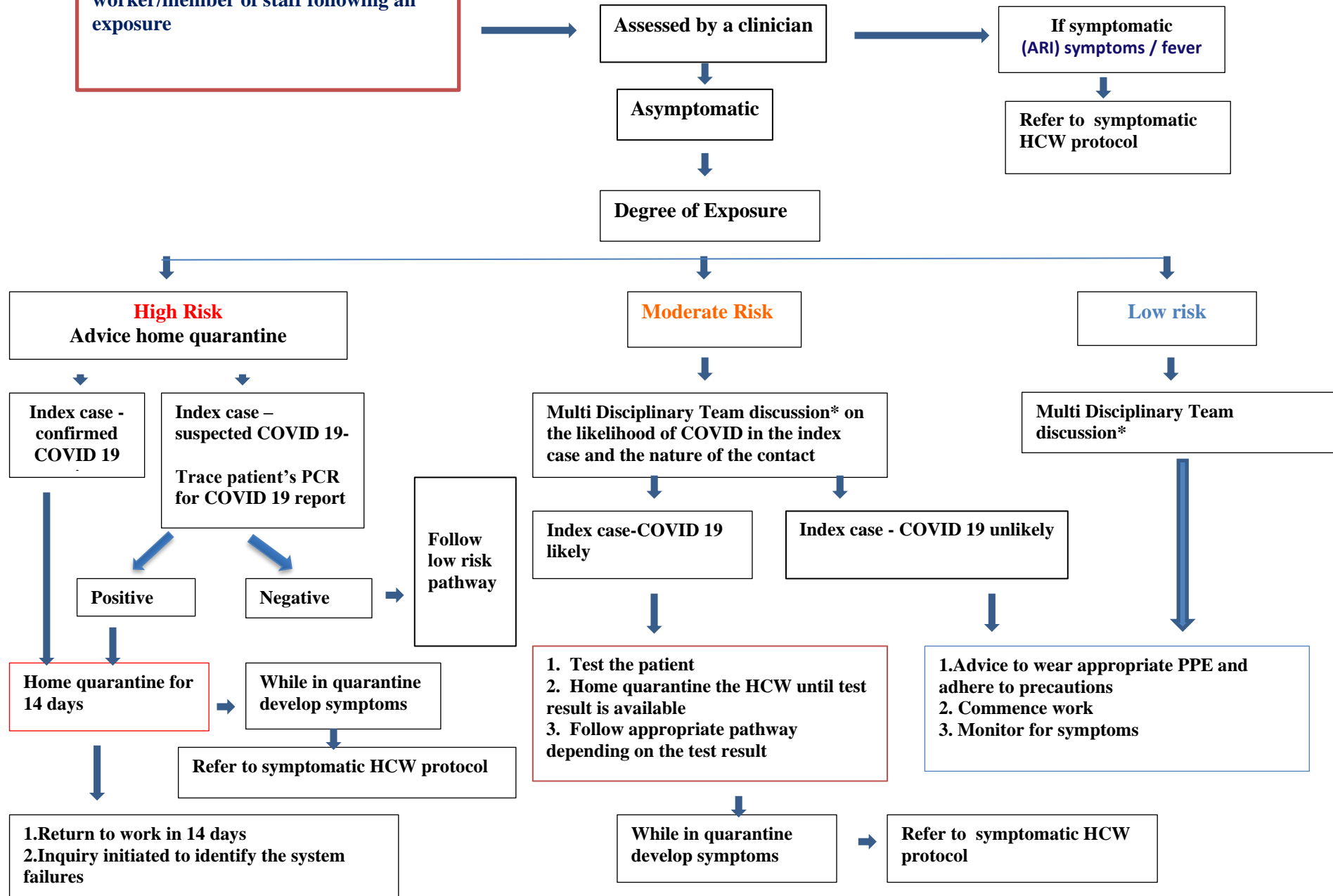
If Symptomatic → Symptomatic HCW protocol

Exposures of healthcare workers should be directly notified immediately to the Epidemiology Unit (Annexure 1).

