

Healthcare Worker Risk Management

Conversation with Health Administrators on COVID-19 Pandemic

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Outline

- When should risk assessment be done?
- How to do a risk assessment?
- Where to find information about risks and control measures?
- How to know what is 'reasonably practicable'?
- Resources

Background

- *Risk management* is a proactive process.
- Helps to respond to change and facilitate continuous improvement.
- Should be planned, systematic and cover reasonably foreseeable risks.
- Involves considering what could happen if someone is exposed to a COVID-19 patient and the likelihood of it happening.
- Exposure of staff/workers to COVID-19 is a foreseeable risk that must be assessed and managed without disrupting services.

Risk assessment will help to determine:

- identify which workers are at risk of exposure
- determine what sources and processes are causing the risk
- identify if and what kind of control measures should be implemented
- check the effectiveness of existing control measures

When to do risk assessment

- changes work practices, procedures or the environment (OPD/Ward)
- recommences operations following a shut down
- increases operations following a period of reduced operations
- introduces workers back into units following cessation of working from home or stand-down arrangements
- is responding to concerns raised by health and safety officers, staff/workers, or others in the hospital
- **is responding to Hospital incidents** (e.g. where a patient/worker has tested positive to COVID-19)

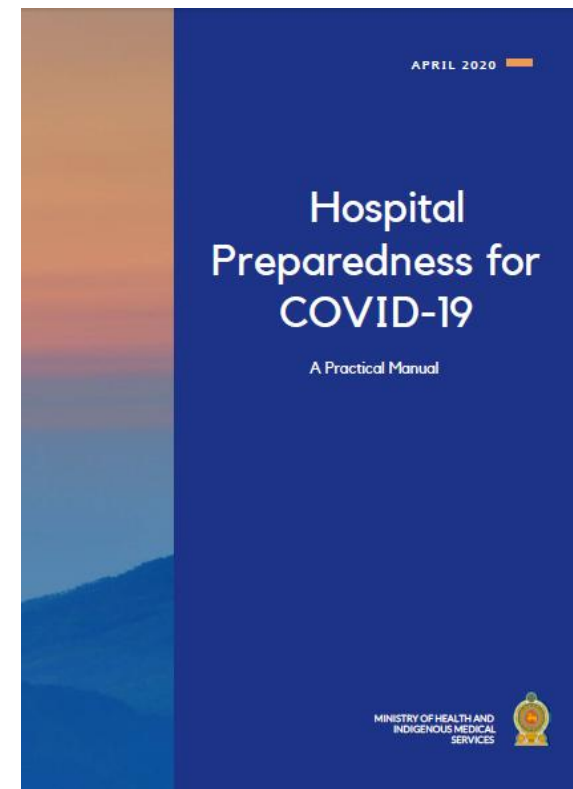
Hospital Preparedness for COVID-19

1. COVID-19 **Operational Cell**
2. Signposting at the entrance to the hospital
3. **Triage area** for COVID suspects
4. Triage area for other respiratory patients
5. Emergency Department – managing a unstable patient with resp. illness
6. Isolation area for COVID suspects/ward for COVID suspects
7. **Temporary isolation area for staff members**

Ministry Circular: DDG(MS)I /23/2020

Web link: www.epid.gov.lk

Practical Manual



Key functions of the Operational Cell

- Assisting and guiding the smooth implementation of circular instructions
- Clarifying unclear areas of instructions
- Assisting and guiding rotations, **safety and welfare of staff**
- Maintaining optimum patient care including emergency care
- Advising and guiding in issues related to quarantining of staff

Screening and Management of HCW following exposure to a suspected/ confirmed case of COVID-19

(Circular instructions - updated Oct 2020)

Disposition of HCW exposed to COVID-19 patient

- Depend on **risk level of exposure** and **development of symptoms in HCW**
- Considered in three parts:
 1. Assessment of the level of risk associated with the exposure
 2. Protocol for Asymptomatic HCW according to the level of risk
 3. Protocol for Symptomatic HCW according to the level of risk

Definitions

- **Confirmed COVID-19 patient** – A person with laboratory confirmation of COVID-19 infection irrespective of clinical signs and symptoms
- **Probable COVID-19 patient** – A suspected 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 suspected case for whom testing could not be performed for any reason*)

Definitions

Exposure to a symptomatic patient

- 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.

Exposure to an asymptomatic individual

- the period of contact should be determined as follows:
 - *If the duration of admission is ≥ 10 days, the period of contact is measured from 10 days prior to the date on which the positive sample was taken.*
 - If the duration of admission is <10 days, the period of contact is measured from the date of admission up to 14 days after the date of which the positive sample was taken.

Assessment of the level of risk

- Should be done by the 'COVID-19 Operational Cell'
- 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.
- For any technical clarification a national level expert committee may be consulted.

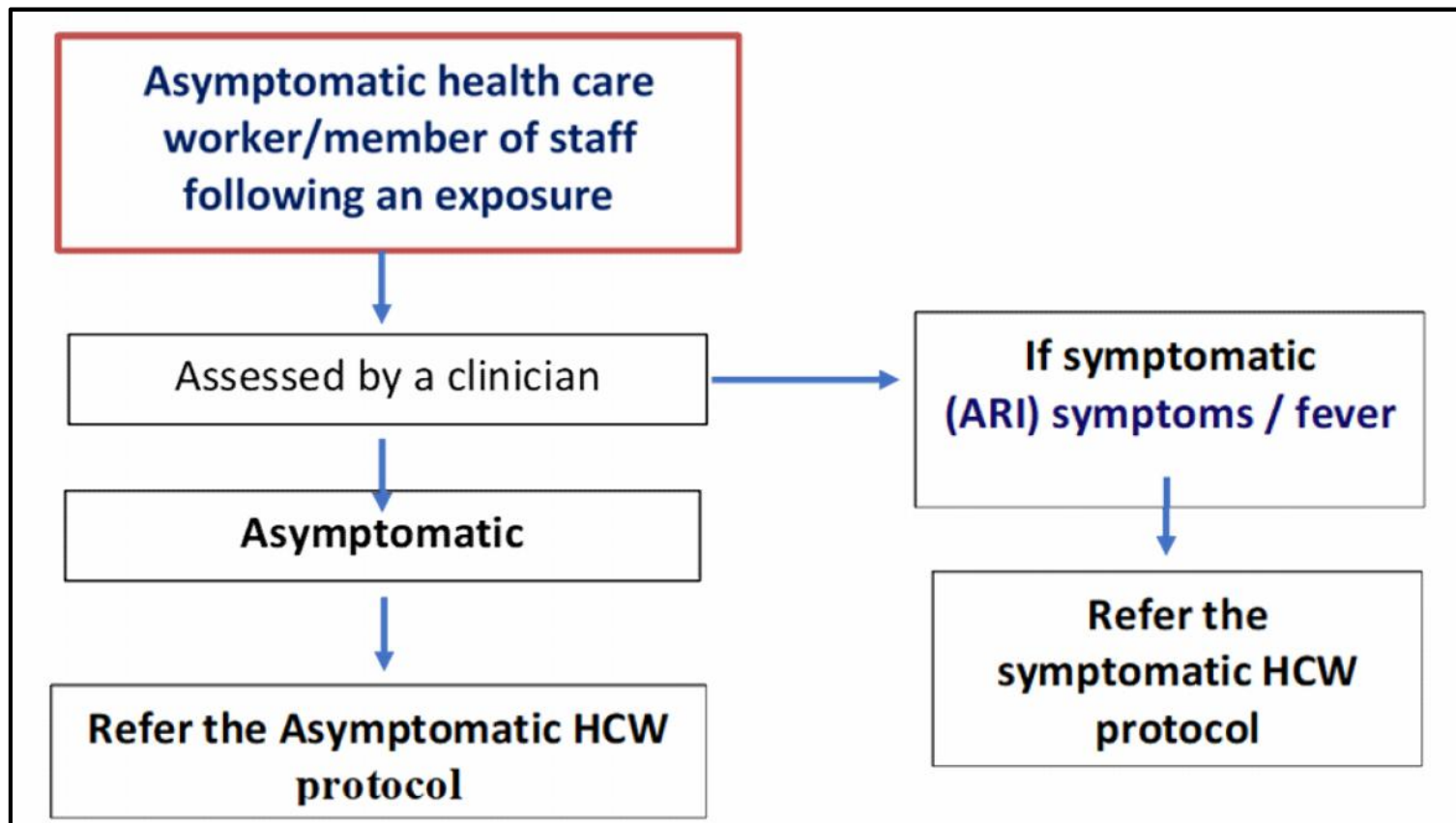
Assess risk of exposure using following 5 questions:

1. Did you have **face-to-face contact (within 1 metre) for more than 15 minutes**, while you and/or the patient **not wearing face masks?** (e.g. in case of multiple exposures the longest duration in a single exposure to be considered)
2. Did you have a **direct physical contact** when providing care to a confirmed or probable COVID-19 patient **without wearing appropriate PPE, hand sanitising/washing?**
3. Were you present when **any aerosol-generating procedures (AGP)** 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)?**

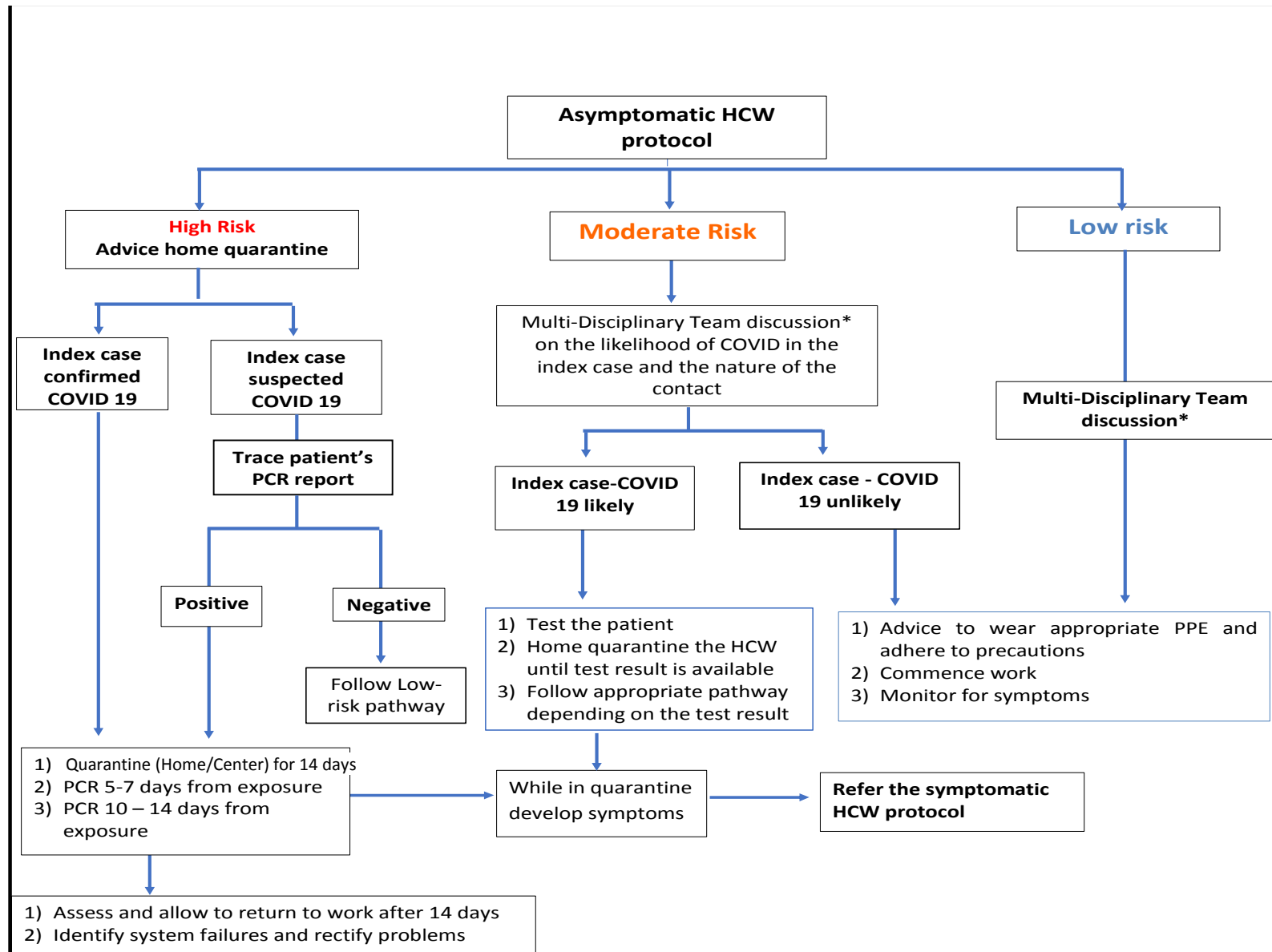
Level of risk is determined as follows:

High risk	If the answer is YES to ANY of the above (5) 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

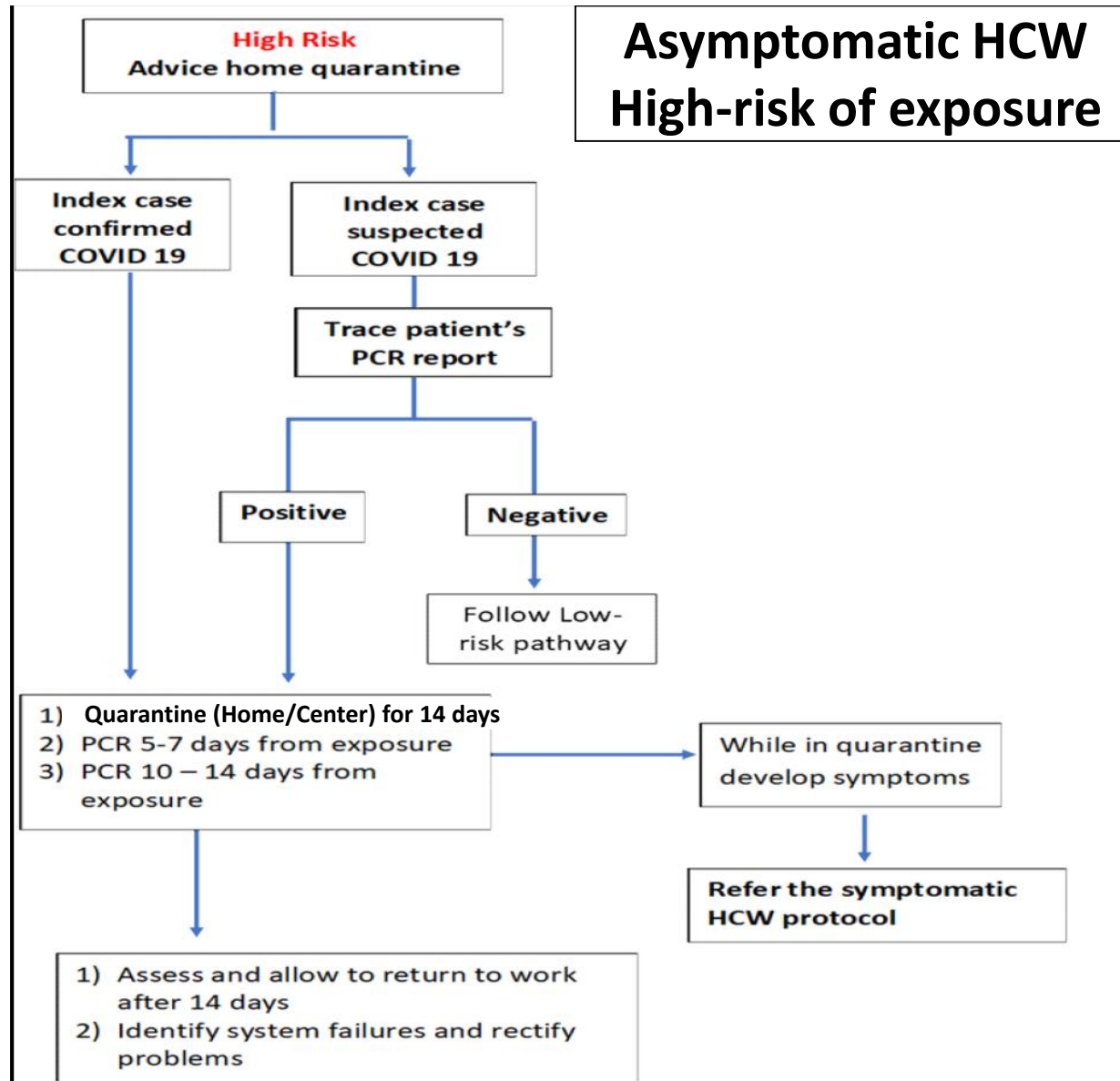
Disposition of HCW depends on the presence/ absence of symptoms



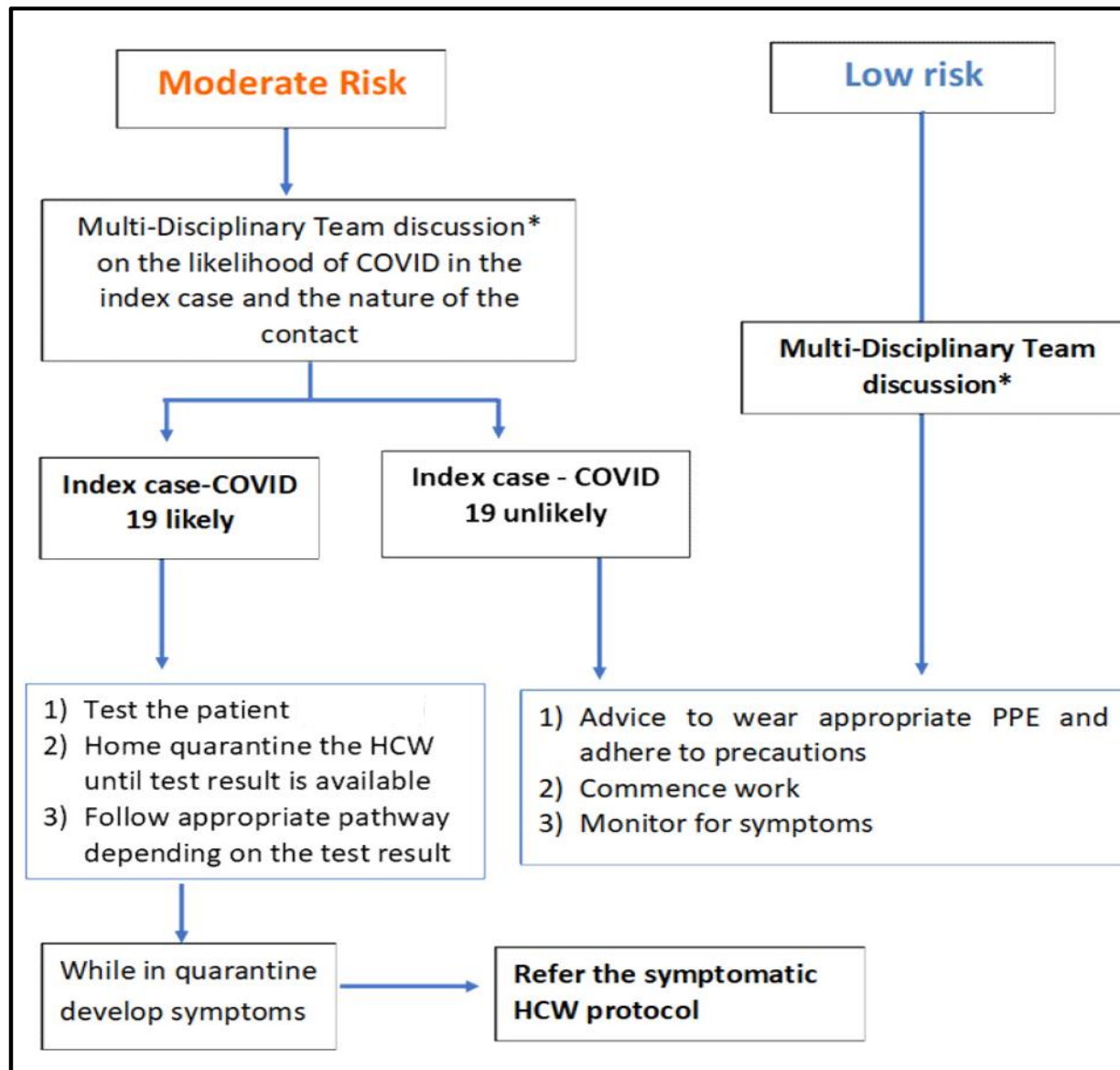
Asymptomatic HCW Protocol



Asymptomatic HCW High-risk of exposure

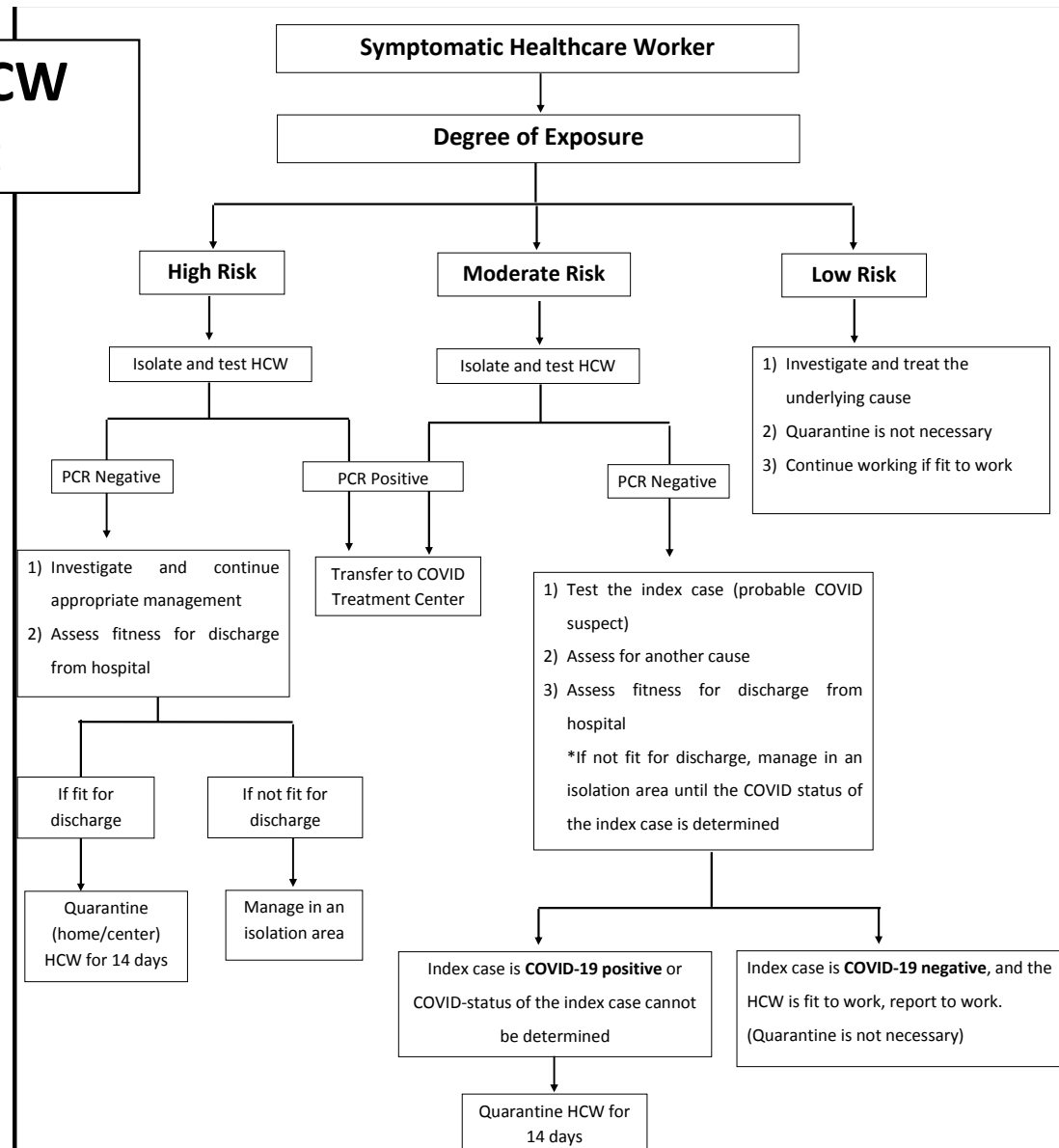


**Asymptomatic HCW
Moderate & Low-
risk of exposure**



Symptomatic HCW protocol

Symptomatic HCW management



Management of accidental
discovery of *suspected* COVID-19
Patient in the Hospital

To avoid sudden discovery of COVID-19 case

- Administer screening checklist on all admissions to wards – can be included in BHT – travel and contact history + symptoms screen (cough, SOB, sore throat +/- fever etc.)
- Patients admitting on same day to be cohorted as much as possible in same cubicle/ area for easy identification

Risk management of sudden discovery

Following are recommended to aid the subsequent decision-making:

1. Care for the COVID suspect (index case)
2. Other patients in the ward
3. Health care workers
4. Immediate environment of the index patient

Care of the index case

- Patient is stable → transfer to COVID-19 suspect ward
- If the patient is unstable → to be kept in the same unit or transferred to an appropriate unit where care can be provided while maintaining patient safety. The COVID PCR test should be arranged (test should be sent to lab).
- If the patient continues to be managed in the same unit or in another unit other than COVID 19 suspect ward → should be kept in a separate cubicle or a 2 m distance from other patients. The patient should wear a medical mask. HCWs should practice appropriate IPC methods.
- **Detection of a patient suspected of having COVID-19 is not a reason to close down a ward/ differ admissions/ transferring out other patients or quarantining of staff.**

Care of other patients in the ward

- Determine the risk using the screening tool used for risk assessment
- If the exposure is considered,
 - o Low risk – COVID follow up not necessary. Continue necessary care
 - o Moderate risk - cohort such patients together in the same cubical. Continue necessary care.
 - o High risk - not applicable until COVID status of the index case is known.
- If index case positive - those patients who fall into the category of high-risk should be isolated and tested for COVID-19.
- Standard care for all patients should continue irrespective of exposure status

Care of immediate environment around index patient

- Immediate environment includes floor, furniture, and the equipment within 2m distance from the index patient.
- Cleaning the immediate environment is sufficient to prevent infection transmission.

Practical situation

- Were you and the patient wearing face masks (HCW surgical masks, in case if the patient cloth mask is allowed)? If yes - low risk, If no - high risk
- If the patient wasn't wearing a face mask, were you wearing a surgical mask and eye protection? If yes - low risk , if no - high risk
- Is the encounter less than 15 min? If yes - low risk, if no- high risk
(But if the encounter included AGP, then if the HCW wasn't wearing respirator and eye protection- it is considered high-risk regardless of the duration of the encounter.
- Were you and the patient 6 feet apart? If yes – low risk, if no - high risk
- now the **focus is on eyes, nose and mouth** protection

COVID-19 vs DHF

- **Differences:**

- Different outbreak definition (1 case is an outbreak just as polio or Ebola)
- Very fast pandemic spread (vector born outbreaks move much slower)
- Less explosive (den-outbreaks may have up to 500 new cases PER DAY)

- **Similarities:**

- High proportion of asymptomatic cases
- Extremely stressful for the health services
- Case Fatality Rates are reflecting the surge capacities in hospitals (interrupting transmission is the key)

Resources

- Screening and management of healthcare workers following exposure to a confirmed / suspected case of COVID-19 – updated health circular Oct 2020
- Provisional Clinical Practice Guidelines on COVID-19 suspected and confirmed patients – version 5, July 2020
- Hospital preparedness for COVID-19 global pandemic – Ministry circular (DDG-MS/1/23/2020) – 12 May 2020
- Hospital preparedness for COVID-19 – Practical Manual – available on Ministry website
- Management of accidental discovery of suspected COVID-19 patient in a hospital – Circular 24.04.2020
- Interim guidance for surgical and medical procedures in relation to COVID-19 – Circular DGHS/COVID-19/2020-347 (23 May 2020)

Acknowledgement: COVID-19 Clinical Management Expert Committee for their active contribution