2. Asymptomatic HCW protocol:

*MDT team – Head of institution/Respiratory Physician/
Second physician
Microbiologist/virologist
Intensivist/ anaesthetist – in case of an exposure in the ICU

Asymptomatic health care
worker/member of staff following an
exposure



3. Symptomatic health care worker/member of staff protocol

HCW - Unwell with Acute Respiratory Infection (ARI) symptoms / fever with an exposure to a confirmed/ suspected COVID 19 patient

Should be assessed by a committee appointed by the hospital

This committee should comprise of the head of the institution, consultant physician/ respiratory physician, intensivist/anaesthetist, consultant microbiologist/virologist and infection control-nursing officer of the hospital

3.1 Management of the HCW

In case of a “High risk” exposure – test the HCW

- The health care worker should be assessed and investigated in an isolation area
- Swabs for PCR for COVID 19 and other appropriate investigations should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area.
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - Investigate and continue appropriate management
 - Assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area
 - If fit for discharge - should be home quarantined for 14 days

In case of “Moderate risk” exposure – test the HCW

- The health care worker should be assessed and investigated for COVID 19 and other possible causes in an isolation area
- Swabs for PCR for COVID 19 should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area and managed appropriately
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - test the index case (probable COVID suspect)
 - assess for another cause
 - assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area until the COVID status of the index case is determined

- if the index case is COVID positive or the status of the index case cannot be determined – quarantine the HCW for 14 days
- If the index case is negative for COVID 19, and the HCW is fit to work, report to work. (Quarantine is not necessary)

In case of a “Low risk” exposure – Do not test the HCW

- Investigate and treat the underlying cause
- Quarantine is not necessary
- Continue working if fit to work

3.2 Document in the Incident register (Annexure 02)

All healthcare centers should have an incident register.

Any health care worker presenting with symptoms suggestive of an acute respiratory infection +/- fever with an exposure to confirmed/suspected COVID 19 patient should be registered in the incident register (Annexure 02)

The names and contact details of the HCW (in both symptomatic and asymptomatic categories) for whom quarantine is recommended should be sent to the epidemiology unit (see Annexure 01).

3.3 Procedure for granting Leave

When a HCW is quarantined for a duration of 14 days he/she is entitled to special leave with full pay.

When a HCW is kept for testing for COVID 19, the duration taken for testing is covered with special leave.

However, if he/she has no evidence of COVID 19 but does not report for work due to ill health he/she has to provide a medical certificate to qualify for medical leave.

Decision to approve the leave – should be done by a multidisciplinary team (MDT). The members of the MDT team should comprise of technical members and administrative members of the health care institution, led by the head of the institution.

All PDHS/RDHS and Hospital Directors should make the necessary arrangements according to this circular, and note that this circular may be updated according to the condition of the country and will be informed accordingly.

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 Director General of Health Services

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CC: Secretary of Health
 All additional secretaries
 All DDGs
 Chief Epidemiologist
 Director of Health Promotion Bureau

Director (MS)
 Presidents of relevant professional colleges

Annexure 01: Notification Form (Proposed Template)

Name	Age	Gender	Designation	Contact number	Present address	Permanent address	Date of last exposure	Place of quarantine

Exposures of Healthcare workers should be immediately notified to the Epidemiology Unit by the attending clinician/head of institution by phone (011-2695112, 011-4740490, 011-4740491, 011-4740492, 011-2681548).

Annexure 02:**Proposed Incident Form – Following exposure to a COVID 19 confirmed/suspected patient****General information**

Date:
Name:
Date of Birth:
Sex:
Permanent Address:
Current Address:
Telephone No.
Designation
Place of work

Details of the exposure –

Date:/...../..... Time: a.m./p.m.
Duration: Nature of exposure:
Institution/department/place that the exposure occurred:
Details of the COVID-19 suspected/confirmed patient:
.....

Type of PPE used – please tick

- ☐ Full PPE
☐ N95mask
☐ Medical mask
☐ Goggles
☐ No PPE

Symptoms at presentation with duration

.....

Details of other members that were exposed at the same time:

Names/symptoms at presentation with duration.

(A separate incident form should be filled for each HCW)

Name	Symptoms	Duration

Annexure 03:

Guidance on the rational use of personal protective equipment (PPE) in hospitals in the context of COVID-19 disease

The rational use of PPE is a key measure to protect healthcare workers and prevent transmission of COVID-19 in healthcare settings.

This document outlines the recommendations for the rational use of PPE in hospitals in the current context.

In addition to using the appropriate PPE, frequent hand hygiene and respiratory hygiene should always be performed. Healthcare workers should discard PPE in an appropriate waste container after use and perform hand hygiene before donning and after doffing of PPE.

Setting	Target personnel or patients	Activity	Type of PPE or procedure
Healthcare facilities			
Triage*	Healthcare workers	Preliminary screening not involving direct contact.	Maintain spatial distance of at least 1 m. Surgical mask
	Patients with respiratory symptoms.	Any activity	Maintain spatial distance of at least 1 m. Provide surgical mask.
	Patients without respiratory symptoms	Any activity	No PPE required
Waiting areas until transfer (in hospitals where inpatient facilities are not available and patients awaiting transfer to designated hospitals)	Suspected cases of COVID 19	Any activity	Provide surgical mask Immediately move the patient to an isolation room or separate area away from others; if this is not feasible, ensure spatial distance of at least 1m from other patients.
Areas of patient transit (e.g., wards, corridors) ¹	All staff, including healthcare workers.	Any activity that does not involve contact with COVID-19 patients.	No PPE required
	All staff, including healthcare workers.	If involved in patient transfer	Surgical mask or and gloves

*Triage of patients in the hospital

¹ (Have a designated route for the transport of patients within the hospital. Before transporting the patient, inform the destination unit of the patient's transfer. Make arrangements to clear the route of transport within the hospital (making announcement over the public address system or through staff). Make sure the patient is given a surgical mask.

Patient room ²	Healthcare workers	Providing direct care to COVID-19 suspected or confirmed patients.	NIOSH approved N-95 mask Impermeable isolation gown Two pairs of gloves Eye protection (goggles or face shield) Surgical hood or Cap Covered shoes and fluid resistant shoe cover or boots
		Aerosol-generating procedures performed on COVID-19 patients.	NIOSH approved N95 mask or FFP2 standard, or equivalent. Impermeable isolation gown Two pairs of gloves Eye Protection Apron Surgical Hood Covered shoes and fluid resistant shoe cover or boot
	Cleaners	Entering the room of COVID-19 patients.	NIOSH approved N-95 mask or surgical masks Fluid resistant gown Heavy duty gloves Eye protection Boots or closed work shoes and shoe covers Surgical cap or surgical Hood (Masks and eye protection can be shared between rooms of confirmed cases or between rooms of suspected cases)
	Visitors ³	Entering the room of a COVID-19 patient	Surgical mask Gown Gloves
Laboratory and biosafety cabinet	Lab technician	Manipulation of respiratory samples.	Surgical mask gown Fluid resistant Gloves Eye protection

² If cohort isolation of suspected cases of COVID 19 is practiced, the same set of PPEs should be used for all patients.

³ Visitors should not be allowed. If visitors must enter a COVID-19 patient's room, they should be provided with clear instructions about how to put on and remove PPE and about performing hand hygiene before putting on and after removing PPE; this should be supervised by a healthcare worker.

Administrative areas	All staff, including Healthcare workers.	Administrative tasks that do not involve contact with COVID-19 patients.	No PPE required
Ambulance or transfer vehicle ⁴	Healthcare workers	Transporting suspected COVID-19 patients in the same compartment of the ambulance to the referral healthcare facility.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
	Driver	Involved only in driving the patient with suspected COVID-19 disease and the driver's compartment is separated from the COVID-19 patient	Maintain spatial distance of at least 1 m. No PPE required
		Assisting with loading or unloading patient with suspected COVID-19 disease.	Surgical mask or NIOSH approved N95 mask Fluid resistant gowns Gloves Eye protection
		No direct contact with patient with suspected COVID-19, but no separation between driver's and patient's compartments	Surgical mask
	Patient with suspected COVID-19 disease.	Transport to the referral healthcare facility.	Surgical mask
	Cleaners	Cleaning after and between transports of patients with suspected COVID-19 disease to the referral healthcare facility.	Surgical mask Fluid resistant gown Heavy duty gloves Eye protection Boots work or closed shoes

1. Display a signage to direct patients with a recent travel history to countries/areas with COVID 19 within 14 days or with a contact history with someone who had travelled to such an area and developed symptoms or a person suspected/diagnosed with COVID 19
2. Display these signage in all the main languages at the entrance to the hospital building
3. Use a checklist to identify suspected cases of COVID 19 during the triage of patients. Inquire the following:
 - a. Travel history
 - b. Respiratory symptoms
 - c. Contact history
4. Refrain from performing a detailed clinical examination of suspected patients in the triage area unless medically indicated
5. Healthcare workers can wear the same PPE for a shift in the triage